

# Bupa Care Services NZ Limited - Ascot Care Home

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	Ascot Care Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
<b>Dates of audit:</b>	Start date: 1 December 2022      End date: 2 December 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	67

# Executive summary of the audit

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## Introduction

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

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

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

## General overview of the audit

Bupa Ascot provides hospital (geriatric and medical), rest home level, residential disability services and dementia care for up to 104 residents. There were 67 residents on the days of audit.

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

The service continues to make environmental improvements and has upgraded the call bell system.

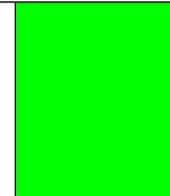
The general manager is appropriately qualified and experienced and is supported by a clinical manager.

Four of the previous eleven shortfalls have been addressed around: sign off of incident reports; handover for care staff; registered nurse oversight; and interRAI timeframes. There continues to be improvements required around: quality data; corrective actions; competencies; staffing levels; care plan evaluations; medication management; and restraint monitoring.

This surveillance audit identified improvements required around essential notifications and infection control communication.

## 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.

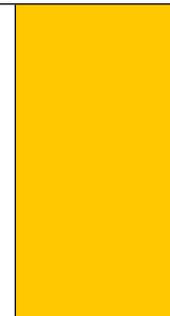


Subsections applicable to this service fully attained.

The organisation is working towards developing relationships with Pacific groups to assist in the development of a Pacific health plan. 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. Bupa Ascot Home and Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations.

## Hunga mahi me te hanganga | Workforce and structure

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



Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

There is a documented quality and risk management systems that takes a risk-based approach. The systems available meet the needs of residents and their staff.

Internal audits, meetings, and collation of data were documented and there was documented evidence of corrective actions. The relative and resident survey for 2022 provided positive comments related to key areas of service delivery.

There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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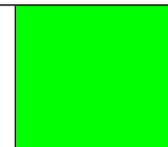
Registered and enrolled nurses are responsible for each stage of service provision. Residents' records reviewed, provided evidence that the registered nurses utilise a range of assessment tools to assess, plan and evaluate care needs of the residents. Care plans demonstrate service integration.

The activities calendar provides activities for rest home, dementia and hospital residents. The programme includes outings, entertainment and activities that promotes and encourages individual recreational, physical, and cognitive activities for the consumer group.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. Electronic medicine charts reviewed met prescribing requirements.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

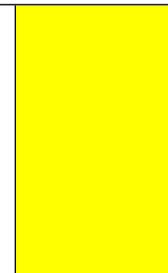


Subsections applicable to this service fully attained.

The building has a current warrant of fitness. Electrical equipment has been tested and tagged. All hoists and medical equipment have been serviced and calibrated. The building has an approved evacuation scheme. There is an emergency management plan and appropriate equipment for responding to emergencies available.

## 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.



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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. 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. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been four outbreaks since the previous audit, and these have been documented.

## Here taratahi | Restraint and seclusion

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The restraint coordinator is a registered nurse. There were residents listed as using restraints. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only use an approved restraint as the last resort.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	15	0	2	4	0	0
Criteria	0	43	0	4	4	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the organisation that is undergoing revisions and updating. The aim of the plan is to ensure that Bupa attracts and retain Māori staff through early identification of the support they need to thrive in their roles. The general manager confirmed that the service supports a Māori workforce with staff identifying as Māori (or having whānau connections) at the time of the audit. The service is actively recruiting staff and encourages Māori to apply. The service provides comprehensive support for all staff, including those that are seeking to pursue a further qualification in health and wellbeing.</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</p>	Not Applicable	<p>Bupa plans to partner with a Pacific organisation and/or individual to provide guidance and to ensure the development of a Pacific health plan focuses on achieving equity and efficient provision of care for Pasifika.</p>

<p>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>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>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The resident care journey policies provide guidance around care planning and goal setting. The Bupa organisation ensures that Māori mana motuhake is recognised through goal setting in the care planning process. Each resident is encouraged to determine their own routine and habits. Six residents (four from the hospital and two rest home) and two families (dementia unit) interviewed stated the six-monthly multidisciplinary meetings with whānau and the resident provide opportunity to choose and discuss treatment goals. Outcomes are individualised to promote resident independence and self-determination.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Signage in te reo Māori is in place in various locations throughout the facility. Interviews with nine staff (two registered nurse [RNs], four caregivers, one maintenance, one kitchen manager and one activities coordinator) confirmed their understanding of tikanga best practice, with examples provided in relation to their role. Te reo Māori is celebrated during Māori language week. A tikanga Māori flip chart is available for staff to use as a resource. Cultural awareness training is scheduled annually (last completed June 2022). Further cultural training is planned for December 2022.</p> <p>Staff are supported with te reo pronunciation. The management and staff work in partnership with residents (including those with disabilities) and whānau to ensure residents who choose, have the opportunity to participate in te ao Māori. Opportunities for participating in te ao Māori, including blessings of rooms and karakia, are included in daily service delivery.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe 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>FA</p>	<p>Bupa policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The service also aligns with the Code of Residents Rights and follows the Code of Health &amp; Disability Services which supports the consumer to be treated fairly and with respect, free from discrimination, harassment, and exploitation. Policies reflect acceptable and unacceptable behaviours. Staff complete education on orientation and annually as per the training plan on: how to identify abuse and neglect; opportunity to explore cultural bias; and institutional racism.</p> <p>The Bupa `person first` model of care is a holistic model of care that ensures wellbeing outcomes for Māori residents. There were residents identifying as Māori at the time of the audit. Residents interviewed stated their wellbeing needs are met. Care plans reviewed were holistic and promoted independence.</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. 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. 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>Residents and family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. The service follows relevant best practice tikanga guidelines as sighted in documentation, welcoming the involvement of family/whānau in decision making, where the resident receiving services wants them to be involved.</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>FA</p>	<p>The complaints procedure is equitable and is provided to residents and relatives on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy and electronically. Documentation,</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>including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There were two complaints in 2021 and one in 2022 (year-to-date) documented in the complaint register. Complaints logged include an investigation, follow-up, and replies to the complainant. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted). There have been no complaints received from external agencies.</p> <p>Interviews with residents and relatives confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility.</p> <p>A suggestions box is adjacent to where the complaints forms are held. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held bimonthly, and meeting minutes reflected discussions with residents around what is going well and what could be improved. The contact details for a resident advocate from advocacy services is posted in large print on resident noticeboards. Residents and relatives/whānau making a complaint can involve an independent support person in the process if they choose. The care home manager acknowledged the importance of face to face communication for Māori, and maintains an open door policy.</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</p>	<p>FA</p>	<p>Bupa Ascot is located in Invercargill. The facility is a purpose-built facility across one level. The service is certified to provide care for rest home, hospital (geriatric and medical), residential disability services and dementia care for up to 104 residents. There are 80 dual purpose beds and a 24-bed secure dementia unit.</p> <p>On the day of the audit there were 67 residents: 27 rest home, two residents on a younger person with disability contract (YPD), 28 hospital level and 12 at dementia level of care. All but the two YPD residents were under the age-related residential care contract (ARRC).</p> <p>There is a documented business plan that address key areas of service</p>

<p>sensitive to the cultural diversity of communities we serve.</p>		<p>delivery related to hospital, rest home, residential disability, and dementia level of care. Goals are assessed at regular intervals. Plans are in place for the Board and senior managers to attend cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. Work is underway to collaborate with mana whenua in business planning and service development to ensure equity for Māori.</p> <p>Tāngata whaikaha provide input to the service and organisation through surveys and regular resident meetings.</p> <p>Bupa is developing a te ao Māori strategy to introduce and implement the te ao Māori related standards, alongside a Māori health consultant. The goals will be embedded in the plan and outcomes from the plan will be managed. Barriers to health equity will also be addressed.</p> <p>The general manager is a registered nurse (RN) with a current practising certificate, and has been in the role since June 2022. The general manager is supported by a clinical manager (RN), who has also been in the role since August 2022. They are supported by the regional manager, regional educator, quality partner and a core group of experienced caregivers. The management team report the turnover of staff is high. The service is working with Te Whatu Ora- Southern to use virtual emergency consult services. The clinical manager will oversee the general manager role in their absence and vice versa.</p> <p>The general manager and the clinical manager have both completed a recent Bupa three-day leadership training (Leadership in action) related to managing an aged care facility.</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</p>	<p>PA Moderate</p>	<p>There is a documented organisational quality and risk management programme; however, the quality and risk programme are not fully implemented. The quality and risk management systems include performance monitoring through internal audits and through the collection, analysis, and trends of clinical indicator data.</p> <p>Bimonthly quality meetings and monthly staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; restraint; complaints received (if any); staffing; and</p>

<p>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>education. Meeting minutes reviewed evidence that staff are informed of quality data; however, there was no evidence of analysis or trends discussed. The previous finding related to trending and analysis of quality data (NZS 8134:2008 criteria # 1.2.3.6) continues to be an area requiring improvement.</p> <p>There is a documented internal audit schedule; however, completion of internal audits has fallen behind. Corrective actions were documented where indicated to address service improvements; however, progress on these were not always documented, signed off or discussed at meetings. The previous finding related to corrective actions (NZS 8134:2008 criteria # 1.2.3.8) continues to be an area requiring improvement.</p> <p>Electronic reports are completed for incident/accident; however, not all events had an incident report completed. Incident forms reviewed evidenced that immediate action was noted, and any follow-up action(s) required was documented. However, not all incidents were fully investigated or signed off in a timely manner. The previous finding related to signing out incident reports (NZS 8134:2008 criteria # 1.2.4.3) continues to be an area requiring improvement.</p> <p>One fall not recorded on an incident report required neurological observation (link 3.2.4). Incident and accident data is collated monthly and analysed. Benchmarking occurs at a national level against other Bupa facilities. The electronic system generates a report that goes to each operational team/governance team and also generates alerts depending on the risk level. Relatives are notified following incidents.</p> <p>There have been Section 31 notifications completed to notify HealthCERT around issues relating to changes in key staff (general manager and clinical manager), RN shortages and pressure injuries; however, notification has not continued for notifiable events since August 2022, including RN shortages and a recent theft. There have been four outbreaks since the previous audit which were appropriately notified.</p> <p>Work is underway to assess staff cultural competencies to ensure the service can deliver high quality care for Māori. Critical analysis of organisational practices is completed through benchmarking analysis and reports at a national level, annual reviews of the quality programme</p>
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		and six-monthly facility health checks.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	PA Low	<p>There is a staffing policy that describes rostering requirements. The documented rosters reviewed evidence of insufficient RN coverage for registered nursing shifts. At the time this audit was undertaken, there was a significant national health workforce shortage. Bupa Ascot have not been accepting hospital and dementia level admissions to the facility since April 2022 due to longstanding staffing concerns.</p> <p>Te Whatu Ora- Southern has been working collaboratively with Bupa Ascot and have approved the use of the emergency telehealth service to provide clinical advice after hours. The previous finding related to staffing (NZS 8134:2008 criteria # 1.2.8.1) remains ongoing.</p> <p>Bupa have implemented further initiatives to further upskill level 3 and 4 caregivers to complete certain tasks, including wound dressings. Hybrid work arrangements were introduced where staff can work across different roles (for example, the diversional therapist (DT) can work as a caregiver).</p> <p>There is a documented emergency consult support folder which outlines responsibilities and guidance related to clinical tasks, monitoring required, documentation, transfers, death and dying. Further guidelines include care home shift support for who is responsible for certain tasks and when to escalate. There have not always been Section 31 notifications completed for ongoing RN shortages, even when virtual emergency consult services were used (link 2.2.6).</p> <p>In the case of no RN availability, an enrolled nurse is on site with an extra caregiver or two senior caregivers. The managers (who live close by) are on call, and the telehealth service is utilised for clinical advice. Both managers' report they have attended after hours to assist the EN on shift. This arrangement has been approved by the portfolio manager at Te Whatu Ora- Southern.</p> <p>Interviews with staff confirmed that their workload is overall manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. There are insufficient</p>

	<p>number of staff with first aid certificates to cover the roster.</p> <p>The care home manager (non-clinical) and clinical manager are available Monday to Friday. On-call cover is covered by the general manager and clinical manager.</p> <p>Rostering is assigned by unit as follows:</p> <p>Hospital wing: 28 residents.</p> <p>A unit coordinator is on Monday to Friday from 8 am-4.30 pm.</p> <p>Morning: Registered nurse and enrolled nurse on from 6.45 am-3.15 pm, supported by four caregivers working from 7 am-3 pm. There is a flexi-shift 7 am-3 pm when occupancy reaches 34 residents.</p> <p>There is a physio assistant five days a week.</p> <p>Afternoons: A registered nurse is on duty from 2.45 pm-11 pm. There are three days a week that is covered by an EN due to RN unavailability. A second EN is on from 2.45 pm-11.15 pm; supported by four caregivers working from 3 pm-11 pm. A flexi shift can be added to the roster from 3 pm-10 pm once occupancy reaches 34 residents.</p> <p>Rest home wing: 27 residents</p> <p>Morning: Registered nurse (once a week) and enrolled nurse on from 6.45 am-3.15 pm (when available) or medication competent caregiver and supported by two caregivers working from 7 am-3 pm. There is a flexi-shift 7 am-11 pm when occupancy reaches 34 residents (this shift is currently filled for four days a week).</p> <p>Afternoons: A registered nurse for at least five of the seven days and other days covered by a medication competent caregiver (usually a Friday and Saturday). Supported by another medication competent caregiver seven days a week from 3 pm-11 pm and another from 4.30 pm-8.30 pm. A floater shift from 4.30 pm-8.30 pm is introduced when occupancy reaches 34; currently the position is filled for two of the seven days.</p> <p>Dementia wing; 12 residents</p> <p>Morning: An EN works 6.45 am-3.15 pm, supported by two caregivers working from 7 am-3 pm (one is medication competent). A flexi-shift</p>
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	<p>can be added to the roster from 7 am-10 am once occupancy reaches 20 residents.</p> <p>Afternoons: A medication competent caregiver working from 2.45 pm-11.15 pm, supported by another caregiver working 3 pm-11 pm.</p> <p>The activities' role 6 pm-8 pm is vacant.</p> <p>Night shifts for the facility are covered by an EN or RN for the hospital and a second EN for the rest home and four caregivers from 11pm-7am, with an extra float (when staff can be found to fill the shift) 11 pm-7 am. Currently the roster evidence that at least three days can be filled. There are two caregivers allocated to the hospital, one for the rest home and one for the dementia unit.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. Staff last attended cultural awareness training in June 2022 and the Bupa work instructions library provide access to staff and share information about high-quality Māori health information. The previous shortfall related to training (NZS 8134:2008 criteria # 1.2.7.5) has been addressed.</p> <p>Additional cultural training more specific to Māori and the Treaty of Waitangi is scheduled. Work is underway to ensure that the service invests in the development of organisational and staff health equity expertise.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification through Careerforce. The Bupa orientation programme qualifies new caregivers at a level two New Zealand Qualification Authority (NZQA).</p> <p>There are 34 caregivers employed and 16 had achieved level 4 Certificate in health and wellbeing and five achieved level 3 certificates in Health and Wellbeing. There is a Careerforce assessor that visits and support staff to gain qualifications.</p> <p>There are 11 caregivers allocated to the dementia unit and six completed the Dementia Limited Credited Programme (LCP) within the timeframe stated in ARRC E4.5.f. All the other caregivers are enrolled</p>
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		<p>and expected to complete within 18 months of commencement of employment. The previous shortfall around completion of the dementia standards (NZS 8134:2008 criteria # 1.2.7.5) has been addressed.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Level four caregivers complete many of the same competencies as the RN staff (eg, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, and wound management). All caregivers are required to complete annual competencies for personal protective equipment (PPE), handwashing, restraint and moving and handling. A review of the electronic register evidence the competency schedule has fallen behind.</p> <p>Additional RN specific competencies include (but are not limited to) subcutaneous fluids, syringe driver, and interRAI assessment competency. Eight registered nurses, including the unit coordinator and the clinical manager, are all interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year and to commence and complete professional development recognition programme (PDRP). External training opportunities for caregivers include training through the local hospital, and hospice.</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. Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Staff sign an agreement which includes the Bupa code of conduct. This document includes, but is not limited to: the Bupa values; responsibility to maintain safety; health and wellbeing; privacy; professional standards; celebration of diversity; ethical behaviour; and declaring conflicts of interest. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals.</p>

		<p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is gathered with plans in place to further develop an employee ethnicity database.</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 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>	FA	<p>Records are kept by the general manager of prospective residents and family who have viewed the facility, admissions and declined referrals, which is shared with the regional operations manager. At present these records do not currently capture ethnicity data.</p> <p>Bupa Ascot identifies and implement supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were residents identifying as Māori. The service has a relationship with Māori Health Te Oranga Tonu Tanga at Te Whatu Ora Southern, a Kaumātua, and Runanga who would be available to provide support for residents and whānau where required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Moderate	<p>Six resident files were reviewed: (two at hospital level, two rest home (one YPD), and two files of residents with dementia). The RNs are responsible for conducting all assessments and for the development of care plans and signs off on care plans developed by enrolled nurses. The finding identified at the previous audit around registered nurse oversight (related to NZS 8134:2008 criteria # 1.3.3.1) has been addressed.</p> <p>There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is</p>

	<p>documented in progress notes and family/whānau contact forms.</p> <p>Bupa Ascots uses the Bupa assessment booklets and person-centred templates (My Day, My Way) for all residents. This and an initial support plan are completed within 24 hours of admission. The assessment booklet includes risk assessments, activities, and cultural assessments. Additional risk assessment tools include behaviour and wound assessments. The outcomes of the assessments are reflected in the care plan. There is a Māori healthcare plan that supports Māori constructs of Oranga and ensures there is a process to support Māori and whānau to identify their own pae ora outcomes in their care or support plan. Registered nurses interviewed had knowledge of care being delivered based on the four cornerstones of Māori health 'Te Whare Tapa Whā'; however, one file did not have an activities and cultural assessment completed.</p> <p>Initial interRAI assessments and reassessments have been completed within expected timeframes. Long-term care plans reviewed had been completed within three weeks of admission. This is an improvement on the previous audit (NZS 8134:2008 criteria # 1.3.3.1).</p> <p>Residents in the dementia unit all have behaviour assessment and a behaviour plan with associated risks and support needed and include strategies for managing/diversion of behaviours. The YPD resident had strategies documented to maintain routine, habits, community links and family relationships.</p> <p>Interventions addressed physical and medical needs of the residents. Changes are made to the long-term care plan if care needs change. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Where evaluations had been completed it documented the progress against the goals. The initial shortfall related to care plan evaluations (NZS 8134:2008 criteria # 1.3.8.2) has been addressed. However, further improvements are required around evaluations.</p> <p>All residents had been assessed by the general practitioner (GP) or nurse practitioner (NP) within five working days of admission. Bupa Ascot utilises a NP who visits weekly and as required. The NP service also provides out of hours cover. The NP (interviewed) was complimentary about the new staff and the improvements that are</p>
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	<p>occurring with regard to communication and planning of care. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health nurse specialist, local hospice and wound care specialist nurse is available as required through the local Te Whatu Ora- Southern. Allied health interventions were documented and integrated into care plans. A contracted physiotherapist visits for eight hours per week or more if required. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by caregivers and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status. The service addressed the shortfalls related to progress reports (NZS 8134:2008 criteria #1.3.3.4).</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager or a RN initiates a review with a GP/NP. Family was notified of all changes to health, including infections, accident/incidents, GP/NP visit, medication changes and any changes to health status. A family/whānau contact sheet records family/whānau notifications and discussions.</p> <p>A wound register is maintained. There is access to the local wound nurse specialist, this was evidenced in the clinical records. Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Incident reports and Section 31 notifications were sighted for the pressure injuries where notification is required. Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for twelve residents (three had more than one wound) with wounds, including ten (seven stage I and three stage III) pressure injuries. Wound dressings were being changed appropriately in line with the documented management plan.</p>
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		<p>Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. The service extends this monitoring period as required in order to get an accurate picture of resident need. Care plans reflected the required health monitoring interventions for individual residents.</p> <p>Caregivers and RNs complete monitoring charts, including: bowel chart; blood pressure; turning charts; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime. Neurological observations and restraint monitoring were not always completed as required (link 6.2.4). Incident reports evidenced initial RN follow up of incidents. Opportunities to minimise future risks are identified by the clinical manager and unit coordinator.</p> <p>The GP/NPs record their medical notes in the integrated resident file. The GP/NP reviews the residents at least three-monthly or earlier if required; however, the GP /NP had not always reviewed the medication chart at the same time (link 3.4.1).</p>
<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>	FA	<p>Bupa Ascot has three members in the activity team. In total, they work 92 hours per week, Monday to Friday across the three areas of the care home.</p> <p>The service is actively working with staff to support community initiatives that meet the health needs and aspirations of Māori, including ensuring that te reo Māori and tikanga Māori are actively promoted and included in the activities programme. The service currently has Māori residents. The activities team ensure there is access to the local marae when requested. Matariki and Māori language week were observed. There were Māori stories and songs and the use of Māori greetings. The activities team is looking to introduce Māori arts and crafts.</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>	PA Moderate	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, ENs and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe</p>

<p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>medication administration has been provided. RNs have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The EN, RNs and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the three medication rooms. The medication fridge and room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications are checked weekly and signed on the checklist form. Not all eyedrops were found to be dated on opening and not all expired drugs had been returned to pharmacy. Over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP or NP.</p> <p>Twelve electronic medication charts were reviewed. Nine of the twelve medication charts had been reviewed by the GP/NP three-monthly, and had completed indications for medications. All had completed diagnosis information and 10 of the 12 drug charts had photo identification. All charts had allergy status identified. Weekly and six-monthly controlled drug stock takes had been completed as per policy, as evidenced in the controlled drug register. The previous audit shortfall related to controlled drugs has been addressed; however, medication documentation (NZS8134:2008 criteria # 1.3.12.1) remains an area requiring improvement.</p> <p>There were no standing orders in use and no vaccines kept on site. There were no residents self-administering medications; however, there are processes in place to ensure safe management of self-medication should residents wish to do so.</p> <p>The clinical files included documented evidence that residents and their family/whānau are updated about medication changes, including the reason for changing medications and side effects. The RNs and management described working in partnership with Māori residents and whānau, ensuring appropriate access to medications, support and advice is timely, and easily accessed to achieve better health</p>
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		outcomes.
<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>	Not Applicable	<p>The kitchen manager oversees the on-site kitchen, and all cooking is provided by the kitchen. The organisation is working towards how they can incorporate Māori residents' cultural values and beliefs into menu development and food service provision; however, the kitchen manager reported all cultural requests are accommodated.</p> <p>Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. Residents and family members interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Bupa Ascot has documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The general and clinical managers are involved in planning exits, discharges, or transfers and these are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. The residents and their family/whānau are involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely</p>	FA	<p>The building holds a current warrant of fitness which expires 1 January 2023. The maintenance person works 40 hours a week (Monday to Friday) and is available on call after hours. Essential contractors/tradespeople are available as required. There are maintenance request books for repair and maintenance requests located at reception. These are checked daily and signed off when repairs have been completed. The service has an electronic 52-week annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>and weekly testing of hot water temperatures. Testing and tagging of electrical equipment was completed in June 2022. Medical equipment, hoists and scales are next due for checking and calibration in August 2023.</p> <p>There are no current plans to expand the building. The organisation is aware of their obligation to ensure designs and environments reflect the aspirations and identity of Māori, for any new additions or new building construction that may arise in the future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly, in accordance with the facility's building warrant of fitness. The last fire drill was held in July 2022.</p> <p>The building is secure after hours, with staff completing further security checks at night. A security service completes a security check three times per night following a recent on-site theft (link 2.2.6). Visitors can be identified through a sign in process.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There are several resources available and includes Bupa's infection control manual that describes Bupa's antimicrobial stewardship (AMS) programme, and infection control resources on the intranet that are available to staff. There is a pandemic plan in place which includes management of Covid 19. Adequate supplies of personal protective equipment were sighted. Staff have been training in donning and doffing of personal protective equipment. Isolation kits are readily available to staff.</p> <p>Resources reviewed evidence the organisation is still working towards incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi. Caregivers interviewed explain how they obtained information from whānau related to the care for a Māori resident.</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>PA Low</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control manual. Standardised surveillance definitions are used. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. Action plans are required for any infection rates of concern. This data is monitored and analysed for trends, monthly and annually; however, there are no evidence that staff are aware of trends and analysis of infections (link 2.2.3).</p> <p>The service receives email notifications and alerts from Bupa head office and Te Whatu Ora- Southern for any community concerns.</p> <p>There has been a respiratory outbreak, a confirmed norovirus outbreak and two Covid-19 outbreaks since May 2022. There is a clear communication pathway to notify relevant senior team members, including Te Whatu Ora- Southern portfolio manager. The facility followed their pandemic plan. All areas were kept separate, and staff were kept to one wing if possible. Staff wore personal protective equipment. Residents were tested when symptomatic. The facility was in lockdown until the last known infectious case was asymptomatic. Families were kept informed by phone or email. Visiting was restricted. Outbreaks were documented and reported to Public Health. Staff were debriefed, and daily outbreak meetings occurred; however, there was no documented evidence of these meetings.</p> <p>Outbreaks were documented on the respiratory outbreak form, Bupa communicable disease outbreak case log or Covid outbreak case log. No ethnicities were recorded; however, the service is working towards a method of incorporating ethnicity data into their surveillance of infections.</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</p>	<p>FA</p>	<p>Bupa as an organisation and Bupa Ascot are committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in</p>

<p>restrictions.  Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.  As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>partnership with family/whānau, and the choice of the intervention must be the least restrictive possible. At all times when restraint is considered, Bupa Ascot staff work in partnership with Māori, to promote and ensure services are mana enhancing. The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme; however, the annual restraint competencies had fallen behind (link 2.3.3).</p> <p>The clinical manager is the designated restraint coordinator. The use of restraint is reviewed three-monthly and, reported in the monthly clinical, staff and quality meetings and to the regional operations manager via the general manager. Residents and family/whānau are involved in restraint reviews.</p>
<p>Subsection 6.2: Safe restraint  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.  Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.  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  Moderate</p>	<p>There are three hospital residents listed on the restraint register as using a restraint. Care plan interventions included risks, and monitoring requirements. The register has not been updated to reflect all residents using restraints. Restraint monitoring has not always been completed. The previous shortfall related to restraint monitoring (NZS 8134:2008 criteria # 2.2.3.4) remains ongoing.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	<p>PA</p> <p>Moderate</p>	<p>There is a quality and risk management programme using a risk-based approach. Due to several consecutive outbreaks and changes in key staff, the quality system had fallen behind. The service has recognised this, and several corrective action plans have been documented. The quality partner and regional educator (newly created role) is heavily involved in the service to assist with improvement actions.</p> <p>Meetings and toolbox talks at handovers have occurred to ensure staff are aware of day-to-day operations of the facility. All non-clinical audits have been completed; however, clinical related audits had fallen behind.</p> <p>A range of quality indicator data is collated. The clinical manager analyses and reports on trends to the general manager; however,</p>	<p>(i). Not all internal audits have occurred as scheduled.</p> <p>(ii). Staff were not evidenced as being regularly informed of trends and analysis of quality indicators at staff meetings.</p> <p>(iii). Corrective actions raised for internal audits were not always discussed /or reflected in meeting minutes.</p>	<p>(i). Ensure internal audits are completed as scheduled.</p> <p>(ii) - (iii). Ensure staff are informed of trends and analysis of quality data and any corrective actions arising from internal audits during meetings.</p> <p>90 days</p>

		staff only see the collected numbers related to indicator data and not the analysis and trends.		
<p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	PA Low	<p>The general manager interviewed understood their obligation in relation to essential notifications. There have been four outbreaks (one respiratory outbreak, one norovirus outbreak and two Covid-19 outbreaks) since the last audit. These were appropriately notified to Public Health.</p> <p>Three pressure injuries were notified on a Section 31 at the time they were identified. Six Section 31 reports were completed for RN shortages. In August 2022, the service used virtual emergency consult services for some afternoons and nights; one week was appropriately notified. However, there is still no RN cover on nights shift for up to three days a week and where virtual RN consult services are used; no notifications were made. One recent event related to theft at night (in October 2022) has not been notified appropriately.</p>	<p>(i). Section 31 notifications have not been made for continued RN shortages.</p> <p>(ii). One incident of an overnight theft was not notified to HealthCERT appropriately.</p>	<p>(i) &amp; (ii). Ensure essential notifications are completed for all notifiable events.</p> <p>90 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>There are eight registered nurses and eight enrolled nurses employed to cover the roster. A resignation and recruitment list of new staff was provided for review for the period January to November 2022. Since January 2022, seven RNs and two ENs have resigned. Bupa actively recruited for the positions and could fill 66% of the vacant roles; evidence of ongoing recruitment was provided. The general manager is supported</p>	<p>There is not sufficient RN coverage to meet the requirements of the ARRC D17.4.a. i.</p>	<p>Ensure there are sufficient coverage of RN shifts to meet the requirements of the ARRC D17.4.a. i.</p> <p>90 days</p>

		<p>by a Bupa recruitment team. The general manager stated Bupa Ascot was not accepting hospital and dementia level admissions since April 2022 to the facility, due to longstanding staffing concerns.</p> <p>Due to RN staffing shortages, Te Whatu Ora-Southern has worked collaboratively with Bupa Ascot and have approved the use of the emergency telehealth service to provide clinical advice after hours and therefore the risk is identified as low.</p> <p>A review of the roster evidenced there are not enough RNs to cover all the night shifts and a Wednesday afternoon. Where a RN is not available, the facility uses an enrolled nurse, supported by medication competent caregivers to cover the shifts. A virtual emergency consult service is utilised. The general manager interviewed stated the roster could not be fully staffed with RNs since June 2022.</p> <p>This audit was conducted in a time of national workforce shortage and the shortfall should be read within this context.</p>		
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	PA Low	<p>There are policies related to restraint minimisation and safe practice and a moving and handling resident policy. The general manager interviewed stated due to consecutive outbreaks and change in management the competency schedule had fallen behind.</p> <p>There is an electronic competency register and evidence the dates when staff competencies are due. Staff complete</p>	<p>(i). Manual handling and restraint competencies for caregivers had not been renewed for 2022.</p> <p>(ii). Not all key care staff have a first aid certificate.</p>	<p>(i). Ensure competencies are renewed annually where required.</p> <p>(ii). Ensure there are sufficient care staff with current first aid certificates to ensure the roster is covered.</p>

		<p>competencies at orientation and are required to complete them annually. Registered nurses completed all competencies required for 2022. Caregivers have completed competencies related to PPE, handwashing, health and safety and emergency management; however, the restraint and manual handling competencies had fallen behind for 2022. Several caregivers' restraint and manual competencies had expired for 2022.</p> <p>Only eight care staff have current first aid certificates, which is not sufficient to cover the roster.</p>		90 days
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p>	<p>PA Moderate</p>	<p>A verbal handover was observed and comprehensive in nature. Progress notes reviewed were completed at the end of each shift by the caregivers. Progress notes are maintained, and RN reviews are recorded within the progress notes.</p> <p>Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Where evaluations had been completed, it documented the progress against the goals. The initial shortfall related to care plan evaluations (NZS 8134:2008 criteria # 1.3.8.2) has been addressed. However, not all care plan reviews had occurred within the six-month timeframe. Short-term care plans (STCP) were utilised for issues such as infections, weight loss, and wounds; however, there were residents with short-term issues with no interventions documented, and two STCPs had not been</p>	<p>(i). Two short-term care plans (one rest home and one hospital) reviewed were not signed off.</p> <p>(ii). Four (one dementia, two hospital and one rest home) of six files did not have six-monthly evaluations completed.</p>	<p>(i). Ensure all short-term care plans are signed off when resolved.</p> <p>(ii). Ensure all care plan reviews are completed at least six-monthly</p> <p>90 days</p>

<p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>signed off when the issue resolved.</p>		
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>There are policies that describe the medication management processes for safe storage and disposal of medication. The service is utilising an electronic management system; however, the following shortfalls were identified in the twelve charts reviewed: (i) not all charts had a diagnosis completed, (ii) not all photos were current and (iii) not all medication charts were reviewed three-monthly.</p>	<p>(i) Three of the twelve medication charts had not been reviewed by the GP/NP three-monthly. (ii) Two of the twelve drug charts did not have completed diagnoses information, and (iii) Six of the twelve drug charts had out of date photo identification, including one chart which had no photo identification at all for a resident. (iv) Not all eyedrops were found to be dated on opening and not all expired drugs had been returned to pharmacy.</p>	<p>(i)-(ii) Ensure all medication charts have been reviewed by the GP/NP at least three-monthly and have completed diagnoses information. (iii) Ensure all medication charts have current photograph identification. (iv) Ensure eyedrops are dated on opening and ensure all expired drugs are returned to pharmacy.  60 days</p>
<p>Criterion 5.4.5 There shall be clear, culturally safe processes for communication between service providers and people receiving</p>	<p>PA Low</p>	<p>There had been a respiratory outbreak, confirmed norovirus outbreak and two Covid-19 outbreaks in 2022. There is a clear communication pathway to notify relevant senior team members, including Te Whatu Ora Southern portfolio manager. The general</p>	<p>There was no evidence that pandemic planning, Covid 19 outbreak and norovirus outbreak 'lessons learned' or strategies at each stage</p>	<p>Ensure communication around outbreak 'lessons learned' or strategies at each stage were discussed with staff.</p>

<p>services who develop or experience a HAI.</p>		<p>manager and clinical manager stated a range of toolbox meetings were held; staff were `debriefed`, where lessons learned were discussed; however, there was no documented evidence that this had occurred.</p>	<p>were discussed with staff.</p>	<p>90 days</p>
<p>Criterion 6.2.4 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: (a) The type of restraint used; (b) Details of the reasons for initiating the restraint; (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; (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 advocate. (e) The outcome of the restraint; (f) Any impact, injury, and trauma on the person as a result of the use of restraint; (g) Observations and monitoring</p>	<p>PA Moderate</p>	<p>There are three hospital residents listed on the restraint register as using a restraint. Care plan interventions included risks, and monitoring requirements. Not all restraints were recorded in the restraint register and monitoring has not always been completed.</p>	<p>(i) The restraint register did not list all three residents who were using equipment identified as restraint. (ii) Monitoring charts were not completed for two of the three residents that required monitoring for restraint.</p>	<p>(i). Ensure the restraint register reflects all residents using restraint; and (ii) Monitoring charts were not completed for two of the three residents that required monitoring for restraint.  90 days</p>

<p>of the person during the restraint;  (h) Comments resulting from the evaluation of the restraint;  (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

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

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

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

No data to display
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End of the report.