

Bupa Care Services NZ Limited - Merrivale Rest Home

Introduction

This report records the results of a Partial Provisional 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: Merrivale Rest Home

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 5 December 2022 End date: 5 December 2022

Proposed changes to current services (if any): This partial provisional audit was to verify the reconfiguration of ten rest home beds into three hospital level care and seven dual purpose beds. The reconfigure results in an increase in hospital beds. There are now 39 hospital beds (including 14 dual purpose beds); rest home only beds reduced to 12 beds and 15 dementia beds. The rooms verified at this audit as hospital, and dual-purpose beds are ready for occupancy.

Total beds occupied across all premises included in the audit on the first day of the audit: 63

Executive summary of the audit

Introduction

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

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

General overview of the audit

Bupa Merrivale is owned and operated by Bupa Care Services NZ Limited. The service is certified to provide rest home, hospital, and dementia level care for up to 66 residents. Occupancy on the day of audit was 63 residents.

This partial provisional audit was to verify the reconfiguration of ten rest home beds into seven dual-purpose beds and three hospital-only beds. With the reconfiguration, bed numbers are as follows: 12 rest home only beds, 39 hospital beds (including 14 dual-purpose beds) and 15 dementia beds. The rooms verified at this audit were assessed as suitable as hospital and dual-purpose beds and they are ready for occupancy.

The audit process included: the review of policies and procedures and documentation, including transition/education and staffing plans; observation of the environment; a review of established systems and processes that are appropriate for providing rest home, hospital (medical and geriatric) and dementia level care; and interviews with management and a staff member. There are clear procedures and responsibilities for the safe and smooth transition of residents requiring hospital level of care into the facility.

The general manager at the service has been in leadership roles for the last seven years and was the clinical manager prior to this role. The general manager is supported by the clinical manager who has been in the role for a year, with six years prior experience as a unit coordinator.

The shortfall identified at the previous audit around completion of resident documentation in a timely manner has been addressed.

A shortfall around completion of performance appraisals was identified at this audit.

Ō tatou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

Bupa New Zealand is part of the Bupa Group which is an international healthcare company. There is an executive team who provide oversight and monitoring of the service. There are Bupa vision, values, and objectives relevant to aged care facilities. A transition plan is in place for the planned increase in residents requiring hospital level of care. The general manager and clinical manager have previous experience in their respective roles and in working in aged care and both were able to describe how the increase in hospital level of care would be managed.

There is a staffing and rostering policy. Human resources are currently being managed in accordance with good employment practice. All staff are required to complete an orientation and training as per the training plan. The service has processes in place to ensure the collection, storage, and use of personal and health information of residents is accurate, sufficient, secure, accessible, and confidential. There is a full complement of staff with trained and competent registered nurses on each shift. There are plans to increase staff onto the morning and afternoon shifts as the number of hospital residents increases.

Ngā huarahi ki te oranga | Pathways to wellbeing

The initial assessment and initial care plans, ongoing assessments and care plans are completed within the required contractual timeframes.

All meals are prepared on site. There are seasonal menus in place which have been reviewed by a dietitian, and the chef provides oversight of food services. All kitchen equipment is in place. There are spacious dining areas. Alternatives are available for residents. A current food control plan is in place. The food service can cater for more residents requiring hospital level of care.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers administer medications. Medicines are securely stored. An electronic medication system is used to record administration of medication. The system in use can adequately support more residents requiring hospital level of care.

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

The building holds a current building warrant of fitness. Internal and external areas are safe with any resident with a mobility aid able to access all areas. There are dual purpose bedrooms, and each has its own ensuite or easy access to a communal one. There are communal areas such as lounges and dining areas with these able to cater for residents using specialised equipment. There are handrails in place in all areas. The dementia unit is secure.

Systems and supplies are in place for essential, emergency and security services. Call bells are in place with these answered in a timely manner during the audit.

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

The infection prevention and control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection prevention and control coordinator (clinical manager) has a job description in place and is responsible for coordinating education and training for staff. The infection prevention and control coordinator has completed annual training and staff are also trained at least annually.

There is a suite of infection control policies and guidelines available electronically to support practice. This includes an antimicrobial stewardship programme with responsibilities clearly defined. The infection prevention and control coordinator is responsible for surveillance of infections and to determine infection control activities, resources and education needs within the facility. The service engages in benchmarking with other Bupa facilities. Outbreaks have been well managed. 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

Not Audited

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	12	0	1	0	0	0
Criteria	0	79	0	1	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Bupa New Zealand is part of the Bupa Group and is part of the international group of companies. Bupa New Zealand is a private company limited by guarantee. The leadership and management team are made up of a management team that includes the managing director, and directors of risk, technology, customer transformation, clinical services, people, legal, property, and national operations. The directors monitor and provide support for the businesses as required. An organisational chart is documented.</p> <p>The care facility has a total of 66 beds. This includes 22 rest home beds, 29 hospital beds (including 7 dual service beds) and 15 secure dementia beds. Hospital level of care is certified for medical. During the audit there were 63 residents (20 rest home, 28 hospital and 15 dementia). One resident was receiving respite care (rest home level of care with funding from Te Whatu Ora - Health New Zealand Te Tai Tokerau (Northland), and one hospital level care resident was funded by ACC. All other residents were funded through the Age-Related Residential Care (ARRC) contract.</p>

	<p>This partial provisional audit was to verify the reconfiguration of ten rest home only beds into seven dual-purpose beds and three hospital-only beds. With the reconfiguration, bed numbers are as follows: 12 rest home only beds, 39 hospital beds (including 14 dual-purpose beds) and 15 dementia beds. The rooms verified at this audit were assessed as suitable as hospital and dual-purpose beds and they are ready for occupancy.</p> <p>Bupa has an overarching strategic plan in place with clear business goals to support their philosophy of “Helping people live longer, healthier, happier lives and making a better world. We take pride in endeavouring to delivering quality care with a personal touch”. The business plan includes a mission statement and operational objectives with site specific goals. The Bupa executive team reports to Asia Bupa based in Melbourne. There is a New Zealand based managing director that reports to a New Zealand based Board. The operations manager for central district (interviewed) reports to the national operations director. The Bupa Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. Further training for the second-tier leadership team is planned for early next year.</p> <p>Bupa is developing a te ao Māori strategy to introduce and implement the te ao Māori related standards alongside a Māori health consultant. The goals will be embedded in the plan and outcomes from the plan will be managed. Work is underway to collaborate with mana whenua in business planning and service development that will improve outcomes and achieve equity for Māori and tāngata whaikaha. The regional manager reported there are plans in place to ensure the strategic plan reflects collaboration with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Work is underway to ensure tāngata whaikaha have meaningful representation in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha.</p> <p>Bupa has a clinical governance committee (CGC) with terms of reference. There is a quarterly CGC meeting and a CGC pack produced and distributed to the committee members prior to meetings that includes review of quality and risk management systems. There is a risk governance committee (RGC) which aligns and interfaces with the CGC to manage quality and risk systems. The customer service improvement team (CSI) includes clinical specialists in restraint, infections and adverse</p>
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		<p>event investigations and a customer engagement advisor based in head office. The organisation benchmarks quality data with other NZ aged care providers. Each region has a clinical quality partner who support the on-site clinical team with education, trend review and management.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in each monthly meeting.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings, quality meetings and quality action forms that are completed for any quality improvements/initiatives during the year.</p> <p>The general manager has six years prior experience as a clinical manager with one year in the current role. The clinical manager has worked six years as a unit coordinator prior to taking on this role a year ago. Both showed leadership and had management skills observed during the audit.</p> <p>There are no changes to the governance structure or purpose as a result of the increase in hospital and dual-purpose beds.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>A staff rationale and skill mix policy is in place. The general manager and clinical manager are available at the facility Monday - Friday. The general manager is on call after hours for any organisational concerns. The clinical managers across the region share the on-call duties after hours. The roster provides sufficient and appropriate coverage for the effective delivery of care and support for potentially 66 residents.</p> <p>The current roster is as follows.</p> <p>Te Whare Awhina (dementia unit) has 15 beds with a current occupancy of 15 residents. The roster consists of one RN/EN or senior caregiver and one other caregiver on both the morning and afternoon shifts, and one caregiver overnight. An activity staff member is rostered to the dementia unit five days a week.</p> <p>Kowhai has 13 hospital beds (an occupancy of 12 hospital residents), and Nikau has 12 hospital beds, including one dual purpose bed (an occupancy of 11 hospital and one rest home). Matai overall has nine dual</p>

	<p>purpose beds. Part of Matai has an occupancy of five hospital residents. There are six caregivers on a full shift in the morning along with one registered nurse; five caregivers and one registered nurse in the afternoon shift; and one registered nurse and one caregiver overnight.</p> <p>Rata (six rest home beds) and Rima (11 rest home beds) has a current occupancy of 5 rest home in Rata and 10 residents in Rima. The other part of Matai is included in this staff allocation with five rest home residents. There is one senior caregiver or registered nurse and one caregiver (short shift) in the morning; one caregiver in the afternoon and one caregiver overnight.</p> <p>Additional caregiver support is available when needed. Extra staff can be called on for increased residents' requirements.</p> <p>The transitional plan outlines the approach to increasing staffing levels in response to a higher acuity. The number of hospital residents will increase through natural attrition – entry to service or if existing residents are assessed as requiring an increase in level of care. As this occurs, the service plans to increase staffing levels by an additional caregiver on the morning shift and an additional caregiver on the afternoon shift.</p> <p>Position descriptions reflect expected positive behaviours, values and the role and responsibilities.</p> <p>The general manager is able to be replaced if on leave by the clinical manager with support from head office and by another Bupa manager. There is a registered nurse who is able to take on the role of acting clinical manager if required.</p> <p>There is an annual education and training schedule that has been implemented for staff at Bupa Merrivale. Training is delivered by the clinical manager in the most part. Staff have attended training offered in 2022. The education programme being implemented includes in-service training, competency assessments, and toolbox talks. Caregivers are expected to complete an aged care education programme that meets the New Zealand Quality Authority (NZQSA) requirements. Staff training includes cultural safety.</p> <p>In addition to in-service education, the registered nurses attend external Te Whatu Ora education (eg, palliative care clinical sessions). Four of the RNs have completed their interRAI training. Training records reviewed for</p>
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		<p>staff confirmed that they had training around isolation, the use of personal protective equipment and infection control. Registered nurse staff records reviewed confirmed that all had completed competencies in a timely manner (examples included: catheterisation; moving and handling; medication; blood sugars; syringe drivers; restraint; Covid; subcutaneous fluids; and oxygen). All RNs are first aid trained.</p> <p>Staff in the dementia unit have completed dementia training. The majority have completed either Careerforce level 4, level 3, or level 2.</p> <p>The general manager collects and shares high-quality Māori health information with this collected through the assessment and planning process.</p> <p>The general manager and clinical manager talked of encouraging a positive staff environment that helps to retain staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>There are human resources policies in place, including recruitment; selection; orientation; and staff training and development. Eight staff files reviewed (the clinical manager, three caregivers, three registered nurses, the chef) evidenced implementation of the recruitment process, employment contracts, and completed orientation programmes. The general manager confirmed that police checks were completed with results kept at head office.</p> <p>There are job descriptions in place for all positions that cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals employed in the service. There is an appraisal policy documented. All staff who have been employed for over one year are expected to have an annual appraisal completed; however, this has not always occurred.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes</p>

		<p>support staff to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is identified for each resident and documented in the resident record.</p> <p>Wellbeing support is provided to staff including access to EAP programmes. Following any incident/accident, evidence of debriefing and follow-up action taken are documented. There is also a focus on wellness for staff through the health and safety programme. A debrief is offered to staff after any major adverse events.</p> <p>There are no changes to the human resource structure or purpose as a result of the increase in hospital and dual-purpose beds.</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>	FA	<p>The registered nurse is responsible for completion of all admission documentation. The initial assessment and initial care plans in the eight files sampled (two dementia level, four hospital level, and two rest home level), were completed within the required contractual timeframes. InterRAI assessments, and long-term care plans have all been completed within the required timeframes. All assessments were completed within expected timeframes in the eight files reviewed. The previous shortfall (NZS 8134:2008 criteria #1.3.3.3) has been met.</p> <p>There are no changes to the care planning or assessment process as a result of the increase in hospital and dual-purpose beds.</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>	FA	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were two residents at rest home level of care and one requiring hospital level of care who self-administered medications. One of three medication charts of a resident who self-administered medications was reviewed and they had a competency in place with safe storage in their bedroom. The clinical manager described how staff check to ensure that medications are taken as prescribed.</p> <p>There is a contract in place with a pharmacy who delivers medications to the facility and takes back any expired or returned medication. Registered nurses or medication competent caregivers who have completed their</p>

		<p>annual competency assessment administer medications. Eyedrops and other liquid medications were dated on opening. Medication rolls are used for medications. The service uses an electronic medication system to record administration. There is a locked medication trolley in a locked room in the general hospital/rest home area with a locked room for medication in the dementia unit.</p> <p>The medication fridge had daily temperature checks recorded and were within normal ranges. The medication room temperatures were recorded. A system was implemented to manage incidents where the temperature exceeded 25 degrees centigrade.</p> <p>Sixteen medication charts were reviewed had photo identification and allergy status documented. All medication charts evidenced three-monthly reviews by the GP. Prescribed medication is signed after being administered, as witnessed on the day of the audit. All 'as required' medication prescribed had indications for use documented by the GP. Effectiveness of 'as required' medication administered was documented. Any over the counter medication is reviewed by the GP and prescribed.</p> <p>Standing orders are not in use and there were no vaccines stored on site. The registered nurse interviewed confirmed that all residents were supported to access medication as they choose. There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described working in partnership with Māori residents in the service and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>There are no changes to the medication system as a result of the increase in hospital and dual-purpose beds.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. The service utilises a four-weekly summer and winter menu that has been reviewed by a dietitian in the last two years.</p> <p>There is a full-time chef, two other cooks and four kitchen hands employed</p>

<p>beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>by the service. Meals are served from the hot box and/or bain-marie to residents in the dining rooms and resident's rooms. All kitchen staff have in-house and Bupa safe food handling training. The cook was interviewed and confirmed a sound knowledge of food services.</p> <p>Resident likes and dislikes are known, and alternative choices offered. The residents have a nutritional profile developed on admission and the kitchen staff receive a copy, which identifies the residents' dietary requirements and likes and dislikes. Special diets include gluten free, diabetic, and pureed. The cook is notified of any residents with weight loss. Protein drinks and fluids are available in the kitchenette fridges. There are nutritious snacks available 24 hours in the dementia unit. Lip plates and specialised utensils are provided to promote and maintain independence with meals. Fridge, freezer, and end-cooked meal temperatures are taken and recorded daily. Perishable foods sighted in the kitchen and facility kitchenette fridges were dated. The dishwasher is checked regularly by the chemical supplier. Staff have received training in chemical safety. Chemicals are stored safely. A signed cleaning schedule is maintained. There is a food control plan that expires 11 March 2024.</p> <p>Staff were observed assisting residents with their midday meal on the audit day. Resident meetings and surveys, along with direct input from residents, provide resident feedback on the meals and food services. Kitchen staff interviewed understood basic Māori practices in line with tapu and noa. Residents' requests are accommodated if they ask for a meal in line with their culture.</p> <p>There are no changes to the food service as a result of the increase in hospital and dual-purpose beds.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the</p>	<p>FA</p>	<p>The building holds a current building warrant of fitness. There is a full-time maintenance person on staff who is on call after-hours. There is a planned preventative and reactive maintenance programme in place. The checking of medical equipment including hoists, has been completed annually. The hot water temperatures are monitored weekly on a room rotation basis. Temperatures were recorded between the required ranges. The living areas are carpeted, and vinyl surfaces exist in bathrooms/toilets and kitchen areas. The building has two levels with a lift and stair access</p>

<p>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>between the rest home/hospital wings and serviced apartments. The corridors are wide and promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the facility with mobility aids, where required. Bathrooms, toilets, and hallways had handrails.</p> <p>All rooms have windows and have natural light. All bedrooms are single. The bedrooms are spacious enough to easily manoeuvre transferring and mobility equipment to safely deliver care. Staff interviewed reported that rooms have enough space to allow cares to take place. Residents are encouraged to bring their own pictures, photos, and furniture to personalise their room with this observed to occur on the day of audit. A tour of the facility evidenced personalised rooms including the residents' own furnishing and adornments.</p> <p>Toilets and bathrooms are accessible to residents with mobility aids. There is a visitors' disability accessible toilet and handbasin at reception. There is a mix of hospital and rest home rooms with and without ensuites. Some ensuites are shared. There are adequate numbers of communal toilets and shower facilities in the rest home, hospital, and dementia wings. There is appropriate signage, easy clean flooring and fixtures and handrails appropriately placed. Most resident rooms have hand basins.</p> <p>There are spacious open plan large lounges and dining rooms in the rest home and hospital wings. There are seating alcoves throughout the facility for residents and families. All lounge/dining rooms are accessible and accommodate the equipment required for the residents. Residents can move around freely, and furniture is well-arranged to facilitate this. All the dining rooms and lounges accommodate specialised lounge chairs as evidenced on the days of the audit.</p> <p>Seating and space are arranged to allow both individual and group activities to occur. There is adequate space to allow maximum freedom of movement while promoting safety for those that wander.</p> <p>There is outdoor furniture and seating with shade sails in place and a ramp for wheelchair access to all external areas. The outside area has shaded seating and raised gardens.</p> <p>The dementia unit is secure and has keypad access. There is a communal lounge with safe outdoor access to the courtyard and walking pathway. The space and seating arrangements provide for individual and group</p>
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		<p>activities. The bedrooms in the dementia care unit are spacious. There is adequate space in the dementia unit to allow maximum freedom of movement while promoting safety for those that wander. There is an open plan lounge and dining area. The dementia unit has a securely fenced courtyard and walking pathways. Residents in the dementia wing use communal toilets and showers that are clearly identified.</p> <p>The registered nurse and clinical manager interviewed confirmed that they have enough equipment referred to in care plans and necessary to provide care.</p> <p>The organisation is aware of their obligation to ensure any new buildings or major renovations reflect the aspirations and identity of Māori; this would be coordinated by head office.</p> <p>Partial provisional: The rooms verified as being suitable to accommodate residents requiring hospital level of care had one and a half doors that allowed for easy access for residents, beds and any emergency equipment if required. The rooms easily fitted the bed, wardrobe, and easy chair with sufficient space on either side of the bed for staff, emergency equipment and/or hoists. Dining rooms, lounge and other communal areas will easily be able to accommodate an increase in the number of hospital residents who may use specialised equipment such as fall out chairs.</p> <p>There are no changes to environment as a result of the increase in hospital and dual-purpose beds.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The emergency and disaster manual includes dealing with emergencies and disasters, essential locations, internal emergencies, and external emergencies. The annual training plan includes emergency training and a requirement for at least one staff on each shift to be first aid trained. Registered nurses all have a current first aid certificate. Staff complete health and safety and emergency preparedness training at orientation and as part of ongoing training with staff files reviewed confirming that this had occurred.</p> <p>A fire evacuation plan has been approved by the New Zealand Fire Service. Fire drills are scheduled and completed every six months. A contracted service provides checking of all facility equipment including fire</p>

		<p>equipment. The building has alternative power systems in place to be able to cook in the event of a power failure. Emergency lighting can run for at least two hours if not more. There is a civil defence kit for the whole facility and drinkable water is stored in large holding tanks. The volume of stored water for emergencies meets civil defence guidelines. There are more supplies in the event of a civil defence emergency including food, blankets, and gas cooking. The electronic medication system is backed up if Wi-Fi fails. The telephone is backed up via the mobile system, and IT backup systems are in place.</p> <p>Security systems are in place to ensure residents are safe. The doors of the building can be locked, and security is relevant to the needs of the residents with staff checking on security of the building prior to dusk. The main doors to the facility are locked at dusk and open at dawn. There is a system for visitors to call after hours to access the facility.</p> <p>The call bell system was sighted in all bedrooms, bathrooms and toilets including ensuites, and communal areas and is activated. Staff were observed to respond to call bells in a timely manner.</p> <p>There are no changes to security as a result of the increase in hospital and dual-purpose beds.</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 annual infection prevention and control plan is developed by the clinical team at Bupa NZ with input from specialists as required. The programme related to infection prevention aligns with the strategic document and clearly defines all components of an antimicrobial stewardship (AMS) programme. The management team (general and clinical managers) understand their responsibilities for delivering the infection control programme with the responsibilities, roles and expectations related to antimicrobial stewardship defined. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health recommendations.</p> <p>The regional clinical manager provides oversight and monitoring of the infection control programme and they are able to access advice and support from Te Whatu Ora, Public Health, and other services as required.</p>

		<p>The infection control coordinator (clinical manager) reports monthly with this escalated to the general manager and to the regional clinical manager for review and discussion. Benchmarking of data occurs with the regional clinical manager monitoring this. Infection control is part of the strategic and quality plans.</p> <p>There are clear channels documented related to management of an outbreak, as sighted for the three outbreaks at Bupa Merrivale.</p> <p>There are no changes to the infection prevention and control programme or to the leadership or management as a result of the increase in hospital and dual-purpose beds.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There are a suite of infection control policies and procedures available to staff including (but not limited to): outbreak management; hand hygiene and standard precautions; aseptic technique; communicable diseases; and transmission-based precautions. Policies and the infection control plan have been approved by the leadership team, who receive monthly reports around infection control matters.</p> <p>The infection prevention coordinator (clinical manager) provides an infection control report to the joint infection control and health and safety team meeting, monthly registered nurse meetings, quality, and staff meetings. The infection control coordinator interviewed described support from expertise within the clinical team at head office, Public Health, microbiologists, and GPs. There is also support from other clinical managers within Bupa. The organisation has had advice from Ministry of Health and the New Zealand Aged Care Association, who provide guidance for aged care facilities on a range of matters including infection control and Covid-19. The infection coordinator described utilising the Ministry of Health (MOH) website for information as needed, and utilising healthLearn online training and Ministry of Health sites. External education related to Covid management has been provided via zoom meetings and webinars.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff</p>

	<p>were informed of any changes by noticeboards, handovers, and emails. Staff have completed annual handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, notices and emails.</p> <p>Staff follow the organisation pandemic policy which is available for all staff. Personal protective equipment (PPE) is ordered through the MOH, and stock balance is maintained to support any outbreak. Adequate PPE stocks were sighted, and outbreak kits are readily available. Bupa head office supplies extra PPE equipment as required.</p> <p>During Covid-19 lockdown there were regular zoom meetings with Bupa head office which provided a forum for discussion and support. The service has a Covid-19 response plan which was developed by the leadership groups and includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>Clinical expertise from the leadership team has input into procurement processes for equipment, devices, and consumables used in the delivery of health care. The infection control coordinator and the management team monitor resident and staff Covid infections. Hospital acquired infections are collated along with infection control data. The organisation policies and procedures include clear instructions for disinfection, sterilisation, and single use items. Items required to be sterilised are pre-purchased, stored in a clean dry environment, and used within the use by date. This includes urinary catheters and catheter packs, and wound dressing packs. All equipment used for wound care are single use only. Reusable equipment such as blood pressure equipment, and hoists are cleaned between use. The care home manager confirmed there is a process for clinical and infection control expertise when considering renovations or new builds.</p> <p>Infection control is included in the internal audit schedule and a recent audit demonstrated full compliance.</p> <p>The service is working towards incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti. The organisation is working towards involving cultural kaitiaki representation on how te reo Māori can</p>
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		<p>be incorporated into infection control information for Māori residents. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</p> <p>There are no changes to the infection prevention and control programme as a result of the increase in hospital and dual-purpose beds.</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 infection control programme is documented in a suite of policies. This includes a clearly documented AMS programme. The monthly quality data related to infections has to include the quantity and duration of antimicrobial use associated with individual residents. The clinical manager interviewed stated RNs would follow the policy and the infection control programme around antimicrobial stewardship. The clinical manager also stated that GPs are also implementing AMS by requesting diagnostic evidence if signs and symptoms are impacting on a resident's wellbeing. The AMS programme documented is appropriate to the size of the facility and will be evaluated through the monthly reporting programme and benchmarking with other facilities.</p> <p>There are no changes to the AMS programme or its implementation as a result of the increase in hospital and dual-purpose beds.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. The infection prevention and control programme links with the quality programme. Infection control surveillance is discussed at clinical meetings, management meetings, quality meetings and staff meetings. Staff are informed through the variety of meetings held at the facility and also electronically. The infection control coordinator uses the information obtained through surveillance to determine infection</p>

		<p>prevention and control activities, resources, and education needs within the facility. There is close liaison with the GP that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>Infection control surveillance is discussed at quality, infection control and staff meetings and sent to Bupa head office. Meeting minutes and graphs are available in a folder in the staffroom. The service receives email notifications and alerts from Bupa head office and the local Te Whatu Ora for any community concerns.</p> <p>There have been three outbreaks of Covid-19 in 2022. Staff followed their pandemic plan. All areas were kept separate, and staff were kept to one wing if possible. Staff wore PPE and completed Rapid Antigen tests (RAT) daily. Residents were tested as directed by zoom meetings with Te Whatu Ora. Families were kept informed by phone or email. Visiting was restricted.</p> <p>There are no changes to the infection prevention and control surveillance programme as a result of the increase in hospital and dual-purpose beds.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies around waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan. There is a waste disposal policy and a disinfection and sterilisation policy.</p> <p>Material safety datasheets are available on site. Personal protective equipment including gloves, aprons and eyewear are available for staff throughout the facility. Gloves, aprons, and goggles are available for staff. Staff were observed wearing appropriate personal protective clothing when carrying out their duties. The sluice rooms have a sanitiser and separate hand washing facilities. There is a locked cleaner's cupboard. Safety datasheets and product wall charts are available to all staff. The cleaner's trolley was locked away in the cleaner's cupboard when not in use. All chemicals on the cleaner's trolley are labelled and in original containers. Approved sharps containers are available and meet the</p>

		<p>hazardous substances regulations for containers.</p> <p>Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p> <p>There are laundry and cleaning policies and procedures. Laundry services are done on site. There is a clearly documented process to transport waste/incontinence/soiled linen with a laundry chute making transfer of laundry easy for staff. There is a defined dirty to clean flow in the laundry. The laundry is equipped with commercial washing machines in the dirty area and dryers are situated in the clean area/ folding room. The laundry is locked, all chemicals are dispensed automatically and are stored securely. Processes are in place to ensure that clean laundry (after drying) is placed in a covered clean trolley to transfer to residents' rooms and linen cupboards situated around the facility. There is an internal audit around laundry services and environmental cleaning completed as part of the internal audit schedule. Staff records confirmed that staff have completed chemical safety training.</p> <p>There are no changes to the environment as a result of the increase in hospital and dual-purpose beds.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	There is a performance appraisal policy with the expectation that each staff member receives an appraisal annually. Of the eight staff files reviewed, one was not required to have a performance appraisal (a new staff member) and one had a current appraisal on file. Six other staff did not have a record of a current appraisal.	Six of six staff expected to have an annual performance appraisal did not have this completed.	<p>Ensure that all staff have an opportunity to discuss and review performance at defined intervals as per policy.</p> <p>90 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.