

Bupa Care Services NZ Limited - Cashmere View Rest Home & Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Cashmere View Rest Home and Hospital
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 29 August 2022 End date: 30 August 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	94



Executive summary of the audit

Introduction

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

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumaruru | 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 Cashmere View is certified to provide rest home, hospital (geriatric and medical), and psychogeriatric levels of care for up to 103 residents. There were 94 residents on the days of audit. This certification audit was conducted against the Ngā Paerewa Health and Disability Standards 2021 and the contract with Te Whatu Ora – Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

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

This full certification audit identified the service meets the intent of the standards.

A continuous improvement was awarded in relation to reducing the number of restraints used.

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

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

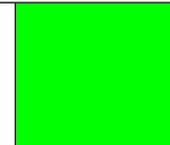
All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

There are separate activities calendar for the rest home, hospital residents, and psychogeriatric care units. The programme includes community visitors and outings, entertainment and activities that promote and encourage individual recreational, physical, and cognitive abilities for the consumer group.

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

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.



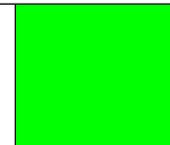
Subsections applicable to this service fully attained.

Appropriate equipment for responding to emergencies is provided. There is an emergency management plan in place, and an approved evacuation scheme.

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

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

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



Subsections applicable to this service fully attained.

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

as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been outbreaks since the previous audit, and these have been well documented.

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.		All subsections applicable to this service fully attained with some subsections exceeded
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The restraint coordinator is a registered nurse. Two residents were using a restraint. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	1	27	0	0	0	0	0
Criteria	1	148	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

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 organisation that is undergoing revisions and updating. Policy acknowledges the Te Tiriti o Waitangi as a founding document for New Zealand. The aim of the plan is equitable health outcomes for Māori residents and their whānau with overall improved health and wellbeing.</p> <p>Residents and whānau are involved in providing input into the resident’s care plan, their activities, and their dietary needs. Seventeen care staff interviewed: eight caregivers: four on the AM shift (two rest home/hospital, two psychogeriatric (PG)) and four on the PM shift (three psychogeriatric (PG) one rest home/hospital); three unit- coordinators/RNs (one PG, one rest home/hospital, one hospital); four staff RNs; and two activities assistants described how care is based on each resident’s individual and cultural values and beliefs. A kaumātua from the local community is being organised to visit the facility to bless a room.</p> <p>The service has residents who identifies as Māori. A specific Māori</p>

		<p>cultural plan is documented and being implemented, addressing their individual's cultural needs, language, spirituality, food, and other specific cultural request. A resident who identified as Māori was interviewed; whānau were unavailable. The resident stated that the staff are wonderful and that they are treated with dignity and respect.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were low numbers of Māori staff. All staff have access to relevant tikanga guidelines as a flip chart, located in a visible location in each nursing station.</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>Not Applicable</p>	<p>On admission all residents state their ethnicity. Family members of Pasifika residents are 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. Bupa plans to partner with a Pasifika organisation and/or individual to provide guidance and to ensure the development of a Pacific health plan focuses on achieving equity and efficient provision of care for Pasifika.</p> <p>The service is actively recruiting new staff. The care home manager described how they encourage and support any staff that identifies as Pasifika through the employment process. There are staff that identify as Pasifika. There are residents that identifies as Pasifika. The Pasifika residents care plans identify their spirituality, beliefs, and culture. Resident and family identifying as Pasifika were unable to be interviewed.</p> <p>Interviews with twenty-one staff: seventeen care staff, one maintenance officer, one kitchen manager, one housekeeper, one laundry staff; five residents (three rest home, two hospital), six relatives (three hospital, three PG); and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their service.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Code are included in the information that is provided to new residents and their relatives. The care home manager, clinical manager, unit coordinator or registered nurse discuss aspects of the Code with residents and their family on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident/family meetings. Residents and relatives interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual supports. Church services are regularly held.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Efforts are underway to ensure that the Bupa organisation recognises Māori mana Motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people</p>	<p>FA</p>	<p>Caregivers and RNs interviewed described how they support residents to choose what they want to do. For example, they commented that residents have control and choice over the activities they participate in. Residents interviewed confirmed they have choice.</p> <p>Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms</p>

<p>in a way that is inclusive and respects their identity and their experiences.</p>		<p>of support.</p> <p>The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2021 and 2022 confirm that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place with training included in the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and a chaplain is available. A spirituality policy is in place.</p> <p>Te reo Māori is celebrated during Māori language week. Signage is being rolled out in te reo Māori. A tikanga Māori flip chart is available in multiple locations for staff to use as a resource.</p> <p>Cultural awareness training is provided annually. Māori cultural training for staff has been introduced. Work is underway to ensure that all staff participate in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Bupa Cashmere View policies confirm any form of discrimination, coercion, harassment, or other exploitation will not be tolerated. Inclusiveness of ethnicities, and cultural days are undertaken to celebrate diversity. A staff code of conduct is discussed during the new employee's</p>

<p>services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>induction to the service. Staff are issued with an employee handbook and code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying.</p> <p>All staff are held responsible for creating a positive, inclusive and a safe working environment. A 'speak-up' programme is in place, which is being managed by Bupa-Australia and backed up by a whistle-blower policy.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Work is underway to ensure that a strengths-based and holistic model is prioritised to ensure wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with</p>	<p>FA</p>	<p>Information is provided to residents/families on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service. Meeting minutes indicate that the results of resident satisfaction surveys are shared with residents and staff.</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. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented on the family communication sheet that is held in the resident's file. Twenty accident/incident forms reviewed identified</p>

<p>them about their choices.</p>		<p>relatives are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there was one resident who did not speak English. Family and staff are used for translation purposes. The family was interviewed who stated that the resident is enjoying living at Cashmere View and that staff communicate with them using non-verbal language. The family visits regularly and assists with interpreting any concerns expressed by the resident.</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 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 in regard to services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own</p>	<p>FA</p>	<p>There are policies around informed consent and advance directives. Ten resident files reviewed (four at hospital level, two at rest home level and four at psychogeriatric level of care) included signed general consent forms. Consent forms for Covid and flu vaccinations were also on file where appropriate. Residents and relatives interviewed (where appropriate) could describe what informed consent was and knew they had the right to choose.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of</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>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 four psychogeriatric 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 care home manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically on Riskman. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There were six complaints logged in the complaint register in 2021 and six in 2022 (year-to-date). One external complaint lodged with HDC has been actioned and is awaiting further notice from HDC. The correction action implemented as a result of this complaint has been training additional physiotherapy assistants so that cover is always available when the current physiotherapy assistant is unavailable.</p> <p>All complaints logged include an investigation, follow up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and families confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. A suggestions box is adjacent to where the complaints forms are held. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly, chaired by the care home manager. Residents/relatives making a complaint can involve an independent support person in the process if they choose.</p> <p>Three complaints logged in 2022 and reviewed indicated that the</p>

		<p>complaints process is being followed, meeting requirements set forth by HDC. The complaints process is linked to the quality and risk management programmes.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the 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 Cashmere View is in Christchurch. The service is certified to provide rest home, hospital (geriatric and medical), and psychogeriatric (PG) care for up to 103 residents. Occupancy was 94 residents. There were 41 residents across the two PG units. There were 11 rest home level and 42 hospital level residents in the remaining hospital and rest home/hospital wings. One wing (Ashgrove) is dual-purpose unit with twenty-nine beds approved for either rest home or hospital level of care. The second wing (Pioneer) is hospital level only. One hospital level resident was on ACC. The PG residents were on the aged residential hospital specialised services (ARHSS contract). All remaining residents were on the aged related residential care contract (ARCC).</p> <p>The Bupa organisation has documented vision and values statements that are shared with staff and are displayed. There is an overall Bupa strategic plan and risk management plan. Additionally, Cashmere View has identified specific and measurable quality goals. A health and safety goal is also in place, developed at an organisational level. Goals are reviewed monthly and are shared with staff in the monthly meetings.</p> <p>Bupa governing roles include 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.</p> <p>Bupa has established and implemented governance committees with associated terms of reference including a clinical governance committee (CGC) and a risk and governance committee (RGC). These group each meet on a quarterly basis. A comprehensive pack</p>

		<p>of reporting on relevant quality and risk management systems is distributed to committee members prior to meetings. The CGC and RGC are aligned and collaborate to govern quality and risk systems across the business. Clinical governance reporting includes external benchmarking of incident data with other NZ aged care providers and Bupa Aged Care, based in Australia. Data shared includes incidents, complaints, audits, workforce, quality, and risk compliance information (eg, restraint, infections).</p> <p>Bupa is developing a Te Ao Māori strategy to introduce and implement the Te Ao Māori related standards alongside a Māori health consultant. The goals will be embedded in the plan and outcomes from the plan will be managed. This includes a phased introduction and embracing of authentic and appropriate Te Ao Māori which include tikanga - cultural practises, te reo and cultural protocols in alignment with the new Ngā Paerewa HDSS 8134: 2021. Māori cultural inclusivity will become integrated into the way in which Bupa operates. It will be evident in their corporate approach as well as their frontline existing “Person First” health care approach. It will be part of their Bupa NZ culture as experienced by staff and residents. It will reflect collaboration with mana whenua in business planning and service development to ensure equity for Māori and tāngata whaikaha. Barriers to health equity will also be addressed.</p> <p>The care home manager commenced employment in January 2022. This individual is a registered nurse who has worked in management roles in the aged care sector for four years. Prior to this they were a continence product specialist responsible for staff education. The care home manager is supported by a clinical manager/RN who has been in the role for four years and has worked at Cashmere View for sixteen years. The clinical manager is supported by three-unit coordinators.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and</p>	<p>FA</p>	<p>Bupa Cashmere View is implementing quality and risk management programmes. These systems include performance monitoring through internal audits and through the collection of clinical indicator data and resident/family feedback. They are reviewed at defined and regular</p>

<p>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>intervals utilising a health equity and quality lens approach.</p> <p>Monthly staff, RN and quality meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), survey results, staffing, and education. The service encourages all their staff to attend the monthly staff meetings. Quality meetings are held monthly, resident meetings are held monthly, and family meetings are held three-monthly. Resident and family meetings provide opportunities to discuss results from satisfaction surveys and any corrective actions being implemented (meeting minutes sighted). Clinical review meetings provide site-specific clinical governance and are held weekly. This is in addition to monthly RN meetings. Attendance includes the clinical manager, unit coordinators and RNs. All meeting minutes are posted in the staffroom.</p> <p>Internal audits, meetings, and the collection, collation and analysis of data are documented with corrective actions implemented where indicated to address service improvements with evidence of progress and sign off when achieved. Meeting minutes are posted on a noticeboard located in the staffroom. Corrective actions are discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Work is underway to assess staff cultural competencies to ensure the service can deliver high quality and equitable care for Māori.</p> <p>The 2022 resident and family satisfaction surveys indicate both residents and family are very satisfied with the service provided. Results have been communicated to residents in resident meetings (meeting minutes sighted).</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and are in the process of being updated with</p>
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	<p>further updates required in order to meet the 2021 standards (link 2.1.11). New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. A health and safety team meets monthly. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. The noticeboard adjacent to the staffroom keeps staff informed on health and safety. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Bupa belongs to the ACC partnership programme and have attained primary level at audit. Bupa continues to update their documents to meet the new Health and Safety At Work Act 2015 legislation. Staff are informed of these changes through policy and work instructions, which are disseminated to all care homes. Health and safety is a regular agenda item in staff/quality meetings.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available eight hours per week (Tuesdays/Thursdays) and is assisted by a physiotherapy assistant (fifteen hours per week). Strategies implemented to reduce the frequency of falls include intentional rounding and the regular toileting of residents who require assistance. Transfer plans are assessed and evaluated by the physiotherapist and placed in the resident's room.</p> <p>Electronic reports using Riskman are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twenty accident/incident forms reviewed (witnessed and unwitnessed falls, challenging behaviours). Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Missing was evidence of neurological observations being consistently completed as per policy for unwitnessed falls and/or suspected injury to the head (link 3.2.4). Relatives are notified following incidents. Opportunities to minimise</p>
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		<p>future risks are identified by the clinical manager.</p> <p>The care home manager is aware of their requirement to notify relevant authorities in relation to essential notifications. The Bupa head office completes all Section 31 notifications. Notifications since the last audit relate to pressure injuries and the appointment of a new care home manager. There have been three outbreaks (respiratory outbreak March 2021; Covid outbreak March-April 2022; Covid outbreak June-July 2022). Te Whatu Ora and public health authorities were informed in all three cases.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>A selection of RNs and caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7 including when taking residents on outings.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Challenges arise when staff call in as unavailable. Agency staff are used if necessary. RNs and caregivers commented on the good teamwork at the facility. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews.</p> <p>The care home manager, clinical manager and unit coordinators are available Monday to Friday. On-call cover is shared between six care home managers and six clinical managers so that cover is only needed once every six weeks. The care home manager and clinical manager stated that they are always available.</p> <p>Psychogeriatric wings (two) are adjacent to each other, separated by a secure door with 20 beds in one wing (Palmside) and 24 beds in the other (Barrington). A nursing station is located in each wing. A unit coordinator/RN is responsible for the PG residents and works Monday – Friday. The unit coordinator is supported by an RN on each PG wing on the AM shift, and one RN for each PG wing on the PM and</p>

		<p>one RN covering both PG wings on the night shifts.</p> <p>Caregiver staffing for PG is as follows:</p> <p>Palmside wing (eighteen PG residents): Three long (eight-hour shift) caregivers cover the AM shift, two long and one short shift (1700 – 2100) cover the PM shift and two caregivers cover the night shift.</p> <p>Barrington wing (twenty-three PG residents): Four long shift caregivers cover the AM shift, two long and one short shift (1530 – 2130) cover the PM shift and one caregiver with support from the RN (who is based in this wing) covers the night shift.</p> <p>Pioneer wing (twenty-seven hospital level residents): A unit coordinator/RN oversees this wing Monday – Friday. One RN is rostered across all three shifts with the night shift RN working across this wing and the hospital/rest home wing. Three long and two short shift (0700 – 1300 and 0700 – 1330) caregivers cover the AM shift; three long and one short shift (1500 – 2130) caregivers cover the PM shift and two caregivers cover the night shift.</p> <p>Ashgrove wing (eleven rest home and fifteen hospital level residents): A unit coordinator/RN oversees this wing Monday – Friday. One RN is rostered across all three shifts with the night shift RN working across this wing and the hospital wing.</p> <p>Residents and family all reported that staffing levels are adequate, supported by good teamwork amongst staff.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory trainings, which includes cultural awareness training. Cultural training that is more specific to Māori and the Treaty of Waitangi is scheduled for later in the year and will include a competency questionnaire. Teachings will include information on Māori health outcomes and disparities, and health equity. External training opportunities for care staff include training through Te Whatu Ora – Health New Zealand, and hospice. Training is offered via one day (6 hour) blocks of time</p>
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		<p>and impromptu toolbox talks.</p> <p>Sixty-four caregivers are employed. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Four caregivers have achieved a level four NZQA qualification and seventeen have achieved a level three qualification. Caregivers achieve a level two qualification after completing their orientation. Thirty caregivers are employed to work in the two PG units. Twenty-three have completed their required PG qualification and the remaining staff are enrolled and have been employed for less than 18 months.</p> <p>A competency assessment policy is being implemented. All staff are required to completed 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). Additional RN specific competencies include subcutaneous fluids, syringe driver, female catheterisation, and interRAI assessment competency. Fifteen of twenty-three RNs are interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year.</p> <p>All caregivers are required to complete annual competencies for restraint, emergency procedures/fire evacuation and moving and handling. A record of completion is maintained on an electronic register. 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.</p> <p>Staff wellness is promoted. Staff are encouraged and supported to return to work following a workplace accident. Covid has had an impact on extra workload, maintaining safe staffing levels and staff's physical and mental health wellbeing. Staff wellness is achieved through one-on-one meetings with staff, and creating a supportive</p>
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		<p>environment focusing on teamwork. The employee assistance programme (EAP) is available to staff and this is discussed with them, so they know the service is available. An open-door policy exists with the care home manager and clinical manager so that staff know they are available to them. Social gatherings were limited due to Covid but as soon as it was possible, staff met together outside of work at a bowls tournament that Bupa partially funded. Staff are offered free influenza vaccinations with a vaccinator who comes on site. Free morning tea is offered daily to staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the care home manager's office in a locked filing cabinet. Twelve staff files reviewed (six caregivers, one kitchen assistant, three RNs, one cook, one housekeeper) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Staff sign their job description on commencement of duties.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry). There is an appraisal policy. All staff have a three-month appraisal followed by annual appraisals. Performance appraisals were up to date.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>A volunteer policy is documented for the organisation that describes the on-boarding process. Each volunteer is required to complete a</p>

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

<p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>required, after considering staffing, equipment requirements, and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The general manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which is shared with the regional operations manager; however, these records do not currently capture ethnicity.</p> <p>The service receives referrals from the NASC service, Te Whatu Ora, and directly from residents or whānau. The service has a general information pack relating to the services provided at Bupa Cashmere and a separate pack containing detailed dementia-specific information which is available for families/whānau and residents prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. Bupa Cashmere has a person and whānau-centred approach to services provided. Interviews with residents and relatives all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implement supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were residents identifying as Māori. The service is working towards developing meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p>	<p>FA</p>	<p>Ten resident files were reviewed: two rest home, four hospital (including one YPD and one LTS-CHC) and four psychogeriatric level care. The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is</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>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>Overall, initial long-term care plans and first interRAI assessments had been completed for long-term residents and were completed within the required time frames (only one had a late interRAI assessment due to a Covid outbreak, however this was not a trend). The residents funded by YPD and LTS-CHC have the Bupa suite of assessments completed in order to develop their long-term care plan. Evaluations were completed six-monthly or sooner for a change in health condition.</p> <p>Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds. The GP records their medical notes in the integrated resident file.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with a local GP who visits weekly. The GP service also provides out of office hours. The GP (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 six hours per week. A podiatrist visits regularly and a dietitian, speech language therapist, wound care and</p>
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		<p>continence specialist nurse are available as required through the local hospital.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by caregivers and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager, unit coordinator or an RN initiates a review with a GP. Family was notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. A family/whānau contact sheet records family notifications and discussions. Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for fifteen residents with wounds (skin tears, skin conditions, suspected deep tissue injury and chronic wounds). Wound dressings were being changed appropriately as per the detailed frequency of dressing change. There were four residents with pressure injuries on the day of audit (two unstageable and two grade II). A wound register is maintained.</p> <p>There is access to the wound nurse specialist via the local hospital. Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. The service extends this monitoring period as required in order to get an accurate picture of resident need. Care plans reflect the required health monitoring interventions for individual residents.</p> <p>Caregivers and RNs complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, blood sugar levels,</p>
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		<p>behaviour, and toileting regime. Neurological observations are completed for unwitnessed falls, or where there is a head injury but not according to the timeframes detailed in policy.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. The service implements processes which facilitate Māori and whānau to identify their own pae ora outcomes. These are then documented in the resident's care plan.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service employs one full-time activities coordinator, seven part-time and two casual activities assistants who lead and facilitate the activity program seven days per week in the psychogeriatric, hospital, and rest home areas. Activities assistants in PG community work from 2pm to 8pm. The activities coordinator is a qualified diversional therapist. The activities calendar is displayed in large print on all noticeboards and a weekly calendar is distributed to residents. All areas have separate calendars; however, some activities (special celebrations/entertainers) are combined should residents from other areas wish to join in a particular session. This is true for PG residents too, who can attend entertainment in other areas with staff support.</p> <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. The planned activities include but are not limited to, sing along, balloon toss, sit and be fit, exercise group, quiz, housie, board games, garden walks, craft sessions, musical bingo and newspaper reading. Residents who do not participate regularly in the group activities, are visited for one-on-one sessions. Community visitors include entertainers, church services (weekly) and 'canine friends' therapy visits. Themed days such as Matariki, Waitangi, and Anzac Day are celebrated with appropriate resources available. Families are also sent a regular newsletter to keep them informed and allow family attendance at special events and celebrations (subject to Covid traffic light settings). The facility has its own vehicle which is utilised for outings to local</p>

		<p>areas of interest once fortnightly for all areas.</p> <p>Each resident has a Map of Life developed on admission. The Map of Life includes previous careers, hobbies, life accomplishments and interests which forms the basis of the activities plan. The resident files reviewed included a section of the long-term care plan for activities, which has been reviewed six-monthly.</p> <p>Residents in the secure PG areas had 24-hour activity plans which included strategies for distraction and de-escalation. The PG activities calendar has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</p> <p>The needs of younger residents are accommodated. The activities team provides one-on-one sessions daily, shopping trips and ensures that all residents can live their best lives. The service ensures married couples are provided with opportunities to connect. There is a communal lounge in each wing where group or quieter activities can occur. The service receives feedback and suggestions for the programme through resident meetings and resident surveys. The residents and relatives interviewed were happy with the variety of activities provided.</p> <p>The service is working towards ensuring that their staff support Māori residents in meeting their health needs and aspirations in the community. The service is actively working towards facilitating opportunities for Māori to participate in te ao Māori.</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</p>	FA	<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>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>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 four facility medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications including the bulk supply order is checked weekly and signed on the checklist form. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP. There were two residents self-medicating on the day of audit. The two residents had a self-medication assessment in place authorised by the GP as well as safe and secure storage in their room.</p> <p>Twenty electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each drug chart has a photo identification and allergy status identified. There are no standing orders in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described working in partnership with the current Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural</p>	<p>FA</p>	<p>The food services are overseen by a kitchen manager. All meals and baking are prepared and cooked on site by qualified chefs/cooks 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.</p>

<p>beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>Kitchen staff and caregivers interviewed understood basic Māori practices in line with tapu and noa and have completed food safety training.</p> <p>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 pureed/soft meals. The service caters for residents who require texture modified diets and other foods. Meals are delivered to the pioneer community by bain-marie and caregivers plate the meals. For the other communities', meals are individually plated in the kitchen and delivered via temperature-controlled scan boxes to maintain delivery temperature.</p> <p>The food control plan was issued in September 2022 for 12 months. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, bain-marie 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>Residents provide verbal feedback on the meals through the monthly resident meetings. Resident requests and cultural preferences are considered with menu reviews. When the activities team are planning cultural theme days, the kitchen is involved in planning to provide food in line with the theme. 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 to weight loss. Residents with weight loss are referred to the dietitian. The dietitian informs the care staff and kitchen of any extra requirements. Lip plates and other specialised utensils are available as required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit,</p>

<p>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>		<p>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>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires 1 January 2023. The maintenance person works 32 hours a week (Monday to Thursday). 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. There is a monthly, three-monthly, six-monthly and annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from Bupa head office. Essential contractors such as plumbers and electricians are available 24 hours as required. Testing and tagging of electrical equipment was completed in December 2021. Checking and calibration of medical equipment, hoists and scales was also completed in December 2021. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home, dementia, and hospital level of care residents.</p> <p>The service utilises external contractors to look after the gardens and grounds. Resident rooms are refurbished as they become vacant. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is safe access to all communal areas.</p> <p>In the Barrington and Palmside (PG) communities there are</p>

		<p>communal toilets and showers in close proximity to resident rooms. Both wings are secure, and each has an open plan lounge/diner. Both communities have their own securely fenced courtyard and walking pathways. There are alternative small lounge areas with library and activity resources throughout the facility.</p> <p>The Ashgrove (hospital/rest home) community have a mixture of rooms with either full ensuites or shared toilet and shower. The pioneer community have communal bathrooms and toilets. All communal toilets and bathrooms are well signed and have privacy locks. All communal bathrooms allow for mobility equipment. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Communal, visitor and staff toilets all contain flowing soap and paper towels. Residents interviewed reported their privacy is always maintained.</p> <p>There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Caregivers and RNs interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. All bedrooms and communal areas have ample natural light, ventilation, and thermostatically controlled heating.</p> <p>The organisation is aware of their obligation to ensure any new buildings or major renovations reflect the aspirations and identity of Māori. The management team report this would be managed through Bupa head office.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p>	<p>FA</p>	<p>Emergency management policies outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in</p>

<p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>accordance with the facility's building warrant of fitness. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Emergency lighting is available in each unit. Ten thousand litres of water are stored in tanks as well as ten water barrels supplied by an external company, which are regularly replaced. There is an emergency storage area containing critical supplies of personal protective equipment (PPE) as well as four orange civil defence bins that are checked six-monthly. Gas cooking is available with ample food stores. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is always available.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Call bells are included in the preventative maintenance programme. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. There are six external security cameras installed.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The registered nurse for the pioneer community undertakes the role of infection control coordinator (ICC) to oversee infection control and prevention across the service with the support of the clinical manager. 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 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. Infection control data is also 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.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and most 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 coordinator and clinical manager provides an infection control report to the infection control meeting, monthly registered nurse meetings, 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, GP's, 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 infection control and Covid-19. The infection coordinator described utilising the MOH website for information as needed. The infection prevention coordinator described utilising healthLearn online training and Ministry of Health (MOH) 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</p>

	<p>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 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.</p> <p>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 infection control coordinator and the management team monitor resident and staff Covid infections. Hospital-acquired infections are collated along with infection control data. The organisation policies and procedures include clear instructions for disinfection, and single use items. Items required to be sterile 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</p>
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		<p>equipment, and hoists are cleaned between use.</p> <p>Infection control is included in the internal audit schedule and a recent audit demonstrated full compliance. The service is working towards how they can incorporate te reo Māori into infection prevention information for Māori residents. The infection control coordinator 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.</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. 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 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-</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the electronic incident/infection database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. The service is working towards incorporating ethnicity data into surveillance methods and</p>

<p>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>data captured around infections. Infection control surveillance is discussed at clinical, quality and staff meetings and daily updates held during periods of outbreak. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora for any community concerns.</p> <p>There have been Covid outbreaks since the previous audit in different communities within the facility (March-April, and June-July 2022). The facility followed their pandemic plan. All areas were kept separate, and staff were kept to one community if possible. Staff wore PPE. Residents and staff were RAT tested daily. Families were kept informed by phone or email. Visiting was restricted. All outbreaks show evidence of appropriate and timely management including liaison with Te Whatu Ora and public health unit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety datasheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. The sluice rooms situated in each wing have appropriate personal protective equipment available including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All linen and personal clothing is laundered off site (at another Bupa facility). A dedicated laundry van is utilised to collect and deliver laundry and personal items daily. There is a clear process of handling and storage of clean and dirty laundry to meet infection control standards. There are clearly defined dirty and clean areas and doors in the laundry area. Residents and relatives interviewed were satisfied with the laundry service. Linen cupboards were adequately stocked.</p> <p>The cleaners' trolley is attended at all times and is locked away when</p>

		not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate protective clothing readily available. Each wing had linen cupboards which were well stocked. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes.
<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 works in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is an RN who works in the dual-purpose wing (Ashgrove). At the time of the audit, there were two hospital level residents using an approved restraint.</p> <p>The use of restraint is reported to the Bupa head office. It is discussed in the monthly RN staff and quality meetings, evidenced in the meeting minutes. The restraint coordinator interviewed described the facility's focus on only using restraint as a last resort.</p> <p>Education on restraint minimisation is included in the annual training plan and orientation programme. It is accompanied by a competency questionnaire.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust 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,</p>	CI	<p>A restraint register is maintained by the restraint coordinator. At the time of the audit, only two hospital level residents were using restraints (one safety belt, one bedrail). This is a significant reduction in the use of restraint and has been identified as an area of continuous improvement.</p> <p>Both resident files were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, managing behaviours). Cultural considerations are also assessed. Restraint was put in place as a last</p>

<p>and only use approved restraint as the last resort.</p>		<p>resort. Written consent was obtained by the resident's EPOA.</p> <p>A policy is in place for the use of emergency restraints. The restraint coordinator stated this would only be used over the weekend for safety until a restraint assessment could take place with input from the restraint coordinator. No emergency restraint has been used.</p> <p>Monitoring restraint considers details documented in the restraint assessment, which addresses the resident's cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga (where applicable). Monitoring forms are completed for each resident using restraint. As per policy, bedrails are required to be monitored two-hourly and the safety belt (t-belt) on an hourly basis. The two files reviewed indicated that monitoring is accurately recorded for each resident using restraint.</p> <p>Any accident or incident that occurred as a result of restraint use are monitored. No accidents or incidents were identified.</p> <p>The use of the restraints, risk associated with restraint use and frequency for monitoring were stated in each resident's care plan.</p> <p>Residents using restraints are reviewed after the first month and three-monthly thereafter. Residents using restraint are discussed in the weekly clinical review meetings, at handovers and in the monthly quality/staff meetings.</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</p>	<p>FA</p>	<p>The Bupa governance body has endorsed the review of the restraint programme, completed by the Bupa restraint specialists.</p> <p>The restraint programme is reviewed via teleconference with restraint coordinators six-monthly. Monthly reporting on restraint usage and benchmarking is included as well as evaluation of the staff restraint education programme. Meeting minutes reflect discussions on how to minimise the use of restraint and to ensure that it is only used when clinically indicated and when all other alternatives have been tried.</p>

data and implementing improvement activities.		
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 6.2.1</p> <p>The decision to approve restraint for a person receiving services shall be made:</p> <p>(a) As a last resort, after all other interventions or de-escalation strategies have been tried or implemented;</p> <p>(b) After adequate time has been given for cultural assessment;</p> <p>(c) Following assessment, planning, and preparation, which includes available</p>	CI	<p>The use of restraint has reduced from 16 residents using 17 restraints (certification audit September 2018) to only two residents currently needing restraint. This reduction over time has required successful implementation of restraint minimisation strategies, in particular in the psychogeriatric wing, and is now embedded in practice.</p>	<p>It was identified by the restraint coordinator and clinical team that too many residents were using restraint which was believed to be affecting their quality of life. This group discussed strategies on how restraint could be reduced. Discussions with EPOAs began, to ascertain their support in reducing restraint use and strategies were implemented.</p> <p>New admissions are visited prior to entry to the service to assess any history of restraint use and complete a falls risk assessment. On admission to Bupa Cashmere, all residents are referred to physiotherapy and are placed on a falls prevention programme until it is determined that it isn't necessary. Two additional strategies, implemented specifically for PG level residents include providing at-risk residents with a daily walking programme, accompanied by a physiotherapy assistant; and providing these residents with one-on-</p>

<p>resources able to be put in place; (d) By the most appropriate health professional; (e) When the environment is appropriate and safe.</p>			<p>one activities during times that they can become agitated (eg, sundowning times). Furthermore, the use of prn restraint was implemented so that it was gradually reduced, and risk was well-managed.</p> <p>Over time, restraint has significantly reduced and has been embedded in the culture of Bupa Cashmere. The unit coordinator (PG) has been asked to advise other Bupa facilities to also help them achieve this positive outcome.</p>
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End of the report.