

# Bupa Care Services NZ Limited - Te Puke Country Lodge

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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:

**Legal entity:** Bupa Care Services NZ Limited

**Premises audited:** Te Puke Country Lodge

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

**Dates of audit:** Start date: 9 March 2023 End date: 10 March 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:** 53



# 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
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 Te Puke Country Lodge is certified to provide hospital (geriatric and medical), and rest home levels of care for up to 72 residents. There were 53 residents on the days of audit.

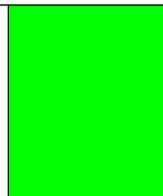
This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora Health New Zealand - Hauora a Toi Bay of Plenty. The audit process included the review of policies and procedures, the review of residents and staff files, observations,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

The general manager is appropriately qualified and supported by an experienced clinical manager. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit identified areas for improvement related to registered nurse staffing, interRAI and care plan completion timeframes.

## 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.

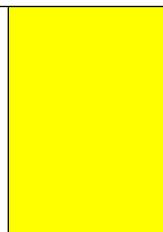


Subsections applicable to this service fully attained.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. A Māori health plan is in place for the organisation. The organisation is working towards developing a Pacific health plan. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

## 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 service has documented quality and risk management systems that take a risk-based approach. Quality improvement projects are implemented. Internal audits, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. A role specific orientation programme and regular staff education and training are in place.

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.

## 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.

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

The service promotes equity of access to their facility through a well-documented entry and decline process. There is a Bupa admission package available to residents and families/whānau prior to or on entry to the service. The registered nurses assess, plan, review and evaluate residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision.

The care plans demonstrate service integration; there is a process in place for registered nurses to review assessments and care plans on the resident's six-month anniversary. Resident files include medical notes by the general practitioner and allied health professionals.

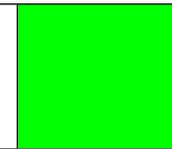
The activities team provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings.

Medication policies reflect legislative requirements and guidelines. The registered nurses and caregivers are responsible for administration of medications and have completed education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and reviewed at least three-monthly by the general practitioner. Medications are stored securely.

All food and baking are prepared and cooked on site in the centrally located kitchen. Residents' food preferences, dietary and cultural requirements are identified at admission.

## 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.

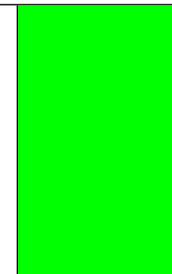


Subsections applicable to this service fully attained.

The building has a current building status certificate which expires on 28 October 2023 and an approved fire evacuation scheme. Fire drills occur six-monthly. There are pandemic supplies and a policy documented. Security arrangements are in place in the event of a fire or external disaster.

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

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



Subsections applicable to this service fully attained.

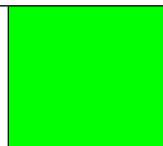
Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant

personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place.

## Here taratahi | Restraint and seclusion

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



Subsections applicable to this service fully attained.

The facility strives to maintain a restraint-free environment. At the time of the audit, there were three residents using restraints. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are complete.

## 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	19	0	2	0	0	0
Criteria	0	57	0	2	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

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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 and cultural safety policy is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for Aotearoa New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori. There were staff identifying as Māori at the time of the audit. The general manager interviewed confirmed the service actively supports and encourages applications from Māori and supports increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at Bupa Te Puke.</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</p>	Not Applicable	<p>Work is underway by the Bupa organisation to partner with a Pacific organisation (or leader who identifies as Pasifika) to provide guidance and consultation as the Bupa Pacific health plan is developed and implemented. At the time of the audit, there were staff who identified as Pasifika at Bupa Te Puke.</p>

<p>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>Interviews with staff, residents and family members confirmed Māori mana motuhake is being upheld. Māori tikanga principles are documented in flip charts, and are placed throughout the facility, including at reception, at the nursing stations and in the staffroom. Caregivers receive Māori mana motuhake training during their orientation to the service, in accordance with achieving a level two New Zealand Qualification Authority (NZQA) Careerforce qualification and must complete a competency questionnaire to reflect their learnings.</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 and common words and greetings in te reo Māori are used by staff daily. Staff are assisted further in the use of te reo Māori by staff who speak the language.</p> <p>The staffrooms contain flip charts on Māori tikanga practice. Interviews with four caregivers confirmed their understanding of tikanga best practice with examples provided. This training is also included in the caregiver orientation programme and is supported by a competency questionnaire.</p> <p>Staff attend specific cultural training that covers Te Tiriti o Waitangi, and tikanga Māori, ensuring staff are equipped to support tāngata whaikaha needs and enable their participation in te ao Māori. Staff and residents interviewed confirmed this occurs.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held</p>

<p>abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>responsible for creating a positive, inclusive and a safe working environment.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents, including Māori. At the time of the audit, there were Māori residents. A Māori care plan captures any required Māori health and cultural information for each Māori resident.</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>	FA	<p>There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. Five resident files reviewed included general consent forms signed by the resident, enduring power of attorney (EPOA) or next of kin. Other consent forms include vaccinations. Ten staff interviewed (five caregivers, one registered nurse (RN), one business coordinator, one support services coordinator, one chef, and one maintenance) and four (one rest home, three hospital) family/whānau members interviewed could describe what informed consent was and knew the residents/family had the right to choose.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The general manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register that is held on RiskMan. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There have been seven complaints lodged in 2022 since the previous (certification) audit that took place on 19 July 2021. No trends were identified, and the majority of the complaints were of a minor nature. There have been none lodged year to date in 2023, and no complaints from external parties, including the health and disability commissioner</p>

		<p>(HDC).</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on the complaints process. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including resident meetings, surveys and one-to-one interaction with staff and management. The complaints process is available in te reo Māori.</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 Te Puke Country Lodge is located in Te Puke, Bay of Plenty. The service is certified to provide care for rest home, and hospital (geriatric and medical) levels of care for up to 72 residents.</p> <p>Thirty-eight rooms are certified as rest home level, and thirty-four as hospital. On the day of the audit there were 53 residents: 27 rest home level and 26 hospital level. The service has taken a conscious decision to cap the number of resident admissions to between 50-55 due to ongoing registered nurse availability issues. All residents were on the age-related residential care contract apart from one ACC funded resident in the rest home.</p> <p>Bupa has an overarching strategic plan in place with clear business goals to support their philosophy of 'Helping people live longer, healthier, happier lives and making a better world. We take pride in endeavouring to delivering quality care with a personal touch.' The business plan includes a mission statement and operational objectives with site specific goals. The Bupa executive team reports to Asia Bupa based in Melbourne. There is a New Zealand based managing director that reports to a New Zealand based Board. The acting head of clinical service improvement reports to the managing director. The Bupa Board and executive team have commenced cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The governing body of Bupa consists of directors of clinical, operations, finance, legal, property, customer transformation, people, risk, corporate affairs, and technology. This team are governed by Bupa strategy, purpose, and values. Each director has an orientation to</p>

	<p>their specific role and to the senior leadership team.</p> <p>Tāngata whaikaha provide input through annual satisfaction surveys and resident meetings. Bupa provides feedback to residents and relatives/whānau through newsletters.</p> <p>Bupa has a Māori Health Strategy and Health equity policy. Bupa's Māori health equity policy outlines how Bupa will work towards achieving best outcomes for Māori and people with disabilities. By its very nature, aged care is a service for people with disabilities.</p> <p>Bupa leadership team has undertaken the Te Kaa Māori immersion training programme. Additional training has been undertaken by the leadership team to ensure competence with Te Tiriti, health equity, and cultural safety through shared learning, presentations at leadership team meetings and completion of online modules</p> <p>Bupa has a clinical governance committee (CGC) with terms of reference. There is a quarterly CGC meeting and a CGC pack produced and distributed to the committee members prior to meetings. There is a risk governance committee (RGC) which aligns and interfaces with the CGC to manage quality and risk systems. External benchmarking of incident data with other NZ aged care providers is included.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in each monthly meeting.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed in quality meetings and quality action forms that are completed for any quality improvements/initiatives during the year. The general manager (previous health and disability background) has been in the role at Bupa Te Puke for two years and has previously managed another Bupa facility.</p> <p>The general manager is supported by an experienced clinical manager, registered nurses, care staff team, support team, regional operations manager, and the regional quality partner.</p>
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		<p>The general manager and the clinical manager have both completed more than eight hours of training 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 governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>There is a documented quality and risk management system which includes performance monitoring through internal audits and through the collection of clinical indicator data. Benchmarking occurs on a national level against other Bupa facilities and aged care provider groups.</p> <p>Internal audits, meetings, and collation of data are documented as taking place with corrective actions implemented to address service improvements. Evidence of progress and sign off when achieved was sighted. Quality data and trends in data are posted on a quality noticeboard, located adjacent to the staffroom. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. 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.</p> <p>Staff completed cultural competency and training to ensure a high-quality service and a culturally safe service is provided for Māori.</p> <p>The 2022 resident and family satisfaction surveys indicate satisfaction with the services provided by Bupa Te Puke. Results have been communicated to residents in resident meetings (minutes sighted).</p> <p>A quarterly and annual review of the quality programme provide a critical analysis of practice to improve health equity. New policies or changes to policy are communicated to staff. Individual fall prevention strategies are in place for residents identified at risk of falls. A physiotherapist attends twice weekly.</p> <p>Electronic reports using RiskMan are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in ten accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears and bruises). Incident and accident data is collated monthly and analysed. Results are discussed</p>

		<p>in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Opportunities to minimise future risks are identified by the clinical manager.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. A noticeboard keeps staff informed on health and safety. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>Discussions with the general manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been a number of Section 31 notifications required since the previous audit related to registered nurse shortages. Te Whatu Ora – Health New Zealand, Hauora a Toi Bay of Plenty and Public Health authorities were informed regarding the respiratory, gastro, and Covid-19 outbreaks at the facility.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse on site at times (PM and night shifts) for hospital level care residents. At the time this audit was undertaken, there was a significant national health workforce shortage.</p> <p>It was noted that the service has attempted to mitigate the risk of this situation by utilising an overnight virtual nurse service, with a senior caregiver acting as night shift duty lead on site when this occurs. The service has one current registered nurse vacancy and is actively recruiting. The registered nurses and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable, the virtual nursing service works well, and that management are very supportive. Staff and residents are informed when there are changes to</p>

		<p>staffing levels, evidenced in staff interviews.</p> <p>The general manager, clinical manager and unit coordinators are on-site Monday to Friday. On-call cover is shared between the managers and clinical managers from Bupa sites in the Midland 2 region.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists all compulsory trainings, which includes cultural awareness training. External training opportunities for care staff includes speakers from Te Whatu Ora, and hospice. Staff are rostered to attend a minimum of one full day of education and training per year.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. The majority of caregivers have achieved a level three NZQA qualification (or higher).</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation and annually. Level four caregivers complete many of the same competencies as the RN staff. Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. Five RNs are employed, and all are interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year. All RNs attend relevant quality, staff, RN, restraint, health and safety, and infection control meetings when possible.</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 were selected for review (three caregivers, one kitchen assistant, and one registered nurse). Staff files are held in hard copy, retained in the general manager's office, in a locked filing cabinet. A recruitment process is being implemented which includes interviews, reference checking, signed employment contracts, police checking and completed orientation.</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 with a more experienced staff when first employed.</p>

		<p>Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori. Caregivers are awarded a level two NZQA qualification after they have completed their orientation.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatrist). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed, as evidenced in the five staff files sampled.</p> <p>A volunteer policy is documented for the organisation that describes the on-boarding process. Each volunteer is required to complete a police screening check. Volunteers have not been utilised over the past two years due to Covid. An orientation programme for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Staff ethnicity data is identified.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></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>The admission policy requires the collection of information that includes (but is not limited to): ethnicity; spoken language; interpreter requirements; iwi; hapu; religion; and referring agency. Interviews with residents and families/whānau and review of records confirmed the admission process was completed in a timely manner.</p> <p>The service has developed meaningful partnerships with Māori communities and organisations at a facility level to benefit Māori individuals and whānau. The service is currently working towards gathering ethnicity entry and decline rates specific to Māori.</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>PA Low</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Five resident files were reviewed (three hospital including one resident on an ACC contract and two rest home). Initial care plans are developed with the residents or EPOA consent within the required timeframe.</p> <p>The individualised long-term care plans (LTCP) are developed with information gathered during the initial assessments and the interRAI assessment. The two rest home care plans had not been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs. A Māori health care plan was in place for those residents that identified as Māori. The registered nurses interviewed described removing barriers (including cultural) to assist residents to have access to information and services required to promote independence.</p> <p>Short-term care acute problems (eg, infections, wounds, and weight loss) are documented on short-term care plans and signed off once resolved.</p> <p>The initial medical assessment is undertaken by the resident's general practitioner (GP) within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. After-hours service is provided by the hospital accident and emergency. A contracted physiotherapist works six hours a week. A podiatrist visits six-weekly.</p> <p>Contact details for family/whānau are recorded in the resident files. Family/whānau/EPOA interviews and resident records evidenced that family are informed where there is a change in health status.</p> <p>The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken for all wounds. There were ten residents with wounds. Wounds included (but not limited to) two stage two and one stage one pressure injury. One stage two pressure injury had been reviewed by the</p>
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		<p>complex nurse liaison from Te Whatu Ora- Hauora a Toi Bay of Plenty.</p> <p>The nursing progress notes are recorded and maintained. Monthly observations such as weight and blood pressure are completed and were up to date. Neurological observations were noted to be recorded following all unwitnessed falls. Staff receive handover at the beginning of their shift (viewed on the day of audit.)</p> <p>Tāngata whaikaha have input into their care plans and provide feedback on the service through regular resident meetings, multidisciplinary meetings, and satisfaction surveys.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the RN. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</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>The weekly activities programme is displayed on the noticeboards around the facility and includes individual and group activities. There are cultural themes once a month. During the Māori cultural day, the kitchen provided a 'boil up' and fried bread. They also celebrate birthdays, Matariki, Māori language week, Anzac, Easter, and Christmas. Happy Hour is held weekly, and entertainers come in for this. The activities team works to ensure that te reo Māori and tikanga Māori are actively promoted and included in the activities programme.</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</p>	FA	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in the two nurses' medication rooms. The internal audit schedule includes medication management six-monthly.</p> <p>Registered nurses and medication competent caregivers administer medication, and all have completed medication competencies annually. Registered nurses have completed syringe driver training. All medication robotic packs are checked on delivery against the</p>

<p>with current legislative requirements and safe practice guidelines.</p>		<p>electronic medication charts. Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent, and safe storage of the medications. There were two residents self-administering medications on the day of the audit. Registered nurses advised that over-the-counter medications are prescribed by the GP. All medication errors are reported and collated with quality data. Residents and their family/whānau are supported to understand their medications when required. The RNs and the GP stated that appropriate support and advice is provided to all residents including those that identify as Māori.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are returned to pharmacy.</p> <p>Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately with outcomes documented in progress notes. Standing orders are not used. One registered nurse was observed administering medications correctly on the day of audit.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen manager was interviewed on the day of audit and advised they receive resident dietary profiles and are notified of any dietary changes for residents from the RNs. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes.</p> <p>The kitchen manager stated that differing cultural needs can be met. The facility recently held a Māori cultural day, and the kitchen provided a 'boil up' and fried bread. The kitchen manager has completed food safety and cultural training which includes understanding of tapu and noa.</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>The transfer and discharge of resident management policy ensures a smooth, safe, and well organised transfer or discharge of residents. Documented transfers to hospital (on the files reviewed) were appropriate. The registered nurses interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care. There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions. The service utilises the 'yellow envelope' system, which is a Te Whatu Ora transfer documentation system.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building has a current building warrant of fitness, expires 28 October 2023. The service has a full-time maintenance person, who is available Monday to Friday. Other part-time staff assist with gardening. There is a preventative maintenance schedule which is maintained. The planned maintenance schedule includes electrical testing and tagging, residents' equipment checks, calibrations of weigh scales and clinical equipment and testing, which are all current. Weekly hot water tests are completed for resident areas and are below 45 degrees Celsius. Weekly air temperatures are completed including the nursing treatment rooms. The air temperature is set manually for the facility but can be adjusted to suit individual resident requirements. Residents are encouraged to decorate their room with personal effects.</p> <p>Management advised that any future development would include consultation with local Māori iwi to ensure they reflect aspirations and identity of Māori.</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>	FA	<p>Emergency management policies, including the pandemic plan, outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. The emergency management procedure guides staff to complete a safe and timely evacuation of the facility in the case of an emergency. Civil defence supplies are stored in a centrally located cupboard.</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>Emergency management is included in staff orientation and ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Fire evacuation drills are held six-monthly completed February 2023.</p> <p>The building is secure afterhours and staff complete security checks at night. There is security lighting, CCTV cameras and two security patrols by an external company each night.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has an infection prevention and control manual and a pandemic plan which includes a Covid-19 response plan that provides guidelines and communication pathways in the event of an outbreak. Staff received training in infection control practices and management of an outbreak. There are outbreak kits readily available and sufficient supplies of personal protective equipment. These are checked regularly. The service has incorporated te reo Māori information around infection control for Māori residents. The staff who identify as Māori utilise their links to provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The service has tikanga flip charts displayed and these are integrated into policy. The staff interviewed described implementing culturally safe practices in relation to infection control.</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</p>	<p>FA</p>	<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) are collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at RN and quality/staff meetings. The service has commenced incorporating ethnicity data into surveillance methods and data captured around infections.</p>

<p>with an equity focus.</p>		<p>There have been four outbreaks since the previous audit (Covid-19, February 2022, December 2022, January 2023 and one respiratory July 2022). The facility followed their pandemic plan. There were clear communication pathways with responsibilities and included daily outbreak meetings with residents, relatives, and staff. Staff wore personal protective equipment, cohorting of residents occurred to minimise risks, and families were kept informed by phone or email. Visiting was restricted.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Bupa is committed to minimising restraint and offers guidance on this to their facilities. The service's restraint policy confirms that the organisation is working to actively minimise the use of restraint. The restraint coordinator is responsible for ensuring this commitment is maintained. Strategies implemented include working in partnership with family/whānau to ensure the service maintains the dignity of the resident while using the least restrictive practice.</p> <p>At the time of the audit three residents were using a restraint (one bed rail, two lap belts). The restraint coordinator interviewed confirmed care staff receive regular training on restraint minimisation, which begins during their period of orientation. Staff training records evidenced that guidance is given on restraint minimisation.</p> <p>Restraint is reported at staff meetings and to Bupa head office.</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 2.3.1</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	As per the ARC contract with Te Whatu Ora – Health New Zealand, an aged care facility providing hospital level care is required to have at least one registered nurse on duty at all times; however, the service has been unable to provide a registered nurse on site overnight from 1700 hours for hospital level care residents at times. It was noted that the service has attempted to mitigate the risk of this situation by utilising a senior caregiver acting as night shift duty lead on site, a virtual nursing service and having comprehensive on-call cover.	The service does not have sufficient numbers of registered nurses to have an RN on duty at all times as per the ARC contract D17.4 a. i.	<p>Ensure a registered nurse is on duty at all times to meet the requirements of the ARC contract D17.4 a. i.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan</p>	PA Low	The individualised long-term care plans (LTCP) are developed with information gathered during the initial assessments and the interRAI assessment. The two rest home files reviewed did not evidence that the interRAI and long-term care plans had	(i) Two rest home residents did not have interRAI assessments completed 21 days post admission.	(i) Ensure residents have interRAI assessments completed within 21 days of admission.

<p>in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>		<p>been completed within three weeks of the residents' admission to the facility.</p>	<p>(ii) Two rest home long-term care plans were not completed within 21 days.</p>	<p>(ii) Ensure LTCPs are completed within the 21-day timeframe.</p> <p>90 days</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.