

# Bupa Care Services NZ Limited - Liston Heights Rest Home & 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>	Liston Heights Rest Home & Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 16 August 2022 End date: 17 August 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	71



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

## General overview of the audit

Bupa Liston Heights provides hospital (geriatric and medical), rest home, and dementia levels of care for up to 75 residents. There were 71 residents on the days of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with Te Whatu Ora - Health New Zealand. The audit process included the review of policies and procedures, the review of resident and staff files, observations, interviews with residents, family, management, staff, and a nurse practitioner.

The service continues to complete internal refurbishments including the lounge/dining rooms in both rest home communal areas, and one kitchenette area. Heat pumps have been installed in all communal areas and the promotion of indoor-outdoor flow has been facilitated through the addition of decking to the exterior of hospital wing dining area.

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

This certification audit identified the service meets 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 Liston Heights provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. The service works to provide high-quality and effective services and care for residents.

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

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

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

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

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner as well as visiting allied health professionals.

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

There is a combined activities calendar for the rest home, hospital, and dementia residents. The programme includes community visits and outings, entertainment and activities that promote and encourage individual recreational, physical, and cognitive abilities for the consumer group.

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

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Bedrooms are all single rooms. There are communal shower rooms with privacy locks. Rooms are personalised. The dementia unit is secure. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

## 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.
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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 outbreaks since the previous audit, and these have been well documented and appropriately managed.

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 registered nurse. Currently one resident was listed as using a restraint (bed rails). Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	0	160	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. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Bupa is developing a te ao Māori strategy to introduce and implement te ao Māori related standards with a Māori health consultant.</p> <p>The general manager confirmed that she supports increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at Bupa Liston Heights. At the time of the audit there were Māori staff members employed. The facility has links to the local Tuwharetoa, a Kaupapa Māori health provider for community support and has access to Te Whatu Ora – Lakes Kaupapa Services.</p> <p>Interviews with thirteen care staff interviewed (seven caregivers, five registered nurses, one activities coordinator) described examples of providing culturally safe services in relation to their role. Residents and whānau are involved in providing input into the resident’s care</p>

		<p>planning, their activities, and their dietary needs. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> <p>Interviews with the management team (one general manager, and one clinical manager) identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service provided training on Te Tiriti o Waitangi that covers Māori health development and cultural safety that supports the principles of Te Tiriti o Waitangi. This included completion of a questionnaire which is marked and held on individual staff files as evidence of cultural competence. This was completed by the majority of staff in July 2022.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>On admission all residents state their ethnicity. There are residents at Bupa Liston Heights who identify as Pasifika. The resident's whānau were encouraged to be present during the admission process including completion of the initial care plan. 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. Bupa plans to partner with a Pasifika organisation and/or individual to provide guidance. There were pamphlets and additional information on the service available in several Pasifika languages available. The service is actively recruiting new staff. The general manager described how they encourage and support any staff that identified as Pasifika through the employment process. There are currently staff that identify as Pasifika.</p> <p>Interviews with sixteen staff (thirteen care staff, one maintenance, one kitchen manager, and laundry assistant), five residents (two rest home, three hospital), eight relatives (three hospital, two dementia, three rest home), and documentation reviewed identified that the</p>

		service puts people using the services, and family/whānau at the heart of their services.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Bupa policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English, te reo Māori, and New Zealand sign language. The general manager, clinical manager, unit coordinator or registered nurse discusses aspects of the Code with residents and their relatives on admission. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Other formats are available such as information in te reo Māori. Resident and relative meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. 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>The residents and relatives interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The organisation recognises Māori mana Motuhake for all residents as evidenced during interviews. Interactions observed between staff and residents were friendly, courteous, and respectful.</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>	FA	<p>Caregivers and registered nurses interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had</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>choice over what activities they wished to participate in. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Residents have control and choice over activities they participate in.</p> <p>The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2021 and 2022 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. Staff receive training on sexuality and intimacy as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, church services are held, and spiritual support is available.</p> <p>It was observed that residents are treated with dignity and respect. 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. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity.</p> <p>Residents' files and care plans identified residents preferred names.</p> <p>Te reo Māori is celebrated during Māori language week. Matariki and</p>
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		Māori language week are celebrated at Bupa Liston Heights. The general manager has partnered with a Māori staff member to translate names of areas and rooms within the facility in to te reo Māori.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. Bupa's organisational policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds through an external agency. Professional boundaries are defined in job descriptions. Interviews with 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. Work is underway to promote to ensure that a strengths-based and holistic model is prioritised to ensure wellbeing outcomes for their Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p>	FA	<p>Information is provided to residents/relatives on admission. Two-monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also</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>documented on the family communication sheet that is held in the front of the resident's file. Twelve accident/incident forms reviewed identified relatives are kept informed; this was confirmed through the interviews with relatives.</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. There are staff that speak the same language and can assist with interpretation and support. On interview caregivers stated they also use hand and facial gestures and a list of commonly used words with associated pictures to assist with communication.</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 Te Whatu Ora Lakes specialist services (eg, 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 regarding services involved. The registered nurses 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</p>	<p>FA</p>	<p>There are policies around informed consent. Nine resident files reviewed (three at hospital level, four at rest home level and two at dementia level of care) included signed general consent forms. Consent forms for Covid and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant</p>

<p>health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>best practice tikanga guidelines and welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where available. The two dementia level files had activated EPOAs.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<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 in hard copy and on an electronic risk management system. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>The complaints logged were classified into themes (operational issues, quality of care, communication, customer rights) in the complaint register. There were seven complaints in 2021 and one in 2022 (year-to-date). The complaints logged include an investigation, follow up, and replies to the complainant. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted). There have been no external complaints received since the previous audit.</p> <p>Interviews with residents and relatives confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility.</p> <p>A suggestions box is adjacent to where the complaints forms are held. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held two-monthly, chaired by the general manager. Residents/relatives making a complaint can involve an independent support person in the process if they choose.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Bupa Liston Heights is located in Taupo and is a purpose-built facility across two levels. The service is certified to provide care for rest home, hospital, and dementia levels of care for up to 75 residents.</p> <p>There are 31 dedicated rest home beds, 32 dual purpose beds, and 12 dementia beds. On the day of the audit there were 71 residents; 29 rest home (including one resident on respite, and one resident on a younger person with a disability (YPD), 31 hospital (including two YPD, and two funded by ACC and 11 dementia); the remaining residents were under the age-related residential care contract (ARRC).</p> <p>Bupa has an overarching strategic plan in place with clear business goals to support their philosophy of 'Helping people live longer, healthier, happier lives and making a better world. We take pride in endeavouring to delivering quality care with a personal touch.' The business plan includes a mission statement and operational objectives with site specific goals. The Bupa executive team reports to Asia Bupa based in Melbourne. There is a New Zealand based managing director that reports to a New Zealand based Board. The acting head of clinical service improvement reports to the managing director. The Bupa Board and executive team are planning to attend cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</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 te ao Māori related standards alongside a Māori health consultant.</p>
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		<p>The goals will be embedded in the plan and outcomes from the plan will be managed. 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 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 organisation has plans in place to ensure the strategic plan reflects collaboration with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings, quality meetings and quality action forms that are completed for any quality improvements/initiatives during the year. The general manager (occupational therapist with current practising certificate) has been employed at Bupa Liston Heights for eleven years and had been in the role of general manager for two years.</p> <p>The general manager is supported by a clinical manager who has worked at Bupa Liston heights for 28 years, unit coordinators, registered nurses, care staff team, regional operations manager, and the regional quality partner.</p> <p>The general manager and the clinical manager have both completed more than eight hours of training related to managing an aged care facility and includes Bupa regional managers forums, Bupa leadership in action training programme, Māori health plan, pandemic and infectious disease planning and infection control teleconferences.</p>
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<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 Liston Heights is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection and benchmarking of clinical indicator data.</p> <p>Bi-monthly quality meetings and monthly staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign off when completed.</p> <p>The 2022 resident satisfaction surveys indicate that residents have reported high levels of satisfaction with the service provided. Results have been communicated to residents in resident meetings on results displayed prominently within the facility. An action plan is in progress to improve on concerns regarding resident activities.</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 in the process of review with further updates required in order to meet the 2021 standards. New policies or changes to policy are communicated and staff sign as acknowledgement.</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. There is one health and safety representative (registered nurse) who has completed stage 1 health and safety training. Hazard identification forms and an up-to-date hazard register</p>
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	<p>were reviewed (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 noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for eight hours per week and when required. Strategies implemented to reduce the frequency of falls include the provision of non-slip socks for high-risk residents, intentional rounding and the regular toileting of residents who require assistance. Transfer plans are assessed and evaluated by the physiotherapist and placed in the resident's room. Hip protectors are available for at-risk residents who consent to wearing them. Residents are encouraged to attend daily exercises.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls, challenging behaviours, skin tears). Incident and accident data is collated monthly and analysed. Benchmarking occurs on a national level against other Bupa facilities. The electronic risk management system generates a report that goes to each operational team/governance team and also generates alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Neurological observations were consistently recorded as per policy. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager and unit coordinators.</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 around issues relating to one unstageable pressure injuries, and two stage III pressure injuries. There have been five outbreaks since the previous</p>
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		<p>audit which were appropriately notified.</p> <p>Work is underway to assess staff cultural competencies to ensure the service can deliver high quality care for Māori, and to ensure that a critical analysis of practice is undertaken to improve health equity.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The documented roster provides sufficient and appropriate coverage for the effective delivery of care and support. Adequate RN cover is provided 24 hours a day, seven days a week. The registered nurses and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. There are seven RNs with specific portfolios, these include palliative care, infection prevention and control wound care, restraint/person first, manual handling, wound care and Careerforce assessor.</p> <p>Interviews with staff confirmed that their workload is manageable, and that management are very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The general manager (non-nursing) and clinical manager are available Monday to Friday. On-call cover is covered by the general manager and clinical manager.</p> <p>Rostering is assigned by unit as follows:</p> <p>In the hospital unit (Liston and Tauhara wings): Total of 32 beds (with 31 hospital residents and 1 rest home on the day of audit).</p> <p>AM: RN plus five caregivers (two caregivers 07.00-15.15, one caregiver 07.00-15.00, one 07.00-13.00 and one 09.30-15.00). There is also a non-clinical hospitality agency staff member 08.00-13.00 to support with bed making and morning tea delivery.</p> <p>PM: RN plus five caregivers (two caregivers 15.00-23.15, one caregiver 15.00-22.00, one 16.30-21.30 and one caregiver 16.00-</p>

		<p>21.00)</p> <p>NIGHT: RN plus two caregivers 23.00- 07.15</p> <p>In the rest home unit (CA1 and CA2 wings): there were 31 beds and 28 rest home residents.</p> <p>AM: unit coordinator 07.30-16.00 and four caregivers (two caregivers 07.00-15.15, one 07.30-09.30 and one caregiver 07.00-13.00)</p> <p>PM: Three caregivers (two caregivers 15.15-23.15, one caregiver 16.30-21.00)</p> <p>NIGHT: Two caregiver 23.00-07.15</p> <p>Ngauruhoe: Total of 12 beds (with 11 dementia care residents at the time of the audit)</p> <p>AM: Unit coordinator 07.30-16.00, three caregivers – 7 am-3 pm</p> <p>PM: two caregivers 07.00-15.15 one caregiver 15.00-22.00</p> <p>NIGHT: one caregiver 23.00-07.15</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. Staff last attended cultural awareness training in July 2022. Plans are in place to provide additional cultural training that is more specific to Māori and the Treaty of Waitangi. Work is underway to ensure that the service invests in the development of organisational and staff health equity expertise.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty caregivers are employed. The Bupa orientation programme qualifies new caregivers at a level two New Zealand Qualification Authority (NZQA). Twenty-two caregivers have achieved a level three NZQA qualification</p>
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		<p>or higher. Fourteen caregivers are rostered either permanently or on a part time basis in the dementia unit and nine have attained dementia related qualifications, with five being in progress.</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 (eg, 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, catheterisation, and interRAI assessment competency. Nine registered nurses, including the two-unit coordinators and the clinical manager are interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year and to commence and complete professional development recognition programme (PDRP). All RNs attend relevant quality, staff, RN, restraint, health and safety, and infection control meetings when possible. External training opportunities for care staff include training through the local hospital, and hospice.</p> <p>All caregivers are required to complete annual competencies for restraint and moving and handling. A record of completion is maintained on an electronic register.</p> <p>A management of agency staff policy is documented for the organisation. If the agency staff member has never worked in the care home before, a 'bureau staff information booklet' is provided to them. Orientation including health and safety and emergency procedures are the responsibility of the delegated person on duty. Agency contracts indicate the requirements to be met by the agency in regard to meeting specific competencies.</p> <p>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. Training is provided around provision of care for</p>
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		<p>younger residents. Staff wellness is encouraged through participation in health and wellbeing activities of the 'smile' Bupa wellness programme. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. The Bupa recruitment office advertise for, and screen potential staff including collection of ethnicity data. Once they pass screening, suitable applicants are interviewed by the Bupa Liston Heights general manager. Staff paper files are held in the administration office in a locked filing cabinet and on a secure online electronic programme. Nine staff files reviewed (three caregivers, one RN, one unit coordinator, activities coordinator, one kitchen assistant, and two cleaners) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Staff sign an agreement with the Bupa code. This document includes but is not limited to the Bupa values, responsibility to maintain safety, health and wellbeing, privacy, professional standards, celebration of diversity, ethical behaviour and declaring conflicts of interest.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Volunteers have not been utilised over the past two years due to</p>

		<p>Covid. An orientation programme and policy for volunteers is in place. Information held about staff is kept secure and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in hard copy. Electronic information is regularly backed-up using cloud-based technology and password protected. Plans are in place to implement an electronic resident management system later in the year. There is a documented Bupa business continuity plan in case of information systems failure.</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. Residents archived files are securely stored in a locked room and easily retrievable when required.</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</p>	FA	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) to determine the required level of care. Prospective residents are screened by the care home manager and clinical manager.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for decline. The manager described reasons for declining entry would only occur if the service could not provide the 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</p>

<p>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>available.</p> <p>There are policies and procedures to guide staff around admission and declining processes including required documentation. The general manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which is shared with the regional operations manager and head office, however, these records do not currently capture ethnicity.</p> <p>At the time of audit, the service had four vacancies. The service receives referrals from the NASC service, the local hospital, and directly from residents or whānau.</p> <p>The service has an information pack relating to the services provided at Bupa Liston Heights (including dementia specific information) which is available for families/whānau and residents prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. Bupa Liston Heights has a person and whānau-centred approach to services provided. Interviews with residents and relatives all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were residents and staff members identifying as Māori at the time of audit. The service currently engages with Tuwharetoa, Kaupapa Māori health provider for Taupo, Turangi and Mangakino communities to further develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports</p>	<p>FA</p>	<p>Nine resident files were reviewed: four rest home (including one respite), three hospital (including one YPD, one ACC) and two dementia 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</p>

<p>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>assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact forms.</p> <p>The service uses the Bupa assessment booklets and person-centred templates (My Day, My Way) for all residents. This and an initial support plan are completed within 24 hours of admission. The assessment booklet includes falls, Braden pressure area, skin, mini nutritional, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan.</p> <p>Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timeframes for all residents, including the residents on LTS-CHC and YPD contracts. Outcomes of the interRAI and risk assessments informed the care plans. The registered nurses interviewed described working in partnership with all residents including those with a disability to access information and health care appropriate to their needs. Residents were encouraged to have input during the assessment and planning of the nursing care plan which reflected the resident's individual goals and aspirations.</p> <p>Evaluations were completed six-monthly or sooner for a change in health condition. InterRAI reassessments sampled had been reviewed at least six-monthly. Written evaluations reviewed, identified if the resident goals had been met or not. The GP/NP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.</p> <p>All residents had been assessed by the general practitioner (GP) or nurse practitioner (NP) within five working days of admission. The GP/NP records their medical notes in the integrated resident file. The residents are admitted under their own GP and the facility coordinates with a number of local GP/NP practices to deliver care. The service</p>
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	<p>contracts with two local GP practices and two NPs visits twice weekly. The GP service also provides out of hours cover. The NP (interviewed) commented positively on the standard of communication and the quality of care provided by the facility. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for eight hours per week. A podiatrist visits regularly and a dietitian on request. Speech language therapist, wound care and continence specialist nurse are available as required through the local DHB.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by caregivers and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager, or an RN initiates a review with a GP. Family is notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. A family/whānau contact sheet records family notifications and discussions.</p> <p>Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for four residents with wounds (skin tears, skin conditions, chronic ulcers, and post-surgical wounds). Wound dressings were being changed appropriately as per the detailed frequency of dressing change. There were two residents currently with pressure injuries (both grade I) on the day of audit. A wound and pressure injury register is maintained. There is access to the wound nurse specialist via the local hospital. Care staff interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. The service extends this</p>
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		<p>monitoring period as required to get an accurate picture of resident need. Care plans reflect the required health monitoring interventions for individual residents.</p> <p>Caregivers and RNs complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, blood sugar levels, behaviour, and toileting regime. Neurological observations are completed for unwitnessed falls, or where there is a head injury according to the timeframes detailed in policy.</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>There is one activities coordinator and two outstanding vacancies in the activities team. One working 37.5 hours per week (Monday to Friday). Caregivers in each community cover the weekend activities. The general manager is actively recruiting into the two vacancies. The current activities coordinator has Level 3 Careerforce qualification and 38 years' experience as a healthcare assistant with a current first aid certificate.</p> <p>The overall programme has integrated activities that is appropriate for all residents. The activities are displayed in large print on all noticeboards. Planned activities include but are not limited to word search, scrabble, sing-along, art therapy, knitting, exercise, beauty therapy, puzzles, skittles, music therapy, housie, board games, newspaper reading, van outings and bingo. The programme allows for flexibility and resident choice of activity. Seasonal celebrations include but are not limited to Anzac Day, Easter, mid-winter, Matariki and Waitangi Day. There are plentiful resources, and they have their own van which they take residents out twice a week. The facility has one cat, a bird and a fish tank, there are also pet therapy visits.</p> <p>The needs of younger residents are accommodated as evidenced in the long-term care plan. The activities team provides one-on-one sessions daily, shopping trips and ensures that all residents can live their best lives.</p> <p>The activities programme in the Ngauruhoe (dementia) community is reflective of activities suited to the needs of dementia care residents, such as one-on-one sessions and school visits, however these have</p>

		<p>been disrupted due to Covid. Residents are encouraged to maintain links to the community such as Church visits. There are smaller seated areas where quiet one-on-one activities may occur.</p> <p>The residents and relatives interviewed were happy with the activities provided but feel this will improve when staff are employed into vacancies. The service ensures married couples are provided with opportunities to connect.</p> <p>On the day of audit there were residents who identified as Māori and Pasifika. There are Pacific Island and Māori staff to assist in delivering appropriate activities to these residents. There is a communal lounge in each wing where group or quieter activities can occur. There is a hairdressing salon. The residents enjoy attending the activities and enjoy contributing to the programme.</p> <p>A resident social profile and activity assessment informs the map of life. Which then produces the activities plan. The activities plan reviewed was individualised and met the residents' identified needs. Activities plans are evaluated six-monthly. The service receives feedback and suggestions for the programme through resident meetings and resident surveys.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori 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 facility medication rooms</p>

		<p>and four medication trolleys. 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. There was one resident self-medicating on the day of audit; and a self-medication assessment was completed by the NP and safe and secure storage for the medication was provided in the resident's room.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP/NP had reviewed all resident medication charts three-monthly and each drug chart has a photo identification and allergy status identified. There are no standing orders in use and no vaccines are kept on site. Antipsychotic medication is secured in a locked cupboard in the medication room and only administered by registered nurses.</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 current Māori residents and whānau ensuring appropriate support was in place, advice was timely, easily accessed, and treatment was 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</p>	FA	<p>The food services are overseen by a kitchen manager. The kitchen provides meals for the care home (75) as well as the village for residents that opt for a main meal at lunchtime. All meals and baking are prepared and cooked on site by qualified chef/cook who are supported by morning and afternoon kitchenhands. All food services staff have completed online food safety training. The four-week winter/summer menu is completed by a registered dietitian employed by Bupa and the last review was documented as May 2022. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The menu provides</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>pureed/soft meals prepared by Pure Food Company. The service caters for residents who require texture modified diets and other foods. The kitchen sends meals to the satellite kitchens in each wing by hot boxes and the food is served from these directly to residents in the dining rooms. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm.</p> <p>The kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. The kitchen manager is involved in the activities theme months particularly during cultural theme months and celebrations, and the menu is substituted to accommodate cultural meals in line with the theme. The service supports residents to have culturally appropriate food when requested. The service can incorporate Māori residents' cultural values and beliefs into menu development and food service provision if required.</p> <p>The food control plan was issued in May 2022 for 12 months. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, hot box serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily.</p> <p>On the day of audit pork schnitzel, vegetables and potato was served. The residents were observed to be enjoying their meals in the dining rooms. Residents provide verbal feedback on the meals through the monthly resident meetings. The general manager provides feedback to the kitchen manager following these meetings. Resident preferences are considered with menu reviews. On interview a resident confirmed the kitchen provided cultural preferences when requested. Nutritious snacks are available in all units 24/7.</p> <p>Resident surveys are completed annually. Residents interviewed expressed their satisfaction with the meal service. Residents are weighed monthly unless this has been requested more frequently due</p>
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		to weight loss. Residents with weight loss are referred to the dietitian. The dietitian informs the care staff and kitchen of any extra requirements.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>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, social support or kaupapa Māori agencies, where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current warrant of fitness which expires June 2023. The maintenance person works 40 hours a week (Monday to Friday). There is a maintenance request book for repair and maintenance requests located in each nurses' station. This is checked daily and signed off when repairs have been completed. An electronic maintenance management system is used to provide the schedule, monthly, three-monthly, six-monthly and annual maintenance plan. This includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from Bupa head office through the electronic system. Essential contractors such as plumbers and electricians are available 24 hours as required. Testing and tagging of electrical equipment next due November 2022. Checking and calibration of medical equipment, hoists and scales are completed annually, last test were completed in December 2021. There is a contracted gardener. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home, dementia, and hospital level of care residents.</p>

		<p>The facility is built over two floors. All rooms are single, communal showers and toilets are available in each unit. All rooms have handbasins, the communal showers have privacy locks and privacy curtains. Toilet and shower facilities are easy to clean and there is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. There is one lift large enough to accommodate beds/stretchers, all residents have access to the lift. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the facility with mobility aids where required. Each unit has a spacious lounge and dining room. Two of the hospital units share a large lounge and dining area. There are several small alcoves to provide whānau /family visits in the facility. Each dining room has a satellite kitchen and food is served from hot boxes in these kitchens. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment including hoists. There is safe access to all external communal areas which provide seating and shade.</p> <p>The secured dementia wing (Ngauruhoe wing) has single rooms with communal shower and toilets. Residents have access to a large lounge, smaller lounges, and well-maintained outdoor areas. There is access for the residents to walk a loop both indoors and outdoors. There is outdoor furniture raised gardens and shade in the internal courtyard. The indoor and outdoor area are safe and allows for residents to move freely. All corridors have safety rails that promote safe mobility. The resident rooms are spacious and personalised as viewed on day of audit.</p> <p>There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. Care staff interviewed reported that they have adequate space to provide care to residents. All bedrooms and communal areas have ample natural light and ventilation. There is wall mounted electric heaters in each room and heat pumps in all communal areas, maintaining an even comfortable temperature for residents. On interview, residents confirmed they are encouraged to personalise their bedrooms. The service is not planning any building or major refurbishments. The management interviewed were aware of their obligation to see advice from Māori to ensure their aspirations</p>
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		and identity are acknowledged.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly and was last done on 2 March 2022. The facility uses a contracted evacuation specialist to conduct these fire drills. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in blue bins. These are checked for expiry dates three-monthly. In the event of a power outage there is gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff 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; they alert staff by a paging system when a resident requires assistance. Residents were observed to have their call bells in proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks in the afternoon and at night. There are no security cameras and a security firm patrol twice a night.</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</p>	FA	<p>A registered nurse oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident</p>

<p>appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>reporting system. The infection control programme is reviewed annually by Bupa head office and infection control audits are conducted. The regional quality partner is part of the quality team where infection matters are raised. Infection rates are presented and discussed at quality and infection control meetings and sent to head office where it is reviewed by the clinical services and improvement team and benchmarked with other Bupa facilities. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Bupa head office and the Te Whatu Ora Lakes infection control nurse.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and all residents are fully vaccinated against Covid-19. Strict visitor controls are in place and all staff perform rapid antigen tests (RAT) daily. There were no residents with Covid-19 infections on the days of audit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There are a suite of infection control policies and procedures available to staff including (but not limited to), outbreak management, hand hygiene and standard precautions, aseptic technique, communicable diseases, and transmission-based precautions. Policies and the infection control plan have been approved by the leadership team, who receive monthly reports around infection control matters.</p> <p>The infection prevention and control nurse (registered nurse) provides an infection control report to the infection control, registered nurse, quality, and staff meetings. The organisation is a member of Bug Control, and the infection control coordinator interviewed described support from expertise within the clinical team at head office, public health, local laboratory, local hospital, GPs, and infection control specialist from Bupa. There is also support from other clinical managers within Bupa. The organisation has had advice from Ministry of Health and the New Zealand Aged Care Association, who provide guidance for aged care facilities on a range of matters including</p>

		<p>infection control and Covid-19. The infection prevention and control nurse (ICN) described utilising the Ministry of Health (MOH) website for information as needed, and utilising healthLearn online training and Ministry of Health sites. External education related to Covid management has been provided via zoom meetings and webinars.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed annual handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p> <p>Staff follow the organisation pandemic policy which is available for all staff. All staff and most residents have been double vaccinated and received boosters. Visitors are asked to be fully vaccinated. All new residents are requested to be vaccinated. Personal protective equipment (PPE) is ordered through the MOH, and stock balance is maintained to support any outbreak. Adequate PPE stocks were sighted, and outbreak kits are readily available. Bupa head office supplies extra PPE equipment as required. During Covid-19 lockdown there were regular zoom meetings with Bupa head office which provided a forum for discussion and support. The service has a Covid-19 response plan which was developed by the leadership groups and includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There was a declaration/sign in process including the use of a rapid antigen test before commencing work. Sufficient staff were available to ensure all people coming to the site are screened.</p> <p>Clinical expertise from the leadership team has input into procurement processes for equipment, devices, and consumables used in the delivery of health care. The ICN and the management team monitor resident and staff Covid infections. Hospital-acquired infections are collated along with infection control data. The organisation's policies</p>
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		<p>and procedures include clear instructions for disinfection, sterilisation, and single use items. Items required to be sterilised are pre-purchased, stored in a clean dry environment, and used within the use by date. This includes urinary catheters, catheter packs, and wound dressing packs. All equipment used for wound care are single use only. Reusable equipment such as blood pressure equipment, and hoists are cleaned between use with anti-microbial wipes. The ICN confirmed there is a process for clinical and infection control expertise when considering renovations or new builds which would be managed through Bupa head office. Infection control is included in the internal audit schedule.</p> <p>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. The organisation is working towards involving cultural kaitiaki representation on how te reo Māori can be incorporated into infection control information for Māori residents. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and infection control meetings as well as Bupa head office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the</p>

<p>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>infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. The infection prevention and control programme links with the quality programme. Infection control surveillance is discussed at clinical meetings, management meetings, quality meetings, staff meetings and sent to Bupa head office. Meeting minutes and graphs are displayed for staff. The service receives email notifications and alerts from Bupa head office and Te Whatu Ora for any community concerns.</p> <p>The ICN uses the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. There is close liaison with the GP/NPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>There have been five outbreaks since the previous audit, including two Covid (March and June 2022). The facility followed their pandemic plan. All areas were kept separate, and staff were cohorted where possible. The service also established a second staffroom for periods of outbreak to reduce the spread of infection amongst staff. Staff wore PPE and residents and staff had rapid antigen (RAT) tests daily. Families were kept informed by phone or email. Visiting was restricted.</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</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 kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety datasheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available</p>

<p>decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>		<p>for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area with sanitiser and a sink. Eye protection is available. Staff have completed chemical safety training and the chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed on site by dedicated laundry staff who work between 07.00-14.00, seven days per week. The laundry has a defined clean/dirty flow, and the washing machines and dryers are checked and serviced regularly. All laundry staff have completed chemical safety and infection control training.</p> <p>There are three cleaning staff (one for each wing) on each day who work between 07.00-14.00. The linen cupboards in each area were well stocked. Cleaning and laundry services are monitored through the internal auditing system.</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>	FA	<p>The facility is committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a registered nurse. There is one resident listed on the restraint register as using a (hospital level) bed rail. The use of restraint is reviewed three-monthly and reported in the monthly clinical and staff quality meetings. The general manager reports to the regional operations manager. The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme.</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>	FA	<p>A restraint register is maintained by the restraint coordinator. The file of the one resident listed as using restraint was reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, managing</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>behaviours). The resident was using restraint as a last resort. Written consent was obtained from the daughter (EPOA) of the resident. One emergency restraint (bedrail) was required in May 2022 (hospital unit), for which the procedures documented in policy were correctly followed and a staff/whānau debriefing session held with opportunities for future learning discussed.</p> <p>Monitoring forms are completed for the resident using restraint. Restraints are monitored at least two-hourly or more frequently should the risk assessment indicate this is required. One incident occurred as a result of the restraint use, when the resident placed her foot between the bedrail and cover, sustaining a skin tear. The cover was changed, and documentation was present in resident file.</p> <p>Monitoring of restraint includes residents' cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga. Restraints are regularly reviewed and discussed in the staff meetings and twice weekly clinical updates.</p>
<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>	<p>FA</p>	<p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The outcome of the internal audit goes through to the clinical, quality and staff meetings. The twice weekly clinical update meetings include ongoing reviews of restraint use, restraint incidents (should they occur), and education needs. Restraint data including any incidents are reported as part of the restraint coordinator's report to the clinical manager and general manager. Data is then submitted to Bupa head office via the general and regional operations manager for benchmarking against other Bupa sites.</p> <p>The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data.</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.

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End of the report.