

# Bupa Care Services NZ Limited - Ashford Care Home

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## Introduction

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

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

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

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

The specifics of this audit included:

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

**Premises audited:** Ashford 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: 14 June 2023 End date: 14 June 2023

**Proposed changes to current services (if any):** The facility is a new single level purpose-built care facility. There are a total of 56 beds. This includes 36 dual-purpose beds across 3 x 12 wings (households). There are 20 dementia beds across 2x 10 bed wings (households). The service is planning to admit residents from 4 July 2023.

**Total beds occupied across all premises included in the audit on the first day of the audit: 0**



# 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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

## General overview of the audit

Bupa Ashford care home is part of the Bupa group of facilities. The facility is a new purpose-built 56-bed facility on one level. There are a total of 56 beds. This includes 36 dual-purpose beds and 20 dementia beds. The service is planning to open from 4 July 2023.

This partial provisional audit included verifying the preparedness of the service to open a new facility and provide care across three service levels (rest home, and hospital/medical and dementia level care).

An experienced management team is employed to manage the new service. The general manager has previous management experience in health. An experienced clinical manager (previous acting clinical manager at another facility) is employed to support the general manager. The audit identified the new facility, staff roster and equipment are appropriate for providing rest home, hospital – geriatric/medical and dementia level care.

There are clear procedures and responsibilities for the safe and smooth transition of residents into the new facility. The facility is designed on the smaller household model, with each household having their own kitchen, dining, and lounge area.

The corrective actions required by the service around completion of medication competencies and a fire drill.

## **Ō tatou motika | Our rights**

Not Audited.

## **Hunga mahi me te hanganga | Workforce and structure**

The business plan includes a mission statement and operational objectives. The organisation has well developed policies and procedures that are structured to provide appropriate care for residents that require geriatric – hospital/medical, dementia and rest home level care. The service has contracts for physiotherapy, podiatrist, dietitian, and medical centre.

The newly built facility has been designed with input from evidence-based practice models, resident and staff consultation, experiential evidence from the global Bupa Care Homes team, and from evaluation and identified improvements from previous Bupa NZ developments.

There is a comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development. The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g., RN, support staff) and includes documented competencies.

An annual education schedule is to be commenced on opening. A competency programme is being implemented for all staff on induction and will continue annually thereafter. A draft staffing roster is in place for all areas of the facility.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

There are separate activities calendars for the rest home, hospital, and dementia units. The programme includes community visitors and outings, entertainment and activities that promote and encourage individual recreational, physical, and cognitive abilities for the consumer group.

The organisation's medication policy and procedures follow recognised standards and guidelines for safe medicine management practice in accord with the guideline: Safe Management of Medicines.

The service is planning to use four-weekly robotic packs and implement an electronic medication management system. There is a secure treatment room in the dual-purpose area and one in the dementia area. New medication trolleys have been purchased for each area.

The national menus have been audited and approved by an external dietitian. The new kitchen includes two areas, one for cooking and one for clearing up. The large spacious kitchen includes a walk-in chiller, freezer, and pantry.

Bain maries and hot boxes have been purchased to transport the food from the main kitchen to the kitchenettes in each area.

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

The facility is purpose-built and spacious and includes five small households (3 x 12-bed dual purpose households and 2 x 10-bed dementia households). All building and plant have been built to comply with legislation. The organisation has purchased all new equipment.

There are centrally located nurses' desks in each of the dining areas. This ensures that staff are in close contact with residents even when attending to paperwork. There is an open plan dining/lounge and kitchenette in each household. There is also a quiet lounge in each household. All households have a mobility toilet near the lounge. Each resident room has an ensuite. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment.

All rooms and communal areas allow for safe use of mobility equipment. The facility has carpet throughout, with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space on each household for storage of mobility equipment. All dual-purpose bedrooms have overhead hoists.

A procurement manager assists with ensuring appropriate purchase of equipment. All new equipment (including medical equipment) for the new facility is in place. All rooms and ensuite have been designed for hospital level care. There is a mobility bathroom with shower and shower bed in the dual-purpose area.

There is an internal courtyard and external garden area off the dementia households and dual-purpose areas.

Appropriate training, information, and equipment for responding to emergencies is provided at induction and as part of the annual training programme. The call bell system is available in all areas with visual display panels. Call bells are available in all resident areas.

The facility is appropriately heated and ventilated. Central heating is in place in resident rooms and ceiling heat pumps in hallways and lounge areas.

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

The infection prevention and control programme (IPC) and its content and detail are appropriate for the size, complexity, and degree of risk associated with the service. There is a job description for the IPC coordinator. The infection prevention and control programme is designed to link to the quality and risk management system. The programme is reviewed annually at an organisational level. The clinical manager is the IPC coordinator for the care home. The IPC coordinator has completed specific training for the role.

The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme.

Material safety datasheets are available in the laundry and the sluices in each area. Each sluice has a sanitiser. Gloves, aprons, and goggles are available for staff.

## Here taratahi | Restraint and seclusion

Restraint minimisation and safe practice policies and procedures are in place. Staff have received restraint-free training and managing challenging behaviour during the induction weeks. The clinical manager is appointed as the restraint coordinator and a restraint committee is to be set up on opening.

### Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	12	0	2	0	0	0
Criteria	0	92	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

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Ashford Care Home is part of the Bupa group of facilities. The facility is a new single level purpose-built care facility. The service has applied for hospital (geriatric and medical), rest home level care and dementia level care for up to 56 residents. This includes 36 dual-purpose beds across 3 x 12 wings (households). There are 20 dementia beds across 2x 10 bed wings (households). The service is planning to admit residents from the 4th of July 2023.</p> <p>Ashford Care Home has set several quality goals for 2023 around the opening of the facility and these will also link to the organisation’s strategic goals and H&amp;S goals. The philosophy of the organisation and service also includes providing safe and therapeutic care for residents with dementia, which enhances their quality of life and minimises risks associated with their confused states.</p> <p>Bupa has an overarching three-year strategic business and operational plan which aligns to Bupa global 3x6 strategy. Six strategic and enabling pillars of Customers, Growth, Transformation, Sustainability enabled by Data and an Agile Culture. This consists of three ambition KPIs, that will</p>

	<p>measure customer care touchpoints. The leadership team of Bupa is the governing body of Bupa and consists of directors of clinical; operations; finance; legal; property; customer transformation; people; risk; corporate affairs; and technology. This team is governed by the Bupa strategy, purpose, and values.</p> <p>A cultural adviser has supported Bupa to develop a te ao Māori health strategy. The Māori cultural advisor is engaged to work alongside the Bupa leadership team. 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>The external cultural adviser (with support by the leadership team) have undertaken a gap analysis, including hui with Māori employees, a survey, and workshops with the wider employee group to determine barriers to equitable health services.</p> <p>Bupa's Māori health equity policy outlines how Bupa will work towards achieving best outcomes for Māori and people with disabilities. Bupa has a person first philosophy of care which identifies that every resident is unique and their specific cultural, social and care needs will be assessed in consultation with them and their family/ whānau and comprehensive care plans developed. Residents who identify as Māori will have a specific care plan that addresses their specific needs and wishes. A focus for Bupa is also on increasing recruitment of Māori employees, by embedding recruitment processes that utilise te reo Māori and engage with local iwi for recruitment strategies at a local level. Ethnicity data is regularly reported in 'people dashboards' to monitor success in each region.</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, which includes review of quality and risk management systems. There is a risk governance committee (RGC) which aligns and interfaces with the CGC to manage quality and risk systems. The customer service improvement team (CSI) includes clinical specialists in restraint, infection control and adverse event investigations and a customer engagement advisor. The organisation benchmarks quality data across Bupa and with other NZ</p>
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		<p>aged care providers. Each region has a clinical quality partner who supports the on-site clinical team with education, trend review and management.</p> <p>Tāngata whaikaha are supported to provide feedback through surveys and resident meetings.</p> <p>The quality programme includes a quality programme policy, quality goals (including site-specific business goals) that are required to be reviewed monthly in meetings, quality meetings, and quality action forms are to be completed for any quality improvements/initiatives during the year. The general manager reports through to the southern operations manager. The operations manager for southern region reports to the national operations director.</p> <p>The service is managed by a general manager (registered nurse with no current APC) who is new to aged care but has many years management experience within the Community NASC team. The general manager commenced December 2022 and is supported by a new clinical manager who has been in similar roles across aged care. The management team are supported by the southern Bupa operation manager and a Bupa project manager (RN). The general manager will provide monthly reports to the operations manager. There are weekly team meetings between the managers and operations manager.</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>FA</p>	<p>An organisational staffing policy aligns with contractual requirements and includes skill mixes. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support. A report is to be provided fortnightly from head office that includes hours and whether there are over and above hours.</p> <p>The roster is flexible to allow for the increase in resident numbers. The draft roster is in place for the opening of the new facility; currently there is sufficient employed staff to cover the roster.</p> <p>To date, there are four RNs employed with further interviews tomorrow for another two RN positions. Currently only the CM is interRAI trained. Advised new RNs will be enrolled asap into the training and a RN contractor will support the CM to complete the interRAI's on admission.</p>

		<p>One registered nurse has been employed to oversee the dementia unit. The RN comes from another Bupa facility with experience in dementia and psychogeriatric level care.</p> <p>The care home manager and the clinical manager are on duty Monday to Friday. On-call cover for other Bupa facilities in the region is covered by a six-week rotation of one care home and one clinical manager each week.</p> <p>There are 16 caregivers employed to date. Fifteen of the sixteen have current caregiver qualifications, including four with level 4.</p> <p>There is an annual education and training scheduled for 2023. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. 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 NZQA.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to): restraint; hand hygiene; moving and handling; and correct use of personal protective equipment. Registered nursing staff complete competencies for (but not limited to): medication administration; controlled drug administration; insulin administration; oxygen administration; and wound management. All RNs are encouraged to attend the Bupa qualified staff forum each year and to complete a professional development recognition programme. Facility meetings will provide a forum to share quality health information. External training opportunities for care staff include training through Te Whatu Ora - Waitaha Canterbury and the hospice. An electronic register is available to maintain completion and monitoring of staff education and competencies. There are staff morning teas to celebrate successes, such as completion of Careerforce, wellbeing levels, and long service awards. Signage supporting the Employee Assistance Programme (EAP) are posted in visible staff locations.</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</p>	<p>FA</p>	<p>There is a comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development. A register of registered nurse (RN) and enrolled nurse (EN) practising certificates is maintained, both at facility level and accessed via the</p>

<p>mix of people in adequate numbers meet my needs.  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.  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>Nursing Council of NZ website via the Bupa Intranet. Website links to the professional bodies of all health professionals have been established and are available on the Bupa intranet.</p> <p>The organisation has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g., RN, support staff) and includes documented competencies. Currently all employed staff are undertaking a three-week induction programme which includes completing the required orientation booklets and competencies. A team of trainers from Bupa is assisting staff to complete this orientation and to commence competencies.</p> <p>There is an appraisal policy. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment for Māori. Information held about staff is kept secure and confidential. Ethnicity data is identified as part of the employment process. Wellbeing support is provided to staff.</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>	<p>FA</p>	<p>There is one activity coordinator (DT trained) employed for five days a week initially. Activities are to be provided across seven days, 10 am to 6 pm. A further activity coordinator will be employed at around 60% occupancy.</p> <p>The dementia unit is spacious and designed for group activities and individual activities. A communal lounge and a quiet lounge are available for residents.</p> <p>Residents will be able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. An activity plan for the dementia household has been developed. A 24-hour activity care plan is to be developed on admission for each resident in the dementia household. The service has a 12-seater van, which can be used for resident outings and keeping residents involved in the community. The group activity plans are to be displayed on noticeboards around the facility.</p> <p>There is a specific programme for residents in the dual-purpose units.</p>

		<p>The organisation has an occupational therapist that provides oversight across the organisation. She is available for activity staff to discuss recreational programmes and provides education for activity staff twice a year.</p> <p>There are regular entertainers, weekly church services visit, and frequent pet therapy.</p> <p>Each resident is to have a map of life (profile) and an activity assessment completed on admission.</p> <p>Themed days such as Matariki, Waitangi and Anzac Day are to be celebrated with appropriate resources available. The service has links with a local kaumātua who is finding other local iwi links for the service. Te reo Māori language week is on the schedule to be celebrated with the residents. The Bupa NZ Māori strategy acknowledge the interconnectedness and interrelationships of all living and non-living things, and this is incorporated into the activities programme. Door signs such as communal toilets have signs ordered in English and te reo Māori, which will be displayed around the facility.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>The organisation's medication policy and procedures follow recognised standards and guidelines for safe medicine management practice in accordance with the guideline: Safe Management of Medicines.</p> <p>The service is planning to use four-weekly robotic packs and has negotiated a contract with a local pharmacy. There is a secure treatment room in the dual-purpose area (for all three households) and a treatment room in the dementia unit (for the two households). New medication trolleys have been purchased for each area. There is a controlled drug (CD) safe in a locked cupboard in the two treatment rooms. Each treatment room has a medication fridge and a specimen fridge. Both treatment rooms are secure and fully furnished with air conditioning pump to keep the room temperature down. There are plentiful cupboards, equipment, wound supplies, oxygen concentrators, and suction.</p> <p>A Medication - Self-Administration policy is available if required. This process is well established throughout Bupa services. There are locked drawers available.</p>

		<p>Bupa policies identify that medication errors are treated as an incident and captured as part of the incident management system, including benchmarking. There is an adverse reaction policy.</p> <p>Medicine management information is well established throughout Bupa Care Services. Advised that only those deemed competent, will be responsible for administration. All new senior staff are in the process of completing medication competencies as part of their current induction programme. The service will implement an electronic medication system and medication competent staff have been completing this training and competencies as part of the three-week induction programme.</p> <p>A contract with a local GP service has been confirmed and will visit 1x weekly initially and as required. The GP will be available 24/7 for emergencies.</p> <p>Any over the counter vitamins or alternative therapies residents choose to use, are required to be prescribed by the GP.</p> <p>Standing orders are not to be used and no vaccines are to be kept on site.</p> <p>The general manager described how staff would work in partnership with 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>	<p>FA</p>	<p>The new kitchen is designed in two parts, one for cooking and one for clearing up. Hostservices, who specialise in commercial kitchens, designed the kitchen. There is a walk-in pantry, chiller, and freezer. A food control plan is documented. There are kitchen staff (one kitchen manager, weekend chef and a kitchen assistants) employed. A further two kitchen assistants are currently being recruited. The kitchen manager has completed food safety certificates. Each of the five households has an open kitchenette off the dining areas.</p> <p>Each kitchenette includes a servery area, fridge, and dishwasher. Scan hot boxes and bain maries have been purchased to transport the food from the main kitchen to each kitchenette. The kitchenette has boiling water taps, all with safety locks. There are lockable cupboards in the</p>

		<p>kitchenettes for safety.</p> <p>Kitchen fridge, food and freezer temperatures are to be monitored and documented daily as per Bupa processes. Resident annual satisfaction survey includes food. There are several internal audits to be implemented as per Bupa internal audit schedule, including (but not limited to): a) environmental hygiene – kitchen; b) weight management audit; c) food storage; and d) food service audit.</p> <p>The residents are to have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. This is to be reviewed six-monthly as part of the care plan review. Changes to residents' dietary needs are to be communicated to the kitchen as per Bupa policy.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as needs required. Equipment has been purchased for the new dining rooms/kitchenettes in each area. Advised that snacks will be available and stored in each kitchenette daily.</p> <p>Policies and procedures include basic Māori practices in line with tapu and noa and this is also included as part of the induction programme. The menu has been approved by a dietitian and can be adjusted to accommodate choices in line with individual cultures.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The facility is purpose built and is spacious. All building and plant have been built to comply with legislation. The building is single level. The building is designed around two internal courtyards. The dual-purpose wings are designed into 3x 12-bedroom households. Each household has their own communal lounge/dining and kitchen. The organisation has purchased all new equipment. A procurement manager assists with ensuring appropriate purchase of equipment (e.g., hoists, air relief mattresses).</p> <p>Residents can bring their own possessions into the home and are able to adorn their room as desired. There are environmental audits and building compliance audits, which will be completed as part of the internal audit programme.</p> <p>There is a planned maintenance programme to ensure all buildings, plant</p>

	<p>and equipment are maintained. There is a maintenance/grounds person employed (four days a week). The maintenance schedule includes checking of equipment. All electrical equipment and other machinery are to be checked as part of the annual maintenance and verification checks.</p> <p>The building has been completed and the furnishing of the facility near completion. The service has a code of compliance. Room temperatures and hot water temperature monitoring has commenced in resident areas.</p> <p>The new building is appropriately heated and ventilated. There are ceiling heaters/conditioners in resident rooms and ceiling heat pumps/conditioners in hallways and lounges. Bathrooms have waterproof infrared heaters. There is plenty of natural light in the new rooms and all have windows or sliding doors.</p> <p>Dual purpose units (3x 12-bed households)</p> <p>The rest home/hospital households are designed as smaller homes with their own communal open-plan dining/lounge and kitchen. There is a whānau lounge with kitchenette available. There is a centrally located nurses' desk with locked cupboards within the communal area of each household. The centrally located nurses' desk ensures that staff are in close contact with residents even when attending to paperwork. There are handrails in ensuites and in hallways. All rooms and communal areas allow for safe use of mobility equipment. The care centre has carpet throughout with vinyl/tiled surfaces in bathrooms/toilets and kitchen/dining areas. There is adequate space in the new dual-purpose households for storage of mobility equipment. Hilo and electric beds are in place and all rooms have a ceiling hoist. There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents, and separate toilet areas for staff and visitors. Every resident's room has an ensuite with a disability-friendly shower, toilet, and hand basin/paper-towels. There is one large communal toilet/shower with a shower bed and bariatric shower chair and a further toilet near each communal lounge. All communal toilets/bathrooms have locks and engaged signs. There are several landing strips purchased and sensor mats. Residents' rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. The resident rooms have large windows and/or sliding doors that either open to the outside of the building or internally to the courtyard. There is a covered balcony off the lounge that includes tables and chairs. Landscaping outside the dual-purpose</p>
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		<p>households and the internal courtyard have been completed and include garden areas, safe paths, shade and seating, and water features.</p> <p>Dementia unit (2x 10-bed households)</p> <p>The dementia unit includes 2x 10 bed households. While the unit is designed into two households, it will still open as one 20-bed unit. The two households are designed as smaller homes with their own communal open-plan dining/lounge and kitchen. There is a centrally located nurses' desk with locked cupboards within the communal area of each household. The centrally located nurses' desk ensures that staff are in close contact with residents even when attending to paperwork. The household is circular around an internal courtyard. Every resident's room has an ensuite with a disability friendly shower, toilet, handbasin and paper towels. Toilet seats are a different colour. There are also well-placed communal toilets near the two communal lounges with picture signs, sensor lights, and can be locked for privacy and unlocked from the outside by staff if needed. There are decals to distract residents from exit doors and signs ordered to alert residents of key rooms, such as toilets. There is a quiet lounge available. The courtyard can be accessed from the communal area and the hallway on the other side of the unit. The courtyard includes paths, seating, shade raised gardens, and a water feature. There is an additional external garden area and walkway that is accessible from the two lounges that walks around the side of the building.</p> <p>Previous to commencing building on the land, the local kaumātua blessed the land. The care centre will also be blessed prior to opening. The Bupa design team has input from cultural advisors at an organisational level to ensure they consider the 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> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected</p>	<p>PA Low</p>	<p>A business continuity plan outlines the specific emergency response and evacuation requirements, as well as the responsibilities of staff in the event of an emergency. Appropriate training, information, and equipment for responding to emergencies is provided at induction and is included as part of the annual training programme. Staff training in fire safety and fire drills are being completed for new staff in the three-week induction programme currently taking place at the time of audit. Smoke alarms,</p>

<p>event.</p>		<p>sprinkler system and exit signs are in place in the building. The fire evacuation plan has been approved by the fire service (16/5/23).</p> <p>There is a comprehensive civil defence manual and emergency procedure manual in place. Water storage tanks are available with sufficient spare water. There is a civil defence cupboard with stock ordered. Back-up power, alternative cooking (gas BBQ), sufficient water storage (bottled water and a water tank stores) and adequate food stores are available in the event of a civil emergency.</p> <p>Key staff are required to hold a first aid certificate. There are staff with a current first aid certificate. All RNs that don't have a current first aid certificate, are currently completing this as part of the induction programme, which was underway at the time of audit.</p> <p>The "Austco Monitoring programme" call bell system is available in each resident room. There are call bells and emergency bells in common areas. There is a nurse presence bell when a nurse/carer is in the resident room; a green light shows staff outside that a colleague is in a particular room. The call bell system has a cascading system of call recognition that will cascade if not responded to within a certain time from the primary nurse (caregiver) to the registered nurse, and to the clinical manager. The system software is able to be monitored. The call bell system is available in all areas with visual display panels. All call bells are operational.</p> <p>The building is secure after hours and staff complete security checks at night. A security company also does regular night checks. There are key padded locks to the dementia unit.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met,</p>	<p>FA</p>	<p>The clinical nurse manager is taking on the role as infection control coordinator. The job description outlines the responsibility of the role. The governance body supports the infection prevention programme across the organisation. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system.</p> <p>The infection control programme is reviewed annually by Bupa head</p>

<p>and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>office. The service plans to establish six-weekly IC meetings. Infection control data is to be inputted into Riskman where it will be reviewed by the clinical services and improvement team and benchmarked with other Bupa facilities. Infection control is part of the strategic and quality plans.</p> <p>Visitors will be asked not to visit if unwell. There are hand sanitisers strategically placed around the facility. Residents and staff are to be offered influenza vaccinations and Covid-19 vaccinations.</p> <p>There is a national IPC coordinator and a national infection control group. The national group meets monthly, and terms of reference are clearly documented. There is a management of communicable disease outbreak and management of coronavirus procedure. There is a Bupa pandemic plan, and all visitors are required to sign into the facility.</p> <p>Information on fire and emergency is available as part of resident information provided and staff induction.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There are a suite of infection control policies and procedures available to staff, including (but not limited to): outbreak management; hand hygiene; standard precautions; aseptic technique; communicable diseases; and transmission-based precautions. Policies and the infection control programme have been approved by the leadership team.</p> <p>The infection prevention coordinator (clinical manager) will provide monthly infection control reports to IPC, quality, and staff meetings. The infection control coordinator has completed external training and has been in the role at another Bupa home. The organisation has had advice from Ministry of Health and the New Zealand Aged Care Association, who provide guidance for aged care facilities on a range of matters, including infection control and Covid-19.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff induction and included in the annual training plan. Staff are required to complete annual hand hygiene and personal protective equipment competencies following induction. Resident education occurs as part of the daily cares.</p> <p>There is an organisational pandemic policy which is available for all staff.</p>

		<p>Personal protective equipment (PPE) is ordered through the MOH, and stock balance is maintained to support any outbreak. Adequate PPE stocks and outbreak kits are available. Bupa head office will supply extra PPE equipment as required.</p> <p>The organisation has a Covid-19 response plan which was developed by the leadership groups and includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The organisation policies and procedures include clear instructions for disinfection, sterilisation, and single use items. Items required to be sterilised are pre-purchased, stored and there are clean dry environments for storage. This includes (but not limited to) catheter packs, and wound dressing packs. All equipment used for wound care are single use only. Reusable equipment such as blood pressure equipment, and hoists are required to be cleaned between use. The general manager confirmed there has been a process for clinical and infection control expertise with the new build. The leadership team has input into procurement processes for equipment, devices, and consumables used in the delivery of health care.</p> <p>The service's infection control policies acknowledge importance of te reo Māori information around infection control, and some resources are available in te reo Māori. Infection control practices include laundry and cleaning practices that reflect Māori participation and consultation in infection prevention to promote culturally safe practice.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial use policy and procedures which requires monitoring of compliance of antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are to be monitored monthly and reported to the quality and infection control meetings as well as Bupa head office. Prophylactic use of antibiotics is not considered to be appropriate. The infection prevention and control programme includes a commitment to reducing the emergence of antimicrobial resistance by guiding GP prescribing practice and monitoring compliance with NZ</p>

		antimicrobial stewardship guidelines.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control manual. Monthly infection data templates include collecting all infections based on signs, symptoms, and definition of infection. Infections are to be entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is to be reported on a monthly infection summary. This data will be monitored and analysed for trends, monthly and annually.</p> <p>Ethnicity data is to be captured as part of data captured around infections. The infection prevention and control programme links with the quality programme. Communication is required to ensure residents and family/whānau are fully informed of any infection.</p> <p>The infection control coordinator will use the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits are scheduled to be completed as per the internal audit scheduled.</p> <p>Infection control surveillance data is accessible by Bupa head office. The service is on the mailing list to receive email notifications and alerts from Bupa head office and Te Whatu Ora- Waitaha Canterbury for any community concerns.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Safety datasheets and product sheets are available. Sharp's containers are available. Gloves, aprons, and masks are available for staff,</p> <p>The laundry is located in the service area and has a dirty area and a clean area. All laundry is to be completed off-site and clean laundry returned to the facility daily. There are linen cupboards in each</p>

<p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>community and covered linen trolleys available. A laundry person has been employed to cover five days.</p> <p>Covered cleaning trolleys have been purchased, and there is a secure cleaning room designed to store cleaning equipment, chemicals, and trolleys when not in use. A cleaner has been employed for Mon- Friday and a weekend cleaner in the process of being advertised for.</p> <p>There is a sluice room in each of the dual-purpose communities and one in for the two dementia communities. Each are key padded, fully fitted and furnished with a sluice/sanitiser.</p> <p>All household staff and care staff will attend chemical training as part of their orientation (link 2.4.4). There are internal audits related to cleaning and laundry that is overseen by the IPC coordinator.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The Bupa organisation is committed to remaining restraint free. Any restraint use is benchmarked across the organisation and reported to Bupa leadership and governance groups. The facility is committed to providing services to residents without the use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. The designated restraint coordinator is the clinical manager.</p> <p>Any restraint is to be discussed in all meetings. Education on the restraint-free organisational objective is included in the orientation programme currently being held for all staff and is also scheduled as part of the annual training plan. The restraint training is accompanied by a competency questionnaire.</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 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	PA Low	<p>Medicine management information is well established throughout Bupa Care Services. Advised that only those deemed competent, will be responsible for administration. All new senior staff are in the process of completing medication competencies as part of their current induction programme. The service will implement an electronic medication system and medication competent staff have been completing this training and competencies as part of the three-week induction programme.</p>	<p>Medication competencies and training have not all been completed.</p>	<p>Ensure all staff responsible for medication management complete required competencies.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment</p>	PA Low	<p>Key staff are required to hold a first aid certificate. There are staff with a current first aid certificate but currently not across 24/7. All RNs that don't have a current first aid certificate, are currently completing this as part of the induction programme. The</p>	<p>There is currently not a staff member across 24/7 with a current first aid certificate.</p>	<p>Ensure there is a staff member across 24/7 with a current first aid certificate.</p>

appropriate for the degree of risk associated with the provision of the service.		induction programme is currently underway at the time of audit.		Prior to occupancy days
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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.