

Bupa Care Services NZ Limited - Ballarat Care Home

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:

Legal entity: Bupa Care Services NZ Limited

Premises audited: Ballarat Care Home

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

Dates of audit: Start date: 20 February 2023 End date: 21 February 2023

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 73

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
Yellow	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
Red	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 Ballarat is certified to provide hospital (geriatric and medical), dementia and rest home levels of care for up to 80 residents. There were 73 residents on the days of audit.

This unannounced surveillance audit was conducted against a sub-set of the relevant Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Te Whatu Ora Health New Zealand – Waitaha Canterbury. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with families, management, staff, and the general practitioner.

The general manager is appropriately qualified and experienced and is supported by a clinical manager who is a registered nurse. There are quality systems and processes being implemented. Feedback from residents and families/whānau was very positive about the care and the services provided.

One of two previous audit shortfalls around care plan interventions has been addressed. This audit identified further improvements are required around monitoring.

This audit identified shortfalls related to internal audits, staff education, and registered nurse staffing.

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.

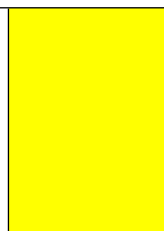


Subsections applicable to this service fully attained.

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/whānau to make a complaint is understood, respected, and upheld by the service. There is evidence that residents and families/whānau are kept informed. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented. Bupa Ballarat Care Home 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 low risk.

The business plan includes a mission statement and operational objectives. The quality and risk management systems include performance monitoring through the collection of clinical indicator data. An annual resident/relative satisfaction survey is completed and there are regular resident/relative newsletters. Quality improvement initiatives are implemented, which provide evidence of improved services for residents.

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. The organisational staffing policy aligns with contractual requirements and includes skill mixes.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. 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.

The service facilitates opportunities for Māori to participate in te ao Māori with Māori television and in activities and signage.

The food service meets the cultural needs of the residents. There are nutritious snacks available 24 hours per day.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. A preventative and reactive maintenance schedule is in place and implemented.

There is an approved evacuation scheme. Fire drills are held six-monthly. The facility is secure after hours. The dementia unit is secure.

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.
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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 a robust pandemic plan and Covid-19 response plans in place and the service has access to personal protective equipment supplies. There have been three outbreaks since the previous audit, and these have been well documented.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is a registered nurse. The facility was restraint free on the day of the audit. 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	18	0	2	0	0	0
Criteria	0	50	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>	FA	<p>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 organisation has been actively recruiting Māori staff as part of the Bupa Māori health plan. The Bupa policy – Towards Māori Health equity confirms the organisation is committed to developing recruitment practises, reflecting support for Māori applications through the use of te reo in advertising and during interviewing to actively recruit Māori staff.</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>	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, that focuses on achieving equity and efficient provision of care for Pasifika.</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>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Staff interviewed (two registered nurses, five caregivers, one maintenance manager, the kitchen manager, one diversional therapist, the housekeeping manager, one laundry assistant, one housekeeper and the business unit coordinator) understood the requirements of the Code and were observed supporting residents in accordance with their wishes.</p> <p>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. Outcomes are individualised to promote resident independence and self-determination. Interview with the management (one general manager, one clinical manager, one quality partner and one operations manager) and staff confirmed that Māori mana motuhake is recognised.</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>	<p>FA</p>	<p>Interviews with staff and management confirmed their understanding of tikanga best practice, with examples provided in relation to their role. Te reo Māori is celebrated during Māori language week. The service is working towards providing training for staff around Te Tiriti o Waitangi and the application of this into daily services. The service is guided by the cultural policies that outline cultural responsiveness to residents who identify as Māori.</p> <p>The management and staff work in partnership with residents (including those with disabilities) and family/whānau to ensure residents who choose to, have the opportunity to participate in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p>	<p>FA</p>	<p>Bupa policies prevent any form of discrimination, coercion,</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>harassment, or any other exploitation. The service also aligns with the Code of Residents Rights and follows the Code of Health & 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.</p> <p>There are monitoring systems in place, such as residents' satisfaction surveys and residents and family/whānau meetings, to monitor the effectiveness of the processes in place to safeguard residents. The 2022 resident survey results demonstrated that 97% of the residents felt the staff were kind and caring and treated them with respect.</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.</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 in relation to informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. Four residents (three hospital and one rest home level of care) and six relatives (four hospital, one rest home and one dementia) interviewed could describe what informed consent was, knew they had the right to choose, and were involved in the decision-making process and the planning of resident's care. All resident consents sighted were included in the residents' files.</p>
<p>Subsection 1.8: I have the right to complain</p>	<p>FA</p>	<p>The complaints procedure is equitable and is provided to residents and relatives on entry to the service. The general manager maintains</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>a record of all complaints (both verbal and written), by using an electronic complaint register. Documentation 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>Complaints forms are located in a visible location at the entrance to the facility, next to a suggestions box. To date, there have been 23 complaints since the last certification audit in April 2021. Complaints logged include an investigation, follow up, and replies to the complainant. One complaint remains open and is being actively managed. All others have been documented as resolved. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality, clinical, and staff meetings. Registered nurse and caregiver meeting minutes reflected evidence of corrective actions shared with staff. 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. Residents or relatives making a complaint can involve an independent support person in the process if they choose. The managers interviewed were knowledgeable around the importance of face-to-face communication with Māori and maintain 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 sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Bupa Ballarat Care Home is located in Rangiora, North Canterbury. The service is certified to provide rest home, hospital, and dementia level of care for up to 80 residents. There are 50 dual-purpose beds across two 25 bed units. There is a designated 10 bed rest home unit, and a 20-bed dementia care unit. On the day of the audit there were 73 residents; 20 rest home residents and 33 hospital residents, including two residents on younger persons disabled contracts (YPD). There were also 20 dementia level of care residents. The remaining residents were under the age-related residential care contract (ARRC).</p> <p>The Board and senior managers attend cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and</p>

		<p>cultural safety. Bupa has developed a te ao Māori strategy alongside a Māori health consultant. The strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. The cultural advisor collaborates with the Board and senior management in business planning and service development to improve Māori and tāngata whaikaha health outcomes. Tāngata whaikaha provide feedback around all aspects of the service through resident meetings and satisfaction surveys, which provides the opportunity to identify barriers and improve health outcomes.</p> <p>The general manager (GM) is a registered nurse and has been in the role for six months. The general manager is supported by a clinical manager who has been in the role for six months. They both are supported by the operation manager, and a team of experienced long-standing staff. The management team report the turnover of staff has been relatively high amongst registered staff.</p> <p>Both the general manager and the clinical manager have completed more than eight hours of training related to managing an aged care facility, including Bupa regional managers' forums; pandemic and infectious disease planning; and infection control teleconferences.</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>PA Low</p>	<p>Bupa Ballarat Care Home has an established organisational quality and risk management programme. The quality and risk management systems includes performance monitoring through the collection of clinical indicator data.</p> <p>Monthly quality meetings and staff 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); staffing; and education. Meetings were documented as taking place in 2022 with interruptions identified relating to Covid-19 outbreaks. Corrective actions are documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends in data are</p>

	<p>posted in the staffroom. Corrective actions are discussed at meetings to ensure any outstanding matters are addressed with sign off when completed. The internal audits aim to provide continuous quality improvements to the services; however, approximately 50% of audits have not been completed as scheduled for 2022.</p> <p>The 2022 resident satisfaction surveys completed in November indicate that residents have reported high levels of satisfaction with the service provided. Results are included in the meeting agendas and will be communicated to residents and staff at the next scheduled meetings.</p> <p>Interviews with the management team confirmed health and safety training begins during their induction to the service. A health and safety team meets bimonthly, and they provide health and safety as a regular topic in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated at facility level, reported to the regional manager, and a consolidated report and analysis of all facilities are then provided to the governance team monthly. There are regular manual handling training sessions for staff. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Incident and accident data is collated monthly and analysed, identifying trends and patterns. Benchmarking occurs on a national level against other Bupa facilities. The electronic system generates a report that goes to each operational team/governance team and generates alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Four pressure injuries have been notified since the previous audit. There have been three Covid-19 outbreaks since the previous audit, which were appropriately notified.</p>
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		<p>Analysis of data across all Bupa services ensures that a critical analysis of practice is undertaken to improve health equity and ensure high quality care for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements.</p> <p>Interviews with staff confirmed that their workload is manageable, and that management are very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. Review of recent rosters identify that on occasions (where possible) registered nurse shift have been covered by the GM and CM.</p> <p>The general manager (GM) is a registered nurse, and the clinical manager (CM) are available Monday to Friday. On-call cover is provided by a roster of GMs and CMs across the southern region.</p> <p>Morning shift: The GM and CM are rostered Monday to Friday and provide clinical assistance as required. On morning shifts, a unit coordinator is based in the dementia unit (Fernside) and works across Ashley and Cust (rest home), Sefton and Lowburn (hospital). One registered nurse is based in Lowburn and covers the hospital units. On afternoon shifts, there is one RN rostered seven days a week and a second RN rostered three days a week. Night shift is covered by one RN. There are current vacancies for 13 RN shifts per week which are covered by casual and agency staff, or by the CM and GM (when required); however, the rosters reviewed identified not all RN shifts were able to be covered as per roster requirements. The service is currently recruiting RN's and a unit coordinator.</p> <p>Caregiver rostering is assigned by unit as follows:</p> <p>Ashley: Ten rest home residents - There is one level 4 caregiver rostered on morning and afternoon shifts.</p> <p>Cust: Ten rest home residents - There is one level 4 caregiver rostered on morning and afternoon shifts.</p> <p>Sefton: Ten hospital level care residents – There are two caregivers on morning and afternoon shifts.</p>

	<p>Lowburn: Twenty-three hospital level care residents - morning shift has four caregivers from 6:45am to 3:15pm and one caregiver from 9am to 2:30pm. The afternoon shift has four caregivers from 3pm to 11 pm, and one caregiver from 4pm to 9:30pm.</p> <p>Fernside: Twenty dementia residents – morning shift has two caregivers from 6:45am to 3:15pm and one from 9am to 2:30pm. Afternoon shift has two caregivers from 3pm to 11pm.</p> <p>On night shift, there are three caregivers from 11pm to 7am covering the rest home and hospital units. There is one caregiver rostered from 11pm to 7am in the Fernside dementia unit.</p> <p>There is an annual education and training schedule in place with compulsory training (learning essentials and clinical topics) programmes, which includes cultural awareness training. However, not all required education training has been provided as scheduled.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. The Bupa orientation programme qualifies new caregivers at a level two New Zealand Qualification Authority (NZQA). Fifteen caregivers work in the dementia unit, of which fourteen have achieved the dementia unit standards. One caregiver is newly employed and is enrolled in the unit standards.</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, including (but not limited to): medication administration; controlled drug administration; nebuliser; blood sugar levels; and wound management. Additional RN specific competencies include (but not limited to): subcutaneous fluids, syringe driver and interRAI. Seven registered nurses, including the unit coordinator are interRAI trained.</p> <p>All RNs are encouraged to attend the Bupa qualified staff forum each year and to commence and complete a professional development recognition programme (PDRP). External training opportunities for caregivers include training through Te Whatu Ora-Waitaha Canterbury, and the Nurse Maude service. All caregivers are required to complete annual competencies for restraint and</p>
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		<p>moving and handling. A record of completion is maintained on an electronic register.</p> <p>The collection and sharing of Māori health information is included in the quality data collated, analysed, and shared with staff at facility meetings. Meeting minutes are available for those who are not able to attend.</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>	FA	<p>Seven staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Staff sign an agreement with the Bupa code of conduct. This document includes (but is not limited to): the Bupa values; professional standards; celebration of diversity; and ethical behaviour. There are job descriptions in place for all positions. 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 identified with plans in place to maintain 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>	Not Applicable	<p>The general manager and clinical manager keep records of how many prospective residents and family/whānau have viewed the facility, admissions and declined referrals. The service is planning to implement a process to document the ethnicity of prospective residents.</p> <p>The service has information available for Māori, in English and in te reo Māori. There were no residents who identify as Māori on the day of the audit. There are staff members who identify as Māori. The</p>

<p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>service is planning to engage with the local marae and kaumātua in order to further develop meaningful partnerships with Māori communities and organisations, to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Six resident files were reviewed: two hospital level, including one YPD; two dementia level; and two rest home level care. The registered nurses (RN's) 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 there are six-monthly multidisciplinary reviews. There is documented evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans, including setting their own goals. On interview, family/whānau members confirmed they are kept informed of matters relating to changes in health, including the recent Covid-19 outbreaks.</p> <p>The service uses the comprehensive 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. 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 individualised 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 Māori access and choice.</p> <p>Initial interRAI assessments had been completed for all residents (including the resident on the YPD contract) within the required timeframes. Long-term care plans (including the activities care plan) had been completed within 21 days for long-term residents, and interRAI assessments sampled had been reviewed six-monthly. Care plan interventions are individualised and met the assessed needs of the residents. Evaluations are scheduled to be completed six-monthly. All residents who required review had care plans evaluated within the required six-month timeframe. Written evaluations reviewed identified if the resident goals were met or</p>

	<p>unmet. The GP reviews the residents at least three-monthly or earlier if required and records their medical notes in the integrated resident file. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds. The previous shortfall (NZS 8134:2008 criteria 1.3.5.2) around managing challenging behaviour and interventions for sleep and relaxation has been addressed.</p> <p>Residents in the dementia unit with behaviours that challenge all had behaviour plans with triggers, strategies to de-escalate and a 24-hour support plan that documents their routine and habits to assist caregivers in their care. Behaviour monitoring documents are well utilised.</p> <p>All residents are assessed by the general practitioner (GP) within five working days of admission. The service contracts with a medical provider who visits twice-weekly and more if required. The GP service provides out of hours cover. The GP (interviewed) commented positively on the care, communication, and the timeliness of raising issues of concern. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for twelve hours a week. There are regular podiatrist visits and an organisational dietitian available. There is input from the older adult mental health service, and a psychogeriatrician into the care of residents in the dementia unit. A speech language therapist, wound care and continence specialist nurse and hospice support are available as required.</p> <p>Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for 13 residents with wounds, including four pressure injuries (three stage I and one stage IV); however, not all wounds had completed assessments and management plans. Dressings were being changed; however, wound charts did not always reflect the required frequency of dressing changes. A wound register is maintained. The previous shortfall (NZS 8134:2008 criteria 1.3.6.1) around administration of analgesia prior to wound dressing changes and documentation of efficacy has been addressed; however, the criteria remains open, as not all wound documentation has been fully completed as per policy.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and</p>
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	<p>pressure injury prevention resources. Continence products are available and resident files include a three-day urinary continence assessment.</p> <p>Caregivers and RNs complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime. Monitoring charts reviewed had all been maintained as per policy. Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, as evidenced in the accident/incident forms reviewed. Neurological observations are completed for unwitnessed falls, or where there is a head injury; however, not all were completed according to the timeframes detailed in policy. Relatives are notified following incidents. Opportunities to minimise future risks are identified and implemented by the clinical manager and unit coordinator.</p> <p>Care staff 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's care journey.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager or an RN initiates a review with a GP. The RNs utilise and complete a comprehensive Introduction, Situation, Background, Assessment and Recommendation tool (ISBAR) when communicating with clinicians regarding deteriorating residents. There is evidence that when residents' health deteriorates, they are rapidly assessed and reviewed in a timely manner by the GP. Family/whānau had been notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status. A family/whānau contact sheet records family notifications and discussions.</p> <p>Staff described how the care they deliver is based on the four cornerstones of Māori health, Te Whare Tapa Whā. Care plans include the physical, spiritual, family, and mental health of the</p>
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		residents. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.
<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>The service employs one full-time activities coordinator (a qualified diversional therapist) and four part-time activities coordinators who lead and facilitate the activity programme Monday to Sunday across the service. The service facilitates opportunities for Māori to participate in te ao Māori with signage, and culturally focused food related activities.</p> <p>Community visitors include entertainers who include te reo in their repertoire, church services and pet therapy visits. The service has weekly church services and themed days such as Matariki, Māori language week, Waitangi, and Anzac Day are celebrated with appropriate resources available.</p> <p>Residents in the secure unit have 24-hour activity plans which include strategies for distraction and de-escalation.</p> <p>Residents and family/whānau 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. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p>

		<p>Medications were stored securely. The medication fridge and medication room temperatures are monitored daily. All temperatures were consistently recorded within acceptable ranges. All medications (including the bulk supply order) are checked weekly and signed on the checklist form. Eyedrops and other medications have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP.</p> <p>Twelve 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 and allergy status identified. There were residents self-administering medications. The appropriate assessments and monitoring completed. There were no standing orders in use and no vaccines are kept on site. Wound management plans included offering medications for residents, and were updated with instructions around pain monitoring and administration. The previous shortfall (NZS 8134:2008 criteria 1.3.6.1) related to analgesia and effectiveness of 'as required' medication has been addressed.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The RNs and management described working in partnership with the Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural 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>	FA	<p>The kitchen manager oversees the on-site kitchen, and all cooking is undertaken on site. There is a seasonal four-week rotating menu, which has been reviewed by a registered Bupa dietitian. A resident nutritional profile, which includes cultural preferences, is developed for each resident on admission.</p> <p>The service adopts a holistic approach to menu development that ensures nutritional value, and respects and supports cultural beliefs, values, and protocols around food. The kitchen staff are familiar with</p>

		Māori and cultural preferences and has provided boil ups and other culturally specific menu options. Kitchen staff and care staff interviewed understood and implement Māori practices in line with tapu and noa. Nutritious snacks and finger foods are available for the residents at any time of the day or night.
<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	There are documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.
<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>	FA	<p>The buildings, plant, and equipment are fit for purpose at Bupa Ballarat, and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 14 February 2024. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The service has no plans to expand or alter the building, but will consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future. This would be coordinated from head office.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider</p>	FA	A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Fire evacuation drills are conducted six-

<p>will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>monthly in accordance with the facility's building warrant of fitness. The building is secure after hours, and staff complete security checks at night. All visitors are screened before entering the facility. The dementia unit is secure with keypad entry.</p>
<p>Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has a pandemic plan and a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur. There are outbreak kits readily available and sufficient supplies of personal protective equipment. The service is working towards incorporating te reo information around infection control for Māori residents. Staff members who identify as Māori advise around culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed could describe how they observe culturally safe practices in relation to infection control.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register 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. Infection control surveillance is discussed at clinical and quality/staff meetings. Meeting minutes and graphs are displayed for staff. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. There have been three outbreaks since the previous audit (two Covid-19 outbreaks and a respiratory outbreak in 2022). The facility followed their pandemic plan. All areas were kept separate, and staff were cohorted where possible. Staff wore personal protective equipment (PPE) and residents and staff had rapid antigen (RAT)</p>

		tests daily. Families/whānau were kept informed by phone or email. Visiting was restricted.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The facility is committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>There are no residents listed on the restraint register as using a restraint. 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. The restraint coordinator (who is new to the role) 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.</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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	The service has implemented a quality system which includes an internal audit schedule, meeting minutes, trend analysis and surveys. The 2022 internal audit schedule and a selection of completed audits were sighted.	Approximately 50% of internal audits have not been completed as scheduled for 2022.	<p>Ensure all internal audits are implemented as per the scheduled planner.</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	At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. The clinical coordinator position is a recent vacancy; the service is actively recruiting for this position. On interview, staff report difficulty in providing cover for unplanned leave. There are current vacancies for registered nurses and a unit coordinator position. Bupa	There is not sufficient RN coverage to meet the requirements of the ARRC D17.4.a. i.	<p>Ensure sufficient registered staff are employed to meet the requirements of ARRC D17.4.a. i.</p> <p>90 days</p>

		Ballarat has been advertising and actively recruiting caregivers and registered nurses for over six months. Despite ongoing attempts, the service has been unable to recruit current vacancies for RN positions in a timely manner. There is evidence of recent rosters where it has not been possible to provide full registered nurse cover for all shifts. This was confirmed on interview with registered nurses and caregivers.		
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	The 2021 education plan was implemented as per schedule and the 2022 education plan was documented; however, Covid-19 outbreaks and management changes have resulted in delays. A corrective action plan is documented, and all required sessions have been rescheduled in the 2023 education planner.	Not all compulsory education sessions have been provided as scheduled, such as (but not limited to) cultural safety, abuse and neglect, and health and safety.	<p>Ensure all education sessions are provided as scheduled.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.