

Bupa Care Services NZ Limited - Rossendale Dementia Care Home & Hospital

Introduction

This report records the results of a Certification Audit; 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: Rossendale Dementia Care Home & Hospital

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

Dates of audit: Start date: 10 January 2023 End date: 11 January 2023

Proposed changes to current services (if any): A partial provisional audit was included to determine the suitability of converting 17 beds, previously located in Kowhai wing that was a psychogeriatric wing, to dual-purpose (rest home/hospital) beds. The number of dual-purpose wings increase to 50 beds.

The service requested room 13 in Rimu wing to be decommissioned to extend the whānau room as part of the current refurbishments. The final number of certified beds are 83.

Total beds occupied across all premises included in the audit on the first day of the audit: 45

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.

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 Rossendale Care Home provides hospital (geriatric and medical), rest home, and psychogeriatric services for up to 83 residents. There were 45 residents on the days of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand -Waikato. 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.

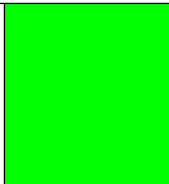
A partial provisional audit was also undertaken to assess the preparedness to reduce the number of beds dedicated for psychogeriatric care and increase the number of dual purpose (rest home/hospital) beds. The final stage of the refurbishment includes 17 psychogeriatric beds assessed as suitable for rest home/hospital level of care. The audit verified that the staff roster, equipment requirements, documented systems and processes are appropriate for providing rest home and hospital (medical and geriatric) level care.

The care home manager is appropriately qualified and experienced and is supported by a clinical 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.

The partial provisional audit has identified four shortfalls to be addressed prior to occupancy around; deactivating the keypad security lock at the entrance to the lounge; complete landscaping in one courtyard; provision of sufficient outdoor seating; and repairs required to a door to one ensuite.

The certification audit identified shortfalls relating to first aid training and restraint management.

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.
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Bupa Rossendale 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.

Subsections applicable to this service fully attained.

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. Competencies are maintained to provide a skilled workforce.

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.

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. 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

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.		Some subsections applicable to this service partially attained and of low risk.
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Bupa Rossendale Home and Hospital holds a current building warrant of fitness 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 psychogeriatric unit is 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.

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 one respiratory outbreak.

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.		Some subsections applicable to this service partially attained and of low risk.
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The restraint policy confirms a philosophy to work towards minimising restraint. The restraint coordinator is a registered nurse. There were seven residents using restraint. The service considers least restrictive practices, implementing de-escalation and support techniques and alternative interventions, and only an approved restraint as the last resort. Staff monitor and report restraint related adverse events while restraint is in use. Regular quality review of restraint processes occurred.

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	26	0	3	0	0	0
Criteria	0	158	0	3	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the organisation that is undergoing revisions and updating. The policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim of the plan is to provide equitable health outcomes for Māori residents and their whānau with overall improved health and wellbeing. The service uses the resource ‘Cultural safe Māori operating principles and values’, to ensure Māori is supported in their aspirations.</p> <p>Residents and whānau are involved in providing input into the resident’s care plan, their activities, and their dietary needs. A kaumātua from the local community provides cultural support to the facility.</p> <p>The service has residents who identify as Māori. The Māori care plans reviewed identifies the resident’s iwi and indicates whānau involvement.</p> <p>There is a Bupa Rossendale Māori advisory committee that meets six-monthly; committee members speak te reo Māori and stated that they</p>

		<p>support Māori in their aspirations. Bupa is developing a Bupa NZ Māori strategy, which aligns with the new Health and Disability Standard. It describes: kaitohutohu (advisory), haututanga (leadership), tatari kaute (audit), tikanga (practises), te reo Māori (language), whakatairanga (materials and marketing) and pia (internship). It includes a phased introduction, embracing authentic and appropriate te ao Māori which will include tikanga - cultural practices, te reo and cultural protocols.</p> <p>There are several Māori staff employed in key roles within the facility, including leadership roles. All staff have access to relevant tikanga guidelines as a flip chart, located in a visible location at each nursing station. Cultural awareness training is provided annually to ensure staff provide cultural safe care.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>On admission all residents state their ethnicity. Family/whānau of Pacific 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 Pacific 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 Pacific community.</p> <p>The service is actively recruiting new staff. The care home manager described how they encourage and support any applicant that identifies as Pasifika through the employment process. There are a number of staff that identify as Pasifika in key roles, including leadership roles. There were no residents that identify as Pasifika. Care plans identify spirituality, beliefs, and culture.</p> <p>Interviews with nineteen staff (seven caregivers, one enrolled nurse (EN), one unit-coordinator/registered nurses (RNs), three RNs; one activities assistant (DT), two maintenance officers, one chef, one support services coordinator, one cleaning assistant, and one laundry</p>

		assistant), three residents (one rest home, two hospital), four family/whānau (one hospital, and three from the psychogeriatric (PG) unit), and documentation reviewed, identified that the service puts people using 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 family/whānau. The care home manager, clinical manager, and/or unit coordinator discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during resident/family meetings. Residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. 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>The Bupa Rossendale Māori advisory committee supports residents and the service to recognise Māori mana motuhake. Care plans reviewed reflect a person-centred approach that supports independence and autonomy over aspects of care.</p>
Subsection 1.4: I am treated with respect	FA	Caregivers and RNs interviewed described how they support residents to choose what they want to do. For example, they

<p>The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. 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>commented that residents have control and choice over the activities they participate in and how they want to be dressed for the day. Residents interviewed confirmed they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The Bupa annual training plan 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 2022 confirm that residents and families/whānau commented positively around aspects of their rights. This was also confirmed during interviews with residents and families/whānau. 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. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. 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. Cultural awareness training is provided annually. Māori cultural training for staff has been completed. Residents are provided with opportunities to participate in te ao Māori. The service is supported by the Māori advisory committee to address and respond to tāngata whaikaha needs.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe</p>	<p>FA</p>	<p>Bupa Rossendale Care Home policies indicate any form of discrimination, coercion, harassment, or other exploitation will not be tolerated. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the</p>

<p>services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>service. Staff are issued with a code of conduct policy. 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>The 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. The service implements a process to manage residents' comfort funds, such as sundry expenses.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with RNs, the EN 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>Care planning is a resident centred approach and underlines the Bupa 'Person First' philosophy to ensure wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/families on admission. Resident and family/whānau 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.</p> <p>Accident/incident forms have a section to indicate if next of kin have</p>

		<p>been informed (or not) of an accident/incident. This is also documented on the family communication sheet that is held in the resident's file. Fifteen accident/incident forms reviewed identified family/whānau are kept informed. Relatives interviewed stated that they are kept informed when their family members 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/whānau and staff are used for translation purposes.</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 clinical manager described an implemented process around providing residents and family/whānau 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 informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent and advance directives. 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 family/whānau interviewed (where appropriate) could describe what informed consent was and knew they had the right to choose.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making, where the person receiving services wants them to be involved. Discussions with relatives confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and</p>

		<p>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 residents in the 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 relatives 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 family/whānau on entry to the service. The Bupa Rossendale Māori advisory committee provides Māori residents with support to ensure an equitable complaints process. The care home manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically. 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 has been one complaint logged in the complaint register since the previous audit in May 2022. There were no complaints in 2023 year to date. There have been no external complaints received. The HDC complaint related to 2019 has been addressed and signed off and reported on at the previous audit in May 2022. There were no issues identified at this audit in relation to the complaint.</p> <p>The complaint reviewed included an investigation, follow up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings</p>

		<p>(meeting minutes sighted).</p> <p>Discussions with residents and families/whānau 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. 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 highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Bupa Rossendale Care Home is certified to provide rest home, hospital (geriatric and medical) and psychogeriatric (PG) levels of care for up to 67 residents and includes 33 dual purpose beds suitable for hospital/rest home care and 34 beds suitable for psychogeriatric care. In addition, a partial provisional audit was conducted to assess a further 17 beds in Kowhai wing as suitable for dual purpose occupancy, as per the service notification on 8 January 2023 to HealthCERT. One room in Rimu wing has been relinquished as a care bed to extend the whānau room. The final numbers of beds are 83; 50 dual purpose and 33 psychogeriatric.</p> <p>Occupancy was 45 residents on the days of the audit. There was one rest home level resident on respite care, 12 hospital-level residents and 32 PG residents, including one on a long-term chronic support – chronic health contract (LTS-CHC). The remaining residents were on the aged related residential care contract (ARRC) or on the aged residential hospital specialised services (ARHSS contract).</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. Rossendale Care Home has identified specific and measurable quality goals for 2022. The goals were reviewed regularly for 2022 with progress noted against each goal. The care home manager stated the facility goals for 2022 will be signed off as completed and new 2023 goals approved. 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</p>

		<p>regularly reviewed.</p> <p>Bupa governing roles include directors of clinical, operations, finance, legal, property, customer transformation, people, risk, corporate affairs, and technology. The team is governed by Bupa strategy, purpose, and values. Each director has an orientation to their specific role and to the senior leadership team. Plans are in place for the Board and senior managers to attend cultural training to ensure they 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>Tāngata whaikaha are represented within resident, family/whānau meetings, benchmarking activities and participation in annual surveys to improve outcomes for tāngata whaikaha.</p> <p>Bupa is developing a te ao Māori strategy to introduce and implement the te ao Māori related standards alongside a Māori health consultant. The goals will be embedded in the strategy and outcomes 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. The Te Ao Maori Strategy will be evident in the Bupa corporate approach as well as their frontline existing “Person First” health care approach. The strategy will be part of their Bupa NZ culture, as experienced by staff and residents. The Te Ao strategy will reflect collaboration with mana whenua in business planning and service development to ensure equity for Māori and</p>
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		<p>tāngata whaikaha. Barriers to health equity will also be addressed. The regional operations manager confirmed the Te Ao Māori Strategy framework has progressed and implementation is a priority for 2023.</p> <p>The care home manager has been in the role for three months and has experience in various roles within Bupa for the last 13 years. This individual previously was in a clinical manager role at another Bupa facility. The care home manager is supported by a clinical manager/RN who is newly appointed to the role in a relieving capacity to cover parental leave till May 2023 and been with Bupa for over 15 years. The clinical manager is supported by a unit-coordinator (one for PG and one for the hospital/rest home). The unit-coordinator position for the hospital/rest home was vacant at the time of the audit.</p> <p>Partial provisional</p> <p>The service has been implementing a staged plan to gradually reduce the number of psychogeriatric (PG) beds and increase the number of dual/purpose (rest home/hospital) beds. This audit verified the last stage of 17 beds in Kowhai wing that were previously used for PG level of care, to be suitable to provide rest home and hospital level of care. There is a documented transition plan that covers the management of risks.</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>Rossendale 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. Quality data is benchmarked within the Bupa organisation and at a national level with other aged care services. This data is reviewed at regular intervals, utilising a health equity and quality lens approach.</p> <p>The internal audit schedule for 2022 and meetings planned for 2022 had been implemented as scheduled. There is an internal audit schedule and meeting schedule published for 2023 for implementation. Regular quality, staff, RN, and clinical review 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</p>

		<p>education. 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 displayed in the staffroom.</p> <p>The service encourages all their staff to attend their staff meetings. Resident/family meetings are held six-monthly, led by activities staff. Resident/family meetings provide opportunities to discuss results from satisfaction surveys and any corrective actions being implemented.</p> <p>Cultural competencies are addressed through face-to-face cultural diversity, cultural awareness and tikanga education to ensure the service can deliver high quality and equitable care for Māori. The Bupa Rossendale Māori advisory committee supports staff to increase their knowledge related to te ao Māori.</p> <p>The 2022 resident and family satisfaction surveys indicate both residents and family/whānau are very satisfied with the service provided. Results have been communicated to residents in resident meetings (meeting minutes sighted). A quality improvement plan was implemented to address a lower-than-expected satisfaction rate related to the food services at Bupa Rossendale.</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 Standard (link 2.1.11). New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. A health and safety team meets 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>
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<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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy that describes rostering requirements. The roster reviewed provides sufficient and appropriate cover for the effective delivery of safe care and support. A selection of RNs, maintenance officers, activities assistants and caregivers hold current first aid certificates; however, a number of RNs and caregivers first aid certificates have expired. There is not always a first aid trained staff member on duty 24/7 (link 4.2.4).</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Agency staff are available 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, as evidenced in staff and resident interviews. Registered nurse cover is provided 24 hours a day, seven days a week. In addition to the unit coordinators, two registered nurses are rostered on the morning and afternoon shifts and one at</p>

	<p>night. The enrolled nurse covers three morning shifts and two afternoon shifts, in place of the RN.</p> <p>Separate maintenance, cleaning staff and laundry(household) staff are employed. There are activities coordinators (DTs) available Monday to Sunday to provide activities.</p> <p>The care home manager, clinical manager, and unit-coordinator (PG unit) are rostered Monday to Friday. 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. The regional quality partner will assist to cover the clinical manager and care home manager positions when required. One unit-coordinator (hospital/rest home) position is vacant. Back-up RN cover is available. If necessary, caregivers will extend their shifts or work overtime to cover staff absences, leave and unavailability. The regional operations manager and care manager interviewed stated that due to the historically higher number of beds, the facility is usually well staffed. The roster reviewed makes provision for extra caregivers and RN cover as soon as residents are admitted to Kowhai, which are still not occupied. Residents and family/whānau all reported that staffing levels are adequate and supported by good teamwork amongst staff.</p> <p>The education schedule for 2022 has been implemented and includes all required education topics. Cultural training that is specific to Māori and the Treaty of Waitangi has been completed. Teachings included information on Māori health outcomes and disparities, and health equity. External training opportunities for care staff include training through Te Whatu Ora Health New Zealand -Waikato and hospice. Training is offered via face-to-face training for mandatory topics and impromptu toolbox talks. There is an annual education and training schedule for 2023.</p> <p>Thirty-two caregivers are employed. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-seven caregivers have achieved a level four NZQA qualification, one has achieved a level three qualification and three have achieved a level two qualification. Caregivers are employed to work across the service and are upskilled to rotate in the PG unit. Twenty-seven have completed their required PG qualification. Five staff have not completed their PG Careerforce</p>
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	<p>qualification and have been working in the PG unit for less than twelve months. One staff member is recently employed.</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 nurse (EN) complete many of the same competencies as the RN staff, including (but not limited to): restraint; medication administration; controlled drug administration; and non-complex wound management. Additional RN specific competencies include (but are not limited to) subcutaneous fluids, syringe driver, and interRAI assessment competency. Six of nine RNs are interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year.</p> <p>All staff are required to complete annual competencies, including (but not limited to): restraint; infection control; health and safety; emergency procedures/fire evacuation; and moving and handling. A record of completion is maintained on an electronic register.</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 and wellbeing is a priority for Bupa. 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. The Bupa Take Five staff wellness programme is being implemented. Staff celebrate their successes, as evidenced on noticeboards.</p> <p>Partial provisional</p> <p>There is a documented process to address the staffing requirements and allocation for Kowhai wing. Twelve beds were previously verified as suitable for rest home and hospital level of care. These 12 beds have not been occupied yet. The roster includes staffing for Kowhai (29 beds). It is the care home managers intent to fill the rest of the facility before filling beds in the Kowhai wing. Staffing ratios of one caregiver to five or six residents will be implemented and will be</p>
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		<p>based on resident acuity.</p> <p>The rosters reviewed includes caregivers to be rostered for two long shifts and two caregivers for short shift morning and afternoon shift and two caregivers on nightshift. One RN will be rostered on the morning, afternoon, and night shifts. Two RNs have been employed to cover the morning and afternoon shift.</p> <p>The current education plan provides education topics to include (but is not limited to) palliative care, wound care, manual handling, and pressure injury prevention.</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. Nine staff files reviewed evidenced implementation of the recruitment process, employment contracts, and completed orientation programmes. 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. A register of practising certificates is maintained for all health professionals. There is an appraisal policy. All staff have a three-month appraisal followed by annual appraisals. Performance appraisals were up to date.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The orientation programme supports RNs and caregivers to provide a culturally safe environment for Māori. A volunteer policy is documented for the organisation that describes the on-boarding process. Each volunteer is required to complete a police screening check. 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. Following any staff incident/accident, evidence of debriefing and follow-up action taken</p>

		<p>are documented. Staff are supported with time off for rehabilitation and supported back to work.</p> <p>Partial provisional</p> <p>The service has a robust plan in place to ensure all staff are fully prepared and equipped to provide cultural and clinical safe care and support to rest home and hospital level residents. Newly employed staff are orientated to their role.</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 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. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We</p>	FA	<p>Residents who are admitted to the service have been assessed by Te Whatu Ora Health New Zealand -Waikato needs assessment service coordination centre (NASC) service to determine the required level of care. The clinical manager and care home manager complete a pre-admission screening process for prospective residents following the Bupa Need and Enquiry Policy. At the time of enquiry, the care home manager meets with prospective families/whānau. The manager outlines the criteria for entry and charges. Management of challenging behaviour, medications and restraint management related to the</p>

<p>focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>psychogeriatric unit is also discussed where appropriate.</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 care home 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.</p> <p>Residents' ethnicity is collated during the admission process and is documented in residents' files. 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.</p> <p>The service receives referrals from the NASC service, Te Whatu Ora Waikato and directly from prospective residents or family/whānau.</p> <p>The service has an information pack (Moving into residential care) relating to the services provided at Bupa Rossendale (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 Rossendale has a person and whānau-centred approach to services provided. Interviews with residents and family/whānau all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis. There is a short-stay admission pack and short-stay medical booklet available as part of entry information.</p> <p>The service identifies and implements support to benefit Māori and whānau. There were residents affiliating with Māori through family links and local iwi. The service currently engages Bupa Rossendale Māori advisory committee to maintain meaningful partnerships with</p>
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		Māori communities and organisations to benefit Māori individuals and whānau.
<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>Seven resident files reviewed: two at hospital level, one rest home (respite) and four from the psychogeriatric unit (including the resident on the long-term support – chronic health care (LTS-CHC) contract). The registered nurses are responsible for conducting all assessments and for the development of care plans. Family/whānau are invited to attend a three-week review meeting after admission and six-monthly reviews. There is documented evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans and include their own goal setting. On interview, family/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 are completed within 24 hours of admission. The admission nursing assessment and assessment booklet includes: all risk assessments; falls; Braden pressure area; skin; mini nutritional; continence; pain (verbalising and non-verbalising); activities; and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. The service has policies and procedures in place to support all residents (including those with a disability) to access services and information. Te Ara Whakapiri is implemented as part of end-of-life care. There was evidence of family involvement in care planning and documented ongoing communication of health status updates. The service utilises the Te Whare Tapa Whā care plan for residents who identify as Māori.</p> <p>Long-term care plans (including the activities care plan) had been completed within 21 days for long-term residents. Initial interRAI assessments had been completed for all long-term residents within</p>

		<p>the required timeframes. Care plans identify cultural needs, values, and beliefs as identified through the assessment process. 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. Evaluations are scheduled to be completed six-monthly; and all residents care plans had been evaluated within the required six-month timeframe. The resident on the LTS-CHC contract had an interRAI assessment completed and the care plan provided strategies to manage medical and physical needs. Residents in the psychogeriatric unit 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 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 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 Te Whatu Ora Health New Zealand- Waikato care coordination centre, geriatric psychiatric team (PG team), older persons mental health team and Bupa dementia advisor, into the care of residents in the 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 Health New Zealand - Waikato.</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 observed 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>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service employs one activities coordinator and four activities assistants (including three qualified diversional therapist) who lead and facilitate the programme. The activity programme is delivered Monday to Sunday 9.30 am to 5.30 pm across the hospital and psychogeriatric 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. 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, kapa haka group visit and Māori food is incorporated in the activities programme. 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 choose not to 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</p>

		<p>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; music therapy; pampering sessions; and farm animal visits. Community visitors include weekly church services, singers, karaoke, and local school children (Trick or treat). 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>Activities held in the PG unit included: ladies' day; pampering session (hands and nails); gardening and garden walks; high tea; entertainment; van outings; karaoke; and music therapy. The afternoon schedule included one on one sessions, scrap booking, aerobics, music, and dance.</p> <p>The residents in the psychogeriatric wing have an individualised 24-hour diversional plan to assist the caregivers in the individual's daily routine, specific behaviours, triggers, and de-escalating activities specific to the resident, including strategies to manage residents with nocturnal wandering. Interviews and observation confirmed activities are meaningful and appropriate for the cohort of residents. Robotic pet cats and dogs are available for residents. 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</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements and includes support for safe storage of complementary, over the counter and alternative medicines. All clinical staff 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>current legislative requirements and safe practice guidelines.</p>		<p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the electronic chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in three treatment rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications, including the bulk supply order, is checked weekly and signed on the checklist form. All eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP. On the day of audit there were no residents self-administering medications. There are policies and processes in place should any residents wish to self-administer medications.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification with allergy status identified. There are no standing orders in use.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. Supplements and over the counter medication is recorded on the electronic charts.</p> <p>The registered nurses interviewed could describe the process for working in partnership with any Māori residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Partial provisional</p> <p>The amenities and equipment are in place for safe medication management.</p> <p>The newly refurbished wing has a fully equipped, functional, and secure medication room which has a medication fridge and lockable medication cupboards. The medication management policies and</p>
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		<p>processes are in place. A medication trolley and electronic tablet for medication administration is in place. The room and fridge temperature monitoring has commenced, and documentation reviewed evidenced temperatures to be within the ranges required.</p> <p>There are policies and procedures in place should residents wish to self-administer medications.</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 household support services coordinator oversees the on-site kitchen, and all cooking is undertaken on site. The household support services coordinator is supported by two full-time chefs and four kitchen assistants. There is a seasonal four-week rotating menu, which was 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 service has 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. Supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen is centrally situated in the facility. Meals are transported in two scan-boxes already plated to the hospital wings and served directly to residents in the psychogeriatric 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 includes sandwiches and fruit platters.</p> <p>There is a current food control plan that expires 22 September 2023. Kitchen staff are trained in safe food handling and memorable dining</p>

		<p>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/whānau interviewed all indicated satisfaction with the food.</p> <p>Partial provisional</p> <p>The appropriate amenities and equipment are in place to provide nutrition to support the needs of the residents. The existing facility kitchen is fully equipped and provides a variety of meals for high needs residents. There is an existing food control plan in place. The kitchen and current menu are suitable to accommodate an increase in hospital level residents needs and nutritional requirements. Specific dietary needs, intolerances and/or allergies are carefully planned for alongside residents and the dietitian.</p> <p>Meals will be supplied to the wing in hot boxes. There is a spacious dining room in Kowhai wing and provides space to accommodate the increase in residents and mobility equipment.</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</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</p>

<p>coordinate a supported transition of care or support.</p>		<p>kept on file. The clinical manager stated there is a comprehensive handover between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>The building holds a current building warrant of fitness certificate which expires 14 March 2023. There are two maintenance officers, one works 40 hours a week (Monday to Friday) and second works three days a week, plus on-call after hours. A contracted gardener visits two-weekly. 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, 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 a day as required. Testing and tagging of electrical equipment had been completed by an external contractor as scheduled. Medical equipment, hoists and scales calibration is completed annually as scheduled. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and psychogeriatric care residents.</p> <p>The home reflects an environment that is inclusive of peoples' cultures and supports cultural practices. The service has completed a number of building improvements since the previous audit including (but not limited to) painting and refurbishing rooms. There is a Bupa IPC/Construction and Renovation policy that stated a process of consultation. The Māori advisory committee, in consultation with family/whānau, had input to ensure the renovations reflect the aspirations of Māori. As a result of the consultation process, the whānau room is extended.</p> <p>A temporary reception area and entrance to the facility has been provided while renovation to the main reception occur. This area is cordoned off and residents and family cannot enter the area. The contractors ensure hazards are mitigated including noise and dust control. Contractors are approved by Bupa Head office and provided a temporary evacuation plan as part of the site renovation plans. The</p>

		<p>renovations are considered to take another six weeks for completion.</p> <p>Psychogeriatric unit.</p> <p>This comprises of Pohutukawa Wing (22 beds) and Rimu Wing (12 beds).</p> <p>These units are separate households from each other and are secured with electronic keypad at the entrance.</p> <p>Pohutukawa household has an open plan dining room with two lounges. There is a centrally located nurses' station 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. The household is built 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 available. The courtyard can be accessed from the communal area and the hallway on the other side of the unit. The courtyard includes paths, seating, and shaded garden areas. There is an additional external garden area and walkway that is accessible from the lounge that walks around the side of the building. This garden and pathed area is secure with high fencing. The psychogeriatric unit is circular with a flow for wanderers.</p> <p>Residents' rooms are single occupancy. There are adequate numbers 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. There is space to accommodate hoists and a shower bed.</p> <p>Rimu is similar to Pohutukawa but on a smaller scale, consisting of twelve beds. This household also has an open plan dining room with two lounges, there is a centrally located nurses' station in the communal area. Adequate toilet and showers are also found in this unit. The use of the outdoor gardens and courtyard area is shared by both units. One room in Rimu wing is requested to be decommissioned to include an extension of the whānau room. The total number of beds in Rimu will decrease to 11 beds.</p> <p>Hospital Units consist of - Kowhai wing (12 beds) Manaakitanga (10</p>
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		<p>beds) Totara (11 beds).</p> <p>This is divided into three households; each consists of a dining room/lounge. All rooms are single occupancy with hand basins. In Manaakitanga wing, there is a communal hand basin in the corridor as there are no basins in these rooms. There are sufficient number of accessible toilets and showers for the residents and visitors. There is a fully functional kitchenette in Kowhai wing. There are courtyards accessible from each lounge area. Residents have safe access to outdoor areas through communal areas. Outdoor areas have seating, safe paths, and shading.</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 the toilet and shower areas to accommodate shower chairs and commodes. There are also well-placed communal toilets with disability access near the communal lounges and can be locked, providing 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> <p>There are alternative small lounge areas with activity resources throughout the facility. All bedrooms and communal areas have ample natural light and ventilation. There is a central heating system and ceiling heaters. All rooms were supplied with a circulating fan.</p> <p>Landscaping is completed and gardens are well maintained.</p> <p>Level two -Comprises of managerial offices, meeting room, toilets and showers, lounge, and staff room. This area is only accessible via stairs.</p> <p>The Māori health plan reflects input to be obtained from Māori to ensure that renovations, new designs and construction reflects the</p>
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		<p>aspirations and identity of Māori.</p> <p>Partial provisional</p> <p>A further 17 beds in Kowhai is assessed and verified as suitable to provide rest home and hospital level of care.</p> <p>There is a building warrant of fitness. The appropriate equipment and amenities are in place and the audit evidenced that the physical environment minimises harm to residents.</p> <p>There were no amendments required to the current evacuation scheme. The planned maintenance schedule includes (but not limited to) resident equipment checks, calibrations of weigh scales and clinical equipment, and testing and tagging of electrical equipment. Hot water tests have been tested for Kowhai wing and are below 45 degrees Celsius. Additional equipment has been purchased and includes (but not limited to): medication trolley; wound dressing trolley; chair scale; other trolleys; medical equipment (BP, thermometer etc); linen; and kitchen items. There are plenty of storage for equipment and linen.</p> <p>There is a spacious lounge and dining room in Kowhai wing to accommodate the number of residents but also to accommodate mobility equipment like lazy boy chairs and walkers. The communal area is spacious and allows for groups or individual activities. The door to the lounge has a keypad at the door that is still activated and needs to be deactivated. A kitchenette is fully equipped, food will be transported with a hotbox where food can be served from the bain-marie. The dining area has vinyl flooring, and the lounge area is carpeted.</p> <p>All rooms are single occupancy, similar footprint with wide door openings. Transfer equipment, lazy boys and ambulance equipment can easily be transported through the door opening. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Residents will be encouraged to personalise their bedrooms. Rooms are equipped with a wall fan for cooling and ceiling heaters for heating and can be individually adjusted.</p>
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		<p>Sixteen rooms have a handbasins, handtowels, flowing soap. One room has an ensuite (shower, toilet and handbasin) and is spacious to manoeuvre mobility equipment and a hoist or commode. The ensuite has handrails, the door is a sliding door which requires fixing as it is difficult to slide. Hand sanitisers are located within the hallways. Flooring in the shower is suitable and non-slip and easy to clean. Hallways are wide, equipped with handrails for safe mobility.</p> <p>All bedrooms and communal areas have ample natural light and ventilation with thermostatically adjustable heating.</p> <p>The service has an equipment list that is part of refurbishment and these have been purchased, in place and ready for use.</p> <p>There are two doors from the dining room that can access a courtyard. This courtyard has builders' equipment and the care home manager stated landscaping is in the process of being upgraded. There is one door from the hallway and another door from the dining room to a courtyard, shade is available; however, there is no outdoor seating. Pathways are safe and accessible. Another door from the lounge flows to a third area, decked with a wheelchair access ramp to the courtyard where seating and shade is available.</p> <p>There is a visitor toilet. A disability accessible toilet is located near the main communal area.</p> <p>There is a secure nurse's station that overlooks the dining room and allows for supervision. The nurses' station is fully equipped with working station, civil defence, first aid kits and a handbasin just outside the door. There is a secure treatment room with medication cupboard, workspace and is fully equipped. The temperature in the room can be manually adjusted and is monitored at regular intervals to be below 25 degrees Celsius.</p> <p>There is plenty space for medical equipment, continence products and personal protective equipment storage with shelving.</p> <p>The audit has verified the service as suitable to utilise a further 17 beds for rest home and hospital level residents. All rooms are suitable to provide care at a higher level of care. There is sufficient extra dining space, and lounge areas are large enough to cater for</p>
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		residents with higher level of care.
<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>	PA Low	<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.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service in April 2009. The maintenance officers interviewed stated there were no changes required to the fire evacuation scheme following the renovations.</p> <p>A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. 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. Water supply meets the Waikato district requirements (1350 litres) and two 500 litre water storage tanks. 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. There is not always a staff member with a first aid certificate scheduled on duty.</p> <p>There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are included in the preventative maintenance programme, all are activated and in working order. 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, and staff complete security checks at night. A security firm visits the facility after hours. There are internal and external security cameras installed. Visitors sign in and are identifiable.</p> <p>Partial provisional</p>

		<p>The fire drill in September 2022 included the whole facility. The call bell system in the new wing is activated and in working order. The call bell points are suitable to include ports for sensor mats. Emergency procedures and civil defence, including emergency water sources, are sufficient to meet the needs of the residents.</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 infection control and antimicrobial stewardship (AMS) programme is approved by Bupa head office. Infection prevention and control is part of the strategic and quality plans. A registered nurse 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.</p> <p>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 infection control and quality meetings.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora Health New Zealand- Waikato in addition to expertise at Bupa head office.</p> <p>Visitors and staff are asked not to visit if unwell and are wearing masks when entering the facility. There are hand sanitisers strategically placed around the facility.</p> <p>Partial provisional</p> <p>There will be no changes to the infection control and AMS programme and reporting data to the Board.</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 Health New Zealand -Waikato, 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 Health New Zealand Waikato 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 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. Infection control policies and procedures have been updated and align with the Ngā Paerewa Standard. 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. Cleaning and environmental audits are completed at regular intervals. The service's 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 o Waitangi. Māori advisory committee at the time</p>

		<p>of the audit were developing educational resources in te reo. Infection control practices include laundry and cleaning practices that reflect Māori participation and consultation in infection prevention, to promote culturally safe practice. The construction and renovations policy documents the requirements for the infection control coordinator to be involved. This responsibility sits with the Bupa infection control lead and the Bupa property manager. This has occurred in the recent renovations to the facility.</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>Partial provisional</p> <p>The service has an effective infection prevention programme, including policies and procedures which will continue to be implemented in the proposed new areas.</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 the infection control and quality 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</p>

		<p>considered to be appropriate and is discouraged.</p> <p>Partial Provisional</p> <p>The service has an antimicrobial use policy and procedures and monitors the use of antibiotics. These will continue to be implemented.</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 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 quality 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 Te Whatu Ora Health New Zealand -Waikato for any community concerns.</p> <p>There have been three outbreaks since the previous audit including one respiratory outbreak in November 2022 and two Covid outbreaks in February 2022 and December 2022 (in psychogeriatric unit only). All were appropriately managed with Te Whatu Ora Health New Zealand -Waikato and Public Health appropriately notified. There was daily communication with Bupa infection control lead, clinical director, portfolio manager and the local Te Whatu Ora Health New Zealand-Waikato infection control 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</p>

		<p>challenging but successful. Staff confirmed that during the Covid exposure, resources including PPE were adequate.</p> <p>Partial provisional</p> <p>The service has effective policies and procedures for surveillance of healthcare associated infections. These will continue to be utilised and accommodate the changes.</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 regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety datasheets and product sheets are available. Sharp’s containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms 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 three 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 and locked away in a secure drawer. There was appropriate personal protective clothing readily available. The numerous linen cupboards were well stocked. Cleaning and laundry services are monitored by the IPC coordinator through the internal auditing system and the chemical provider monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly. Laundry staff have 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>Partial provisional</p> <p>The roster evidence a sufficient number of cleaners allocated to provide cleaning service to the wing.</p> <p>There is a sluice with a sanitizer in Kowhai wing. A separate locked cleaning cupboard accommodates the cleaning equipment, cleaning chemicals and a cleaning trolley when not in use. There is a sufficient supply of linen and capability within the laundry service to cater for residents in the newly refurbished wing.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. 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. Cultural considerations are included in the restraint care plan and cultural assessments are reviewed three-monthly as part of the evaluation process.</p> <p>The designated restraint coordinator is the clinical manager. The restraint coordinator has a documented job description that outlines the responsibilities. At the time of the audit, there were seven residents (three hospital, four PG) using an approved restraint (hand holding). There is a restraint approval committee that meets six-monthly.</p> <p>The governance body is committed to eliminating restraint. The use of restraint is benchmarked and 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</p>

		<p>questionnaire.</p> <p>Partial provisional audit</p> <p>The service is required to have the electronic keypad safety lock to the lounge area in Kowhai wing removed prior to opening (link 4.1.2).</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>PA Low</p>	<p>A restraint register is maintained by the restraint coordinator (registered nurse). A restraint policy documents the requirements of safe restraint use and hand holding and the use of T- belts are approved.</p> <p>Four (one hospital level and three PG) 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. The use of the restraints, alternatives considered, and trialed and risk associated with restraint use and frequency for monitoring were stated in each resident's care plan. The care plan addresses the resident's cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga (where applicable).</p> <p>Monitoring forms are available; however, the restraint policy requires for handholding to be recorded in the progress notes only whenever the event occurs. Two files reviewed indicated that each event of handholding was not accurately recorded in the progress notes for two residents when it occurred.</p> <p>A policy is in place for the use of emergency restraints. There has been one instance of emergency restraint recorded as implemented in 2022 in an emergency restraint register. The restraint policy described a process around the use of emergency restraint, debrief process and documentation in the progress notes with applicable parties by the clinical manager. The clinical manager confirmed the process was followed as per policy at the time of the implementation of the emergency restraint. Any accident or incident that occurred as a result of restraint use are monitored. There have been no accidents or</p>

		<p>incidents identified related to restraint use.</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 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. There were no incidents (eg, bruising) recorded related to restraint use.</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 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	<p>The facility holds a current building warrant of fitness. The physical environment and amenities are suitable to provide the certified levels of care. The lounge in Kowhai is spacious; however, the door needs to be deactivated from the keypad to ensure free access to the communal area. There is free access to three courtyards with shade; however, there is no outdoor seating available. The landscaping is underway in one courtyard but needs completion.</p> <p>There is one bedroom with a full ensuite, with a sliding door. There are privacy locks on the door; however, the door is hard to open.</p>	<p>(i). The door to the lounge has a keypad at the door that is still activated and needs to be deactivated.</p> <p>(ii). There is not sufficient outdoor seating available.</p> <p>(iii). Landscaping in one courtyard needs completion.</p> <p>(iii). The sliding door of the ensuite is difficult to slide open.</p>	<p>Ensure the following is completed prior to occupancy:</p> <p>(i) deactivation of the door to the Kowhai lounge;(ii) provision of sufficient number of outdoor seating; (iii) completion of the landscaping in one courtyard, and (iv) repair of the ensuite sliding door.</p> <p>Prior to occupancy days</p>

<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>	<p>PA Low</p>	<p>There is always a RN on duty within the facility. A schedule of first aid certificates is held in a register. First aid training was scheduled for 31 August 2022. A selection of RNs, maintenance officers, diversional therapists and caregivers hold current first aid certificates; however, a number of RNs and caregivers first aid certificates have expired. There are fifteen care staff with current first aid certificates.</p>	<p>The roster reviewed evidence there is not always a first aid trained staff member on duty 24/7, on weekends and public holidays.</p>	<p>Ensure a person with a first aid certificate is scheduled on each shift.</p> <p>90 days</p>
<p>Criterion 6.2.4</p> <p>Each episode of restraint shall be documented on a restraint register and in people's records in sufficient detail to provide an accurate rationale for use, intervention, duration, and outcome of the restraint, and shall include:</p> <p>(a) The type of restraint used;</p> <p>(b) Details of the reasons for initiating the restraint;</p> <p>(c) The decision-making process, including details of de-escalation techniques and alternative interventions that were attempted or considered prior to the use of restraint;</p> <p>(d) If required, details of any advocacy and support offered, provided, or facilitated; NOTE – An advocate may be: whānau, friend, Māori services, Pacific services, interpreter, personal or family advisor, or independent</p>	<p>PA Low</p>	<p>There is a restraint policy to guide staff in the use of restraint. T belts and handholding is approved restraint. There is an up-to-date restraint register. Seven residents were assessed as requiring restraint by the use of handholding. The type of restraint is usually used during combative episodes when cares occur. The long-term care plans provide sufficient level of detail to guide staff in the implementation of safe restraint.</p>	<p>Two of three files reviewed indicated the hand holding events were not always recorded in the progress notes when the event occurs.</p>	<p>Ensure records document each event and provide an accurate rationale for use, intervention, duration, and outcome of the restraint.</p> <p>90 days</p>

<p>advocate.</p> <p>(e) The outcome of the restraint;</p> <p>(f) Any impact, injury, and trauma on the person as a result of the use of restraint;</p> <p>(g) Observations and monitoring of the person during the restraint;</p> <p>(h) Comments resulting from the evaluation of the restraint;</p> <p>(i) If relevant to the service: a record of the person-centred debrief, including a debrief by someone with lived experience (if appropriate and agreed to by the person). This shall document any support offered after the restraint, particularly where trauma has occurred (for example, psychological or cultural trauma).</p>				
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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.