

Bupa Care Services NZ Limited - Whitby Rest Home and 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:	Whitby 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); Dementia care
Dates of audit:	Start date: 6 September 2022 End date: 7 September 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 Whitby Care Home provides hospital (geriatric and medical), rest home, dementia, and psychogeriatric services for up to 100 residents. There were 94 residents on the days of audit.

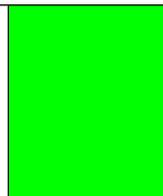
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with Te Whatu Ora Capital Coast. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with families, residents, management, staff, and the general practitioner.

The care home manager is appropriately qualified and experienced and is supported by a clinical nurse manager. There are quality systems and processes being implemented. Feedback from residents and families were positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. The service continues to refurbish the internal environment. There are a number of quality projects being implemented.

This certification audit identified that there are shortfalls relating to review of quality goals, staff education and the storage of adequate water supplies.

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.



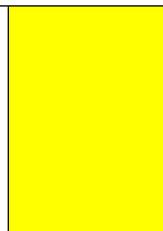
Subsections applicable to this service fully attained.

Bupa Whitby Care Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. The service works to provide high-quality and effective services for residents. The organisation is working towards developing a Pacific Health Plan in partnership with Pacific communities.

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.



Some subsections applicable to this service partially attained and of low risk.

There is an organisational strategic plan and risk management plan documented. The service has effective quality and risk management systems in place that take a risk-based approach. These systems strive to meet the needs of residents, families, and staff. Internal audits, and collation of data were all documented with corrective actions as indicated. Corrective action plans are signed off after successful implementation. An organisational health and safety programme is implemented. Falls strategies are in place to minimise falls. Incidents and accidents are reported and analysed.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

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

There is an activities calendar for each unit. The programme includes community visitors and outings, entertainment and activities that promote and encourage individual recreational, physical, and cognitive abilities for the consumer group.

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

Transfers between services are coordinated with good communication between services.

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

<p>Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk</p>
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Bupa Whitby holds a current building code of compliance certificate. Electrical equipment has been tested and tagged. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. The dementia unit households are secure with an enclosed secure garden.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency including Covid-19. There is an approved evacuation scheme and emergency supplies for at least three days. A staff member trained in first aid is on duty at all times.

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

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

Subsections applicable to this service fully attained.

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

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

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. Fixtures, fittings, and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinator is a registered nurse. Nine residents were using a restraint. Working towards 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 use an approved restraint as the last resort. Staff receive education in relation to restraint minimisation.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	2	1	0	0
Criteria	0	148	0	2	1	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 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 (six caregivers: three on the AM shift (one rest home, one hospital, one psychogeriatric (PG)) and three on the PM shift (one rest home, one hospital, one psychogeriatric (PG)), two enrolled nurses (ENs) (dementia); two unit-coordinators/registered nurses (RNs); three staff RNs; one diversional therapist; three activities coordinators) 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.</p>

		<p>The service has residents who identify as Māori. One resident who identifies as Māori was interviewed. They speak fluent te reo Māori and stated that they are well-looked after and receive regular visits from their whānau. The care plan identifies the resident's iwi and indicates whānau involvement.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were a small number of staff who identified as Māori. All staff have access to relevant tikanga guidelines as a flip chart, located in a visible location at 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. Individual cultural beliefs are documented for all residents 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 Pasifika organisations to provide guidance and to ensure the development of a Pacific health plan that focuses on achieving equity and efficient provision of care for Pasifika. The care home manager is working towards developing links with the local Pasifika community.</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 a low number of staff that identify as Pasifika. There are also residents that identify as Pasifika. Their care plans identify their spirituality, beliefs, and culture. These residents and their family were unable to be interviewed.</p> <p>Interviews with twenty-one staff (seventeen care staff, one maintenance officer, one kitchen manager, one cleaning assistant, and one laundry assistant), four residents (three rest home, one hospital), six relatives (two hospital, three PG, one dementia); and documentation reviewed identified that the service puts people using</p>

		the services, and family/whānau at the heart of their service.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their relatives. The care home manager, clinical manager, and/or unit coordinator 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 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>	FA	<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>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>of support.</p> <p>The Bupa annual training plan reflects 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 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 identify residents preferred names. Values and beliefs information is gathered on admission with family 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. 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>Bupa Whitby Care Home policies indicate any form of discrimination, coercion, harassment, or other exploitation will not be tolerated. Inclusiveness of ethnicities, and cultural days celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service. Staff are issued with a code of conduct policy.</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>This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. This is also addressed in the staff orientation programme.</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>An abuse and neglect policy is being implemented. 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 RNs, ENs 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. Resident/family 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, families, 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</p>

<p>them about their choices.</p>		<p>documented on the family communication sheet that is held in the resident's file. Twenty accident/incident forms reviewed identified 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 were residents who did not speak English. Family and staff are used for translation purposes. Signage is also used.</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 hospice and specialist services (eg, geriatric specialists, mental health team). 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 opportunities for further discussions, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make</p>	<p>FA</p>	<p>There are policies around informed consent and advance directives. Ten resident files reviewed included signed general consent forms. Consent forms for Covid and flu vaccinations, van outings, involvement of next of kin, sharing of clinical information and use of photographs are also on file where appropriate. Residents and relatives interviewed (where appropriate) could describe what informed consent was and knew they had the right to choose.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives confirmed that they are involved in the decision-making process, and in the planning</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>of resident's care. Admission agreements had been signed and sighted for all the files reviewed, including short-term admission agreements for respite residents. Admission agreements include information related to charges.</p> <p>Enduring power of attorney (EPOA) evidence is filed in the residents' file and activated as applicable for residents assessed as incompetent to make an informed decision. The EPOA had been activated in all the files reviewed for the dementia and psychogeriatric unit. The medical certificate of incapacity was available in all the files with an activated EPOA.</p> <p>Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.</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 was one complaint logged in the complaint register in 2021 and two in 2022 (year-to-date). One of the two 2022 complaints is an external complaint, first lodged with the Health and Disability Advocacy Service and later with HDC. This complaint has been actioned and is awaiting further notice from HDC. Corrective actions implemented as a result of this complaint have included additional staff trainings on managing challenging behaviours and restraint handholding.</p> <p>All complaints logged include an investigation, follow up, and replies</p>

		<p>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 activities staff.</p> <p>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>PA Low</p>	<p>Bupa Whitby Care Home is certified to provide rest home, hospital (geriatric and medical), dementia and psychogeriatric (PG) levels of care for up to 100 residents. Occupancy was 94 residents. There were 15 of 17 residents in the PG unit and 33 of 33 residents in the dementia unit. There were 9 of 9 rest home level residents and 37 of 41 hospital-level residents. There are no dual-purpose beds. Fourteen PG residents were on the aged residential hospital specialised services (ARHSS contract). Two hospital-level residents were on ACC. Two hospital-level residents were on respite and two residents (one PG, one hospital) were on the younger person with a disability contract (YPD). The 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. Whitby Care Home has not identified any specific and measurable quality goals yet for 2022. A health and safety goal is in place, developed at an organisational level. There was evidence to indicate that the health and safety goal is regularly reviewed.</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,</p>

		<p>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 can 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). Each group meets quarterly. A comprehensive pack 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 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 has been in the role for five years and has experience in managing aged care services. This individual previously was an RN. The care home manager is supported by a clinical manager/RN who is newly appointed to the role. Prior to their appointment, they were a unit coordinator in the dementia wing for</p>
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		<p>three years. The clinical manager is supported by three unit-coordinators (one PG, one dementia, one hospital). One unit-coordinator was on leave at the time of the audit.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Whitby Care Home 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 intervals utilising a health equity and quality lens approach.</p> <p>Regular staff and RN 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. Meetings are specific to each unit (rest home, hospital, dementia, PG). The care home manager reported that by holding unit-specific meetings, attendance has significantly improved. 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 held in the staffroom. Corrective actions are discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The service encourages all their staff to attend their unit staff meetings. Resident/family meetings are held three-monthly, led by activities staff. Resident/family meetings provide opportunities to discuss results from satisfaction surveys and any corrective actions being implemented. Two-weekly clinical review meetings provide site-specific clinical governance. This is in addition to monthly RN meetings. Attendance includes the clinical manager, unit coordinators, RNs, and enrolled nurses (ENs).</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 2021 resident and family satisfaction surveys indicate both residents and family are very satisfied with the service provided.</p>

		<p>Results have been communicated to residents in resident meetings (meeting minutes sighted). Plans are underway to complete the 2022 survey.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are in the process of being reviewed to align with the NZS 8134: 2021 standards. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. A health and safety team meets two-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. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>Bupa belongs to the ACC partnership programme and has 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. A health and safety team is established, health and safety meetings take place two-monthly. Health and safety is a regular agenda item in staff meetings.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available for one day every two weeks. Strategies implemented to reduce the frequency of falls include intentional rounding and the regular toileting of residents who require assistance. Staff interviewed confirmed that they are aware of those residents at risk of falling. This is discussed during staff handovers.</p>
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		<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 health and safety, RN, and staff meetings and at handover. Each event involving a resident reflects a clinical assessment and follow up by an RN or EN. Neurological observations are completed as per policy for unwitnessed falls and/or suspected injury to the head. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager.</p> <p>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 clinical manager. There have been four outbreaks over the past year (one norovirus, one rhinovirus, two Covid). Te Whatu Ora Capital, Coast and public health authorities were informed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate cover for the effective delivery of care and support. 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. Agency staff are contacted if necessary. Registered nurses 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. RN cover is provided 24 hours a day, seven days a week. Separate cleaning staff and laundry staff are employed seven days a week.</p> <p>The care home manager, clinical manager and three unit-coordinators (one PG, one dementia, one hospital) are rostered Monday to Friday.</p>

	<p>Regional on-call cover is shared between seven care homes, so that the care home manager and clinical manager provide on-call cover once every seven weeks. One unit-coordinator (PG) is on emergency (long term) leave. Back-up RN cover is available. If necessary, the RN from the dementia unit will fill in and a level four caregiver will replace the RN in dementia.</p> <p>Psychogeriatric: (15 residents): there is an RN on the morning, afternoon, and night shifts. There are three long (eight hour) caregivers on morning shift, four on the PM shift and one on the night shift.</p> <p>Dementia: (33 residents): there is one RN on the morning, afternoon, and night shifts. Occasionally a level four caregiver may replace an RN if needed elsewhere. There are four long shift caregivers on the morning shift with an activity person. There are four long shift caregivers on the afternoon shift, and two caregivers on the night shift.</p> <p>Rest home (9 residents): An EN covers the AM and PM shifts, and a caregiver covers the night shift.</p> <p>Hospital (37 residents): in addition to the unit coordinator, there are two RNs on morning shift, two RNs on all afternoon shift and one RN on at night. There are eight caregivers (three 0700 – 1400 and one 0700 – 1300) on the AM shift, five caregivers on afternoon shift (four long and one short 1500 -2100) and two caregivers on the night shift.</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</p>
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		<p>staff include training through Te Whatu Ora Capital, Coast, and hospice. Training is offered via online training, one day (six hour) blocks of training for mandatory topics and impromptu toolbox talks.</p> <p>Sixty caregivers are employed. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Ten caregivers have achieved a level four NZQA qualification, eighteen have achieved a level three qualification and seven have achieved a level two qualification. Fifteen caregivers are employed to work in the PG unit. Eight have completed their required PG qualification. Four of the remaining five staff have not completed their PG Careerforce qualification and have been working in the PG unit for over eighteen months. One staff is recently employed. Twenty-eight caregivers work in the dementia unit. Fourteen have completed the required dementia qualification. One of the remaining three who have not completed their dementia qualification has been working in this unit for over eighteen months.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Level four caregivers and the enrolled nurses (ENs) 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, non-complex wound management). Additional RN specific competencies include subcutaneous fluids, syringe driver, female catheterisation, and interRAI assessment competency. Eight of eighteen 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.</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, emergency management</p>
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		<p>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 ensuring staff's physical and mental health wellbeing. Staff wellness is achieved through a supportive environment focused 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. Implementation of the Bupa Take Five staff wellness programme is being implemented. Staff celebrate their successes as evidenced on noticeboards.</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 cleaner, one clinical manager, one RN, one activities assistant, one administrator, one maintenance) evidenced implementation of the recruitment process, employment contracts, and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Job descriptions are linked to employment contracts.</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</p>

		<p>at orientation. The orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>A volunteer policy is documented for the organisation that describes the on-boarding process. Each volunteer is required to complete a police screening check. Volunteers have been restricted due to Covid. A Bupa orientation programme for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified and collected with plans in place to collate this information in an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>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 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</p>	FA	<p>Residents who are admitted to the service have been assessed by the Kapiti Coast care coordination centre (NASC) service to determine the required level of care. The clinical manager, care home manager and Bupa community liaison person completes a pre-admission screening process for prospective residents following the Bupa Need and</p>

<p>the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>Enquiry Policy. At the time of enquiry, the care home manager meets with prospective families /whānau, explain entry criteria, and include charges, expectations and management of challenging behaviour, medications and restraint related to the dementia unit and psychogeriatric unit.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The manager described reasons for declining entry would only occur if the service could not provide the required service the potential resident required, after considering staffing, equipment requirements, and the needs of the potential resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. There is a resident admission information form that captures ethnicity on admission and at the interRAI process, however this does not happen on the admission enquiry form stage. The care home manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which is shared with the regional operations manager and community liaison person. However, these records do not currently capture ethnicity. The facility currently has a waiting list.</p> <p>The service receives referrals from the NASC service, Te Whatu Ora Capital, Coast and directly from prospective residents or whānau.</p> <p>The service has an information pack (Moving into residential care) relating to the services provided at Bupa Whitby (including dementia specific information) which is available for families/whānau and residents prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. Bupa Whitby has a person and whānau-centred approach to services provided. Interviews with residents and relatives all confirmed they received comprehensive and appropriate</p>
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		<p>information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. There were residents affiliating with Māori through family links. The service currently plans to engage with a local kaumātua in order to further develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau. There is a list of ethnicity focused services (Hora Te Pai Health services and Ora Tua Health unit, Maraeora Marae Health Clinic) in the Wellington and Kapiti region available for staff to access.</p> <p>There is a short-stay admission pack and short-stay medical booklet available as part of entry information.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Ten resident files reviewed: five at hospital level (including one respite and one person on Accident and Compensation Corporation funding [ACC]) two from the dementia unit two from the psychogeriatric unit (including a younger person with disability [YPD] and one rest home resident). The registered nurses are responsible for conducting all assessments and for the development of care plans. Whānau are invited to attend a three-week review meeting after admission and six-monthly reviews. There is documented evidence of resident and whānau involvement in the interRAI assessments and long-term care plans and include their own goal setting. On interview whānau members confirmed they were kept informed of matters relating to changes in health including the recent outbreaks.</p> <p>The service uses the Bupa assessment booklets and person-centred templates (My Day, My Way and Map of Life) for all residents that reflect their 'Person First care' model of care. This and an initial support plan completed are within 24 hours of admission. The admission nursing assessment and 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</p>

		<p>care plan. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. This was evidenced through a file review of a resident affiliated with Māori through family links. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>Long-term care plans (including the activities care plan) had been completed within 21 days for long-term residents, and initial interRAI assessments had been completed for all residents that required one (including young persons with disability [YPD]) within the required timeframes for residents. Care plans identify cultural needs, values, and beliefs as identified through the assessment process.</p> <p>The resident on a short-stay (respite care) contract had an initial care plan completed within 24 hours of admission as per the care home resident policy that covers the requirements for a resident admission. The YPD resident had a support plan in place to meet the physical needs and health needs of the resident. InterRAI assessments sampled had been reviewed six-monthly. Evaluations are scheduled to be completed six-monthly; and all residents care plans had been evaluated within the required six-month timeframe.</p> <p>Residents in the dementia and psychogeriatric unit with behaviours that challenge all had behaviour plans with triggers, strategies to de-escalate and a 24-hour support plan that documents their routine and habits to assist caregivers in their care. Behaviour monitoring documents are well utilised. Residents on any antipsychotic medication had a medication plan completed.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts a medical provider who specialises in care of the elderly and has a GP visit weekly, or more if required. The GP service also provides out of hours cover. The GP (interviewed) commented positively on the care, communication, and the timeliness of raising issues of concern. Care plans include and identify multidisciplinary involvement with</p>
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		<p>interventions documented and integrated into care plans. The service has contracted a physiotherapist for eight hours a week. There are regular podiatry visits and a Bupa dietitian available. There is input from Kapiti Coast care coordination centre, geriatric psychiatric team (PG team), older persons mental health team and Bupa dementia advisor into the care of residents in the dementia and psychogeriatric unit. An occupational therapist, social worker, speech language therapist, wound care and continence specialist nurse and hospice support are available as required through the local Te Whatu Ora Capital, Coast.</p> <p>Caregivers and nurses interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by caregivers. The RN further adds to the progress notes if there are any incidents or changes in health status. Progress notes give an accurate picture of the resident care journey.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager or an RN initiates a review with a GP. The RNs utilise and complete a comprehensive Introduction, Situation, Background, Assessment and Recommendation tool (ISBAR) when communicating with clinicians regarding deteriorating residents. There is evidence that residents that deteriorate in health are rapidly assessed and reviewed in a timely manner by the GP. Family 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.</p> <p>Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for seven residents with wounds (skin tears, skin conditions, one chronic ulcer, surgical wound and one stage II pressure injury). Wound dressings were being changed appropriately, within the required frequency. A wound register is maintained. Caregivers interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence</p>
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		<p>products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management.</p> <p>The service extends this monitoring period as required in order to get an accurate picture of a resident need and this was in evidence for a recent admission to the dementia unit with changes in continence needs. Care plans reflect the required health monitoring interventions for individual residents.</p> <p>Caregivers and RNs complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, blood sugar levels, behaviour, and toileting regime. Neurological observations are completed for unwitnessed falls, or where there is a head injury; all completed according to the timeframes detailed in policy. Neurological observations are uploaded to the electronic incident and accident system (Riskman).</p> <p>Written evaluations reviewed, identify if the resident goals had been met or unmet. The GP reviews the residents at least three-monthly or earlier if required. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds and signed off as resolved. The GP visits and their medical notes are integrated into the resident file.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The service employs five activities coordinators (including a qualified diversional therapist) who lead and facilitate the activity programme Monday to Sunday 9.30am to 5.30pm across the rest home, hospital, psychogeriatric and dementia unit. There are set Bupa activities including themes and events. The Bupa national diversional therapist supports the activities team. A weekly activities calendar is distributed to residents and is posted on noticeboards. Families can also choose to have the activity calendar emailed to keep them informed and allow family attendance at special events and celebrations (subject to Covid traffic light settings). Te Whare Tapa Whā is recognised and implemented to improve outcomes for Māori. The activity programme supports Māori to participate in te ao Māori for example marae visit, poi dancing and incorporated te reo Māori in the activities programme.</p>

		<p>September is Māori Culture month and staff and residents received te reo Māori phrases each day to encourage pronunciation.</p> <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. The activity programme is further broken down into physical, cognitive, creative, and social activities. Residents who do not participate regularly in the group activities, are visited for one-on-one sessions. Interactions observed on the day of the audit evidenced engagement between residents and the activities team members. The activities assistants seek verbal feedback on activities from residents and families to evaluate the effectiveness of the activity programme, enabling further adaptation if required. Residents and family/whānau interviewed were positive about the activity programme. Some activities are set; however, the programme allows for flexibility and resident choice of activity.</p> <p>Each resident has a Map of Life developed on admission. The Map of Life includes previous careers, hobbies, life accomplishments and interests which forms the basis of the activities plan. The resident files reviewed included a section of the long-term care plan for activities, which has been reviewed six-monthly.</p> <p>The service provides a range of activities such as crafts, exercises, bingo, news reading, cooking, quizzes, table games, van trips, sing-alongs, movies, guided meditation, and pampering sessions. Community visitors include weekly church services, singers, and karaoke. Themed days such as Matariki, Waitangi, Easter, Diwali, Melbourne Cup, Cultural days, and Anzac Day are celebrated with appropriate resources available. The facility has its own wheelchair accessible van and van outings occur weekly.</p> <p>There is plenty of space in the lounge/dining rooms for group activities, however there is also quiet spaces within the units.</p> <p>The residents in the dementia and psychogeriatric wing have a 24-hour diversional plan to assist the caregivers in the individual's daily routine, specific behaviours, triggers, and de-escalating activities.</p>
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		<p>Activities for residents with dementia allow them the freedom and confidence to use their abilities to the fullest extent and reinforcing their personal identity. Interviews and observation confirmed activities are meaningful and appropriate for the cohort of residents.</p> <p>Residents and family interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements and support safe storage of complementary, over the counter and alternative medicines. All clinical staff (RNs and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the electronic chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in five treatment rooms (two in hospital, rest home, dementia, and psychogeriatric unit). The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications including the bulk supply order is checked weekly and signed on the checklist form. All eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP. One resident (hospital) was partially self-medicating on the day of audit and had self-medication assessments in place authorised by the GP as well as safe and secure storage in their room.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident</p>

		<p>medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. There are no standing orders in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The unit coordinators (in the hospital) described working in partnership with the current Māori resident's whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Supplements and over the counter medication is recorded on the electronic chart.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen manager (employed since June 2022) oversees the on-site kitchen, and all cooking is undertaken on site. The kitchen manager is supported by a full time and part-time cook and kitchen assistants. There is a seasonal four-week rotating menu, which is reviewed by a dietitian at organisational level. Food service policies and procedures include basic Māori practices respecting and supporting cultural beliefs, values, and protocols around food. The kitchen manager interviewed provided a menu for Māori week. The service incorporated Māori residents' cultural values and beliefs into menu development and food service provision. A resident nutritional profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses.</p> <p>The kitchen is able to meet the needs of residents who require special diets, and the kitchen manager (interviewed) works closely with the registered nurses on duty. The service provides pre-moulded pureed foods to those residents requiring this modification. Staff feedback indicated the close resemblance to the original dish (pureed carrots look like carrots etc) has a beneficial effect for the resident in terms of inclusion in the dining room and dietary intake. Lip plates are available as required. Supplements are provided to residents with identified weight loss issues.</p>

		<p>The kitchen is situated centrally. Meals are transported in scan-boxes already plated and served directly to residents in each wing. Residents that do not require supervision with their meals may also choose to have meals in their rooms. There are special utensils and lipped plates available when required. There are snacks available 24/7 and include sandwiches and fruit platters.</p> <p>There is a current food control plan that expires 16 November 2022. Kitchen staff are trained in safe food handling and memorable dining experience. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal and documented. Chiller and freezer temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Surveys, kitchen feedback/communication book and one to one interaction with kitchen staff allow the opportunity for resident feedback on the meals and food services. The kitchen manager and care staff interviewed understood basic Māori practices in line with tapu and noa. Residents and family members interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a documented Bupa resident transfer, return and discharge policy. Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. The management team reported the service facilitates, encourages, and supports all residents to access other health and disability services, social supports or kaupapa Māori agencies where appropriate. Two residents that were recently discharged from hospital files evidenced discharge notes are kept on file. The clinical manager stated there is a comprehensive handover between services.</p>
Subsection 4.1: The facility	FA	<p>The building holds a current code of compliance certificate which expires 26 June 2023. The maintenance person works 40 hours a</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>week (Monday to Friday) plus on-call after hours. There is a maintenance request book for repair and maintenance requests located at reception. Equipment failure or issues are also recorded in the handover book. This is checked daily and signed off when repairs have been completed. There is a 52-week annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, ceiling hoists, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment have been completed by an external contractor. Medical equipment, hoists and scales are next due for checking and calibration in October 2022.</p> <p>The home reflects an environment that is inclusive of peoples' cultures and supports cultural practices. There is a spacious kitchenette within the open dining/lounge area in each wing.</p> <p>Dementia unit – Rata (33 beds)</p> <p>The dementia unit is one household and is secure with a keypad for entrance. The dementia unit is circular with flow for wanderers. The household has an open plan dining room with two lounges. There is a centrally located nurses' station with locked cupboards within the communal area. A locked treatment room is located near the nurse's station. The centrally located nurses' station ensures that staff are in close contact with residents even when attending to paperwork. The household is circular around an internal courtyard. There are signs to alert residents of exit doors and signs to alert residents of key rooms such as toilets. There is a quiet lounge and whānau room available. The courtyard can be accessed from the communal area and the hallway on the other side of the unit. The doors to the courtyard are lockable. The courtyard includes paths, seating, shade raised gardens and a water feature. There is an additional external garden area and walkway that is accessible from the lounge and whānau room that walks around the side of the building. This garden and pathed area is secure with high fencing.</p> <p>Residents' rooms are single occupancy. There are adequate numbers</p>
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		<p>of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. All communal toilets/bathrooms have locks and engaged signs.</p> <p>Psychogeriatric unit- Kauri (17 beds)</p> <p>The unit is one household and secure with a secure keypad to enter. There is an open plan dining room/lounge and servery area with basin and quiet spaces available. The unit is circular with a flow for wanderers. The nurses' station from the hospital overlooks the dining room of the PG unit and can also access the PG unit from the nurse's station. There is another nurses' station located near the PG unit's treatment room for staff to complete paperwork. There are signs to alert residents of exit doors and signs to alert residents of key rooms such as toilets.</p> <p>Residents' rooms are single occupancy; two have toilet and handbasin facilities. There are accessible handbasins and paper towels for staff in communal toilets, communal showers, sluice room, treatment room, and visitor toilets to access. There are sufficient numbers of toilets and showers. All communal toilets/bathrooms have locks and engaged signs. The doors to the courtyard are lockable. The courtyard includes paths, seating, shade raised gardens and a water feature.</p> <p>Hospital- Kowhai (41 beds)</p> <p>Divided into two households, each household have their own dining room/lounge and kitchenette/servery.</p> <p>Rooms are single occupancy. The one household (21 beds) have all hand basins with sufficient number of accessible toilets and communal showers. The other household (20 beds) have shared ensuite facilities and two with their own. Ensuite doors have privacy locks. There is a mobility shower for a shower bed.</p> <p>There are courtyards accessible from each lounge area.</p>
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		<p>There is a central nurse's station overlooking the dining room/lounge area of one hospital household and the psychogeriatric unit and another nurses' station is placed near the lounge/dining area of the other hospital household. Both areas have treatment rooms. Residents have safe access to outdoor areas through communal areas. Outdoor areas have seating, safe paths, and shading.</p> <p>Rest home – Totara 9 beds</p> <p>Rooms are single occupancy. There is a dining room/lounge. There is a central nurse's station with a treatment room. All rooms have handbasins, flowing soap and paper towels. Sufficient number of communal showers and toilets are available.</p> <p>A visitors' toilet is situated near the entrance to the rest home/reception area. A whānau room is situated in the reception area. Residents have easy safe access to outdoor areas.</p> <p>Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, psychogeriatric and dementia level of care residents.</p> <p>All rooms and communal areas allow for safe use of mobility equipment. Fixtures, fittings, and flooring are appropriate for easy cleaning. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. There are also well-placed communal toilets near the communal lounges and can be locked in privacy and unlocked from the outside by staff if needed. The corridors are wide with handrails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>There is adequate space for the use of a hoist for resident transfers as required. Caregivers interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Moderate</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 and approved 25 October 2015. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness (last 22 July 2022). There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Emergency lighting is available in each unit. Back-up power, alternative cooking (gas) and adequate food stores are available in the event of a civil emergency. However, water stores do not meet specifications as determined by the Wellington region civil defence guidelines. There is an emergency storage area containing critical supplies of personal protective equipment (PPE) as well as orange civil defence bins that are checked six-monthly. 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</p>

		<p>toilets and lounge/dining room areas. Call bells are included in the preventative maintenance programme. Residents were observed to have their call bells within reach. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, staff complete security checks at night. There are internal and 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 hospital unit coordinator undertakes the role of infection control coordinator to oversee infection control and prevention across the service for the last six months. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually by the infection control and prevention specialist at Bupa head office who reports to and can escalate any significant issues to Board level. Documentation review evidence recent outbreaks were escalated to the executive team within 24 hours. Bupa has monthly and sometimes weekly infection control teleconferences for information, education, and discussion and Covid updates, should matters arise in between scheduled meeting times. Infection rates are presented and discussed at household/community meetings. Infection prevention and control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora Capital, Coast in addition to expertise at Bupa head office.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening and health declarations continues for visitors and contractors.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid vaccinations, with all staff and the majority of residents being fully vaccinated against Covid-19.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection control coordinator is supported by the clinical manager and Bupa infection control lead. During Covid-19 lockdown there were regular zoom meetings with Te Whatu Ora Capital, Coast, and the Bupa infection control lead which provided a forum for discussion and support related to the Covid response framework for aged residential care services. The service has a Covid-19 and pandemic response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed an online Te Whatu Ora Capital, Coast infection prevention and control training. There is good external support from the GP, laboratory, and the Bupa infection control lead. There are outbreak kits readily available and a personal protective equipment cupboard. The personal protective equipment (PPE) stock is regularly checked against expiry dates. There are supplies of extra PPE equipment available and accessible. The Bupa infection control lead and the infection control coordinator has input into the procurement of good quality PPE, medical and wound care products.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed quarterly by Bupa in consultation with infection control coordinators. Policies are available to staff. Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens to prevent healthcare-associated infections.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service infection control policies acknowledge importance of te reo information around infection control for Māori residents and acknowledge safe practices acknowledging the spirit of Te Tiriti. Infection control practices include laundry and cleaning practices that reflect Māori participation and consultation in infection prevention to promote culturally safe practice. Reusable</p>
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		<p>medical equipment is cleaned and disinfected after use and prior to next use. Cleaning and environmental audits are completed at regular intervals, however, the environmental audits reviewed for this audit does not include evidence that these procedures are carried out. The service is working toward including evidence of this in their environmental audits.</p> <p>The infection control coordinator confirmed that there was input from the infection control team regarding the cleaning of toys when the whānau room was refurbished, instalment of medication room and kitchenette in Kauri, and wooden beds replaced in Rata.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, toolbox talks, text message and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through emails.</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. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to household meetings. The clinical manager plans to generate an antibiotic use report monthly from the electronic management system, with pharmacy support as part of the monthly infection control summary report and to monitor the quality and quantity of antimicrobial prescribing. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the electronic RiskMan register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection control and household/staff meetings. Benchmarking occurs with other Bupa facilities. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from the Te Whatu Ora Capital, Coast for any community concerns.</p> <p>There have been four outbreaks since the previous audit including one Rhinovirus outbreak February 2022 (dementia unit only), Covid outbreak in April 2022 (in psychogeriatric unit only) and one Covid-19 exposure outbreak in July 2022 (rest home only), and a Norovirus outbreak in July 2022 (dementia unit only). All were appropriately managed with Te Whatu Ora Capital, Coast and Public Health appropriately notified. There was daily communication with Bupa infection control lead, clinical director portfolio manager and the local Te Whatu Ora Capital, Coast IPC nurse specialist. Outbreak management meetings and toolbox meetings (sighted) captured 'lessons learned' to prevent, prepare for and respond to future infectious disease outbreaks. Outbreak logs were completed. The infection control coordinator confirmed that the screening process, cohorting of residents and care delivery within a constraint workforce prove to be challenging but successful. Staff confirmed that during the Covid exposure and subsequent Norovirus outbreak, resources including PPE were adequate.</p>
<p>Subsection 5.5: Environment</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-</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>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. There are sluices in each wing with personal protective equipment available including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There is a laundry in the service area of the facility. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. There are two commercial washing machines and two dryers. Material safety datasheets are available, and all chemicals are within closed systems. All laundry is processed on site by dedicated laundry assistants seven days per week.</p> <p>Cleaners' trolleys were attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The numerous linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly. Laundry staff have also completed chemical safety training.</p> <p>The laundry assistant and cleaner interviewed had good knowledge about cleaning processes and requirements under Covid-19.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility 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</p>

<p>practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>hospital. At the time of the audit, there were nine residents (eight hospital, one PG) using an approved restraint (bed rails and hand holding).</p> <p>The use of restraint is reported to the Bupa head office. It is discussed in the clinical review and RN meetings, evidenced in the meeting minutes. The restraint coordinator interviewed described the facility's focus on 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, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>A restraint register is maintained by the restraint coordinator.</p> <p>Two (hospital level) resident files were reviewed. The restraint assessments reviewed addressed alternatives to restraint use before restraint was initiated (eg, falls prevention strategies, managing behaviours). Cultural considerations were assessed. Restraint is put in place only as a last resort. Written consent was obtained by the residents' EPOAs. Monitoring restraint considered detail documented in the restraint assessment, which addresses the resident's cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga (where applicable). Monitoring forms were completed for each resident using restraint. The two files reviewed indicated that monitoring was accurately recorded for each resident using restraint.</p> <p>A policy is in place for the use of emergency restraints. There has been one instance of emergency restraint implemented in 2022. This was for a resident who was unable to understand English and was discontinued six hours later after communication strategies were developed. Each episode of emergency restraint includes a debrief with applicable parties.</p> <p>Any accident or incident that occurred as a result of restraint use are monitored. No accidents or incidents were identified in 2022.</p> <p>The use of the restraints, risk associated with restraint use and</p>

		<p>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 clinical review meetings, RN meetings and at handover.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The 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 Bupa 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>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.1</p> <p>Governance bodies shall ensure compliance with legislative, contractual, and regulatory requirements with demonstrated commitment to international conventions ratified by the New Zealand government.</p>	PA Low	A Bupa process is determined by head office whereby care home managers develop specific and measurable goals for their facility each year. These goals have not been developed yet for Bupa Whitby Care Home.	Measurable and specific annual facility goals have not been developed.	<p>Ensure measurable facility goals are developed each year and regularly reviewed.</p> <p>90 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality</p>	PA Low	There are five staff working with residents in the dementia and PG units (one dementia, three PG) who have not completed the required Careerforce qualification as per contractual requirements with Health New Zealand. A corrective action plan was implemented on 25 June 2022 to address this gap.	<p>i). One of seventeen caregiver staff who has worked in the dementia unit for over eighteen months has not completed their required Careerforce dementia qualification.</p> <p>ii). Four of fifteen caregivers who work in the</p>	<p>i). – iii). Ensure staff working in either the dementia unit or the PG unit complete all required Careerforce qualifications as per Te Whatu Ora Capital, Coast contractual requirements.</p>

safe services.			<p>PG unit have not completed the required PG Careerforce unit standards.</p> <p>iii). Three of the four staff have been employed to work in PG for over eighteen months.</p>	90 days
<p>Criterion 4.2.7</p> <p>Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.</p>	<p>PA</p> <p>Moderate</p>	<p>There are adequate supplies in the event of a civil defence emergency including food, blankets, and gas cooking, but insufficient water (4290 litres). Short-term back-up power for emergency lighting is in place. Bupa Whitby is identifying a suitable solution to increase its current emergency water supply by an additional 18,000 litres. This is expected to take 2-3 month due to the supply and installation delays; but will be tracked by the Property Director and Head of Risk responsible for compliance.</p>	<p>The stored water for an emergency is not sufficient for 20 litres per person per day for seven days, as required by the Wellington region civil defence guidelines.</p>	<p>Ensure sufficient water is stored.</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.