

# Bupa Care Services NZ Limited - Accadia Manor Rest Home

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## Introduction

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

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

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

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

The specifics of this audit included:

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

**Premises audited:** Accadia Manor Rest Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 25 May 2023 End date: 25 May 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:** 26

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Bupa Accadia Manor is certified to provide rest home level of care for up to 29 residents. There were 26 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/whānau, management, staff, and a general practitioner.

The general manager is appropriately qualified and supported by an experienced clinical manager. Feedback from residents and family/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.

The service continues with environmental upgrades and a new resident electronic management system is being implemented.

There were no findings in relation to the previous certification audit.

This surveillance audit identified improvements required around care plan interventions, evaluations and effectiveness of medication documentation.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. Bupa and the management team are committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential family/whānau. A Pacific health plan is being developed.

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.

Subsections applicable to this service fully attained.

The business plan is supported by quality and risk management processes that take a risk-based approach. Internal audits are documented. Systems are in place for monitoring the services and regular reports are provided. Services are planned, coordinated and are appropriate to the needs of the residents.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is coordinated and planned for new staff. An education and training plan is implemented. Policies and risk management plans are implemented to ensure safe measures in relation to roster cover.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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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. Te ao Māori is facilitated and promoted through the activities programme.

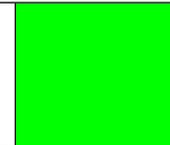
Medication policies reflect legislative requirements and guidelines. The registered nurses and caregivers are responsible for administration of medications and have completed education and medication competencies. Medications are stored securely.

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.

Transfers are facilitated in a coordinated manner with clear communication between providers.

## 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.

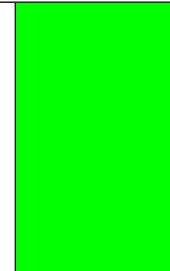


Subsections applicable to this service fully attained.

The building has a current building status certificate and an approved fire evacuation scheme. Fire drills occur six-monthly. There are pandemic supplies and a policy documented. There is a preventative maintenance plan implemented. 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.

A pandemic plan and outbreak management plan is in place. There are sufficient infection prevention resources including personal protective equipment available and readily accessible to support this plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There were several outbreaks since the previous audit.

## 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 in accordance with the Bupa governance commitment of minimising restraint use in their facilities. At the time of the audit, there were no residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed.

## 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	1	1	0	0
Criteria	0	54	0	2	1	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The te ao Māori Health Strategy and a Health equity 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 no 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 applicants when they do apply for employment opportunities at Bupa Accadia.</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>The general manager confirmed with the clinical services director that the development of the organisations Pacific health plan is underway in partnership with the Auckland facilities, a consultant and Bupa Cultural advisor. The plan will provide guidance in improving Pacific health outcomes for Pacific residents. At the time of the audit, there were no staff who identified as Pasifika at Bupa Accadia Manor.</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 (three caregivers, one registered nurse (clinical manager), one activities coordinator, one cook and one maintenance person), eight residents and five 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 station and in the staffroom. Mana motuhake is recognised for all residents residing in the facility by involving residents in care planning and supporting residents to make choices around all aspects of their lives. Residents interviewed confirm their choices are respected and included in their daily cares; this was also confirmed by family/whānau interviewed.</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>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. The staffrooms contain flip charts on Māori tikanga practice. Interviews with 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 interviewed explained how they implement cultural principles in the service they provide.</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</p>	FA	<p>Cultural days are held to celebrate diversity. The staff survey for November 2022 evidence staff satisfaction related to approachable management, positive work environment and great teamwork. Staff</p>

<p>services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>complete Code of Conduct and Abuse and Neglect training and education encourage reflectiveness, self-awareness and thoughtfulness in the team and foster the desire to be effective with people they come into contact with.</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 no Māori residents. A Māori care plan captures any required Māori health and cultural information for future Māori residents.</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, advanced directives, and advanced care planning. The registered nurse (clinical manager) could explain how the service implements 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.</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</p>	FA	<p>The complaints procedure is an equitable process, provided to all residents and family/whānau 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.</p> <p>There have been ten complaints since the previous audit. Six in 2022 and four in 2023. No trends were identified, and the majority of the complaints were of a minor nature. There were no complaints from external parties. All complaints were documented as resolved to the satisfaction of the complainants. Documentation including follow-up</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (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 Accadia Manor is located in Tauranga. The service is certified to provide rest home level of care for up to 29 residents.</p> <p>On the day of the audit there were 26 rest home level residents, including one resident on a short stay respite contract. All other residents were on the age-related residential care contract (ARRC).</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 completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>Tāngata whaikaha provide input through annual satisfaction surveys and resident meetings. Bupa provides feedback to residents and family/whānau through newsletters. Bupa's Māori health equity policy outlines how Bupa commits to achieving best outcomes for Māori and people with disabilities. Te Ao Māori Health strategy documents collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori and</p>

		<p>addresses barriers to equitable service delivery.</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 since February 2022. The clinical manager was a roving Bupa clinical manager for three years before being employed in the clinical manager (CM) role since September 2022.</p> <p>The general manager (non-clinical) is supported by an experienced clinical manager, regional operations manager, and the regional quality partner.</p> <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</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</p>

<p>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>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, in the staff room and nurses' station. 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; internal audits and education.</p> <p>The organisation has rolled out a new electronic resident management system in November 2023 and moved away from hard copy resident files. The system has been implemented; however, there has been a lack of oversight and monitoring of the integration of the information related to the care planning documentation (link 3.2.3 and 3.2.4 and 3.2.5).</p> <p>The 2023 resident and family satisfaction surveys indicate satisfaction with the services provided by Bupa Accadia Manor. Results have been communicated to residents in resident meetings (minutes sighted).</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. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. 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.</p> <p>Discussions with the general manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been eight Section 31 notifications completed</p>
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		<p>since the previous audit related to suspected and confirmed outbreaks in relation to two gastroenteritis outbreaks, respiratory outbreak, Covid-19 outbreak and single Covid-19 positive rapid antigen tests of individuals. Te Whatu Ora Health New Zealand – Hauora A Toi Bay of Plenty and Public Health authorities were informed as required. Any notification to HealthCERT related to change in clinical managers occurred at Bupa head office and were not sighted on the day of the audit.</p> <p>Staff have completed cultural competency and training to ensure a high-quality service and a culturally safe service is provided for Māori. Te Ao Māori health strategy describes goals and objectives that support outcomes to achieve equity for Māori and addressing barriers for Māori. Cultural safety is embedded within the documented quality programme and staff training. A quarterly and annual review of the quality programme including benchmarking provide a critical analysis of practice to improve health equity.</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>There is a staffing policy that describes rostering requirements. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable, and that management are very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. A full-time RN was recruited to commence full-time employment in the week following the audit; the previous part-time RN left employment in January 2023 and the service utilised an agency nurse since then to cover.</p> <p>The general manager and clinical manager are on-site Monday to Friday. On-call cover is shared between the managers and clinical managers from Bupa sites in the Midlands 2 region. There are a sufficient number of caregivers on morning, afternoon and night shift rostered to provide clinical safe care for the residents in their care.</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. Training includes a focus on supporting, understanding of health equity and improved</p>

		<p>health outcomes. Staff interviewed describe how they are supported to learn te reo Māori. Te Ao Māori health strategy includes objectives around establishing an environment that supports cultural safe care through education.</p> <p>External training opportunities for care staff includes speakers from Te Whatu Ora Health New Zealand- Hauora A Toi Bay of Plenty, and Waipuna 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. There are 13 HCAs employed and majority have achieved a level three NZQA qualification (or higher).</p> <p>A competency schedule 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. The clinical manager and the new full-time RN are interRAI trained. The RNs are encouraged to attend the Bupa qualified staff forum each year and the CM have completed dementia related training, wound management, and critical thinking.</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 and evidenced the 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. 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</p>

		<p>professionals. A volunteer policy is documented for the organisation that describes the on-boarding process.</p> <p>Information held about staff is kept secure, and confidential. Staff ethnicity data is identified.</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 service has developed meaningful partnerships with Māori communities and organisations at a facility level to benefit Māori individuals and whānau. The service collects ethnicity information at the time of admission from individual residents; however, they do not currently perform routine analysis of the same for the purposes of decline rates for Māori. This is a work in progress till the electronic system is fully implemented.</p>
<p><b>Subsection 3.2: My pathway to wellbeing</b></p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Moderate	<p>Five resident files were reviewed (all rest home, including one short stay (respite care) and one recently assessed for dementia level care awaiting transfer).</p> <p>The clinical manager (RN) is responsible for all residents' assessments, care planning and evaluation of care. There was evidence of resident and family/whānau consent and involvement in the interRAI assessments and long-term care plans reviewed. Initial care plans and interRAI assessments are developed within the required timeframe. The resident on respite care had an initial care plan completed within 24 hours of admission.</p> <p>The individualised electronic long-term care plans (LTCP) are developed with information gathered during the initial assessments and the interRAI assessment. Initial assessments include (but not limited to): a review of resident's orientation; mobility; skin; hygiene needs;</p>

	<p>toileting; mouthcare; sleep; diet; and hobbies. Cultural assessments are completed for residents, and values, beliefs, and spiritual needs are documented in the care plan. InterRAI assessments and reassessments have been completed within expected timeframes. Outcomes of risk assessments formulate the long-term care plan; however, not all care plans reviewed identified key risks including medical risk and scores of assessments identified in the assessments. Four of five long-term care plans did not demonstrate individualised goals and resident specific interventions to the detail to guide staff in the management of resident needs.</p> <p>A Māori health care plan is available for those residents that identify as Māori. At the time of the audit there were no residents who identified as Māori. The clinical manager 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 general practitioner (GP) from the local medical centre provides medical services including after hours on-call support. The initial medical assessment is undertaken by the 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 Bupa Accadia Manor staff and that they were informed of concerns in a timely manner. A contracted physiotherapist is available as and when required for resident assessment and physiotherapy input. A podiatrist visits six-weekly. Specialist services (eg, mental health, dietitian, speech language therapist, wound care, and continence specialist nurse) are available as required through the local public hospital.</p> <p>Family/whānau/EPOA interviews and resident records evidenced that family are informed where there is a change in health status, including infections, accident/incidents, GP visits, medication changes and this was consistently documented in the resident's family/whānau contact record.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful</p>	<p>FA</p>	<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. For Waitangi Day, the kitchen provided a hāngi and the residents participated in creating Māori crafts. Events are celebrated and include birthdays, Matariki, Māori language week, Anzac, Easter, and Christmas. The activities team works to ensure that te reo Māori and te ao Māori are actively promoted and</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>included in the activities programme. The service connects with communities through the local school and attendance at local events.</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>Policies and procedures are in place for safe medicine management. Medications are stored safely in the medication rooms. The internal audit schedule includes medication management six-monthly.</p> <p>The clinical manager, registered nurses and medication competent caregivers administer medication, and all have completed medication competencies annually. The clinical manager has completed syringe driver training. All medication robotic packs are checked on delivery against the 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. The clinical manager advised that over-the-counter medications are prescribed by the GP. All medication errors are reported and collated with quality data and benchmarked. Residents and their family/whānau are supported to understand their medications when required. The clinical manager and the GP stated that appropriate support and advice is provided to all residents, including those that would identify as Māori.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops and creams 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; however, outcomes were not documented in progress notes or the electronic medication management system. 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 Bupa Te Ao Māori Health strategy in place includes cultural values, beliefs, and protocols around food. The interviewed residents and whānau /family expressed satisfaction with the food portions and options.</p> <p>The chef stated that differing cultural needs can be met. The facility recently prepared hāngi for Waitangi, has one scheduled for Matariki and other different cultural celebrations are observed. The chef and other kitchen staff have completed food safety and cultural training which includes understanding of tapu and noa. Caregivers interviewed understood basic Māori practices in line with 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>	<p>FA</p>	<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 clinical manager interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There was evidence that residents and their family/whānau were involved for all exits or discharges to and from the service and have the opportunity to ask questions.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely</p>	<p>FA</p>	<p>The building has a current building warrant of fitness, expires 14 December 2023. The service has a full-time maintenance person, who is available Monday to Friday. There is a preventative maintenance schedule which is maintained. The planned maintenance schedule includes electrical testing and tagging, resident’s 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</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>is set manually for the facility but can be adjusted to suit individual resident requirements.</p> <p>The environment is homelike and there are spaces to support family/whānau interaction. The art and decor are reflective and inclusive of peoples' cultures and supports cultural practices.</p> <p>The general manager 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> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service for Bupa Accadia Manor. Fire evacuation drills are held six-monthly with the last one completed March 2023 in accordance with the facility's building warrant of fitness requirements.</p> <p>The building is secure after hours and staff complete security checks at night. There is security lighting and security patrols by an external company each night.</p> <p>All visitors and contractors must sign in. Contractors' complete orientation specific to the site and health and safety.</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 is an organisational pandemic and outbreak plan in place, and this is reviewed at regular intervals. There is a full suite of documents that guide staff practice. The service reviewed their infection prevention programme annually.</p> <p>Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic plan if required. Staff demonstrated knowledge on the requirements of standard precautions through annual competencies.</p> <p>The manager interviewed described infection control input into environmental upgrades. Te ao Māori health strategy plan includes the importance of ensuring culturally safe practices in infection prevention. The service provides infection prevention information in te reo Māori.</p>

		The infection prevention nurse (clinical manager) partners with the Bupa cultural advisor and Bupa infection prevention and control lead to ensure the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. Staff demonstrated tikanga guidelines related to infections prevention through annual training in cultural awareness.
<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 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 quality and staff meetings. Infection control data are benchmarked. The service has commenced incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>There have been three single Covid-19 exposure events and five outbreaks since the previous audit (Respiratory outbreak in July 2021 and May 2022; Gastroenteritis outbreak in December 2021 and April 2023; Covid-19 in June 2022). The facility followed their pandemic plan. There were clear communication pathways with responsibilities and included daily outbreak meetings with staff. Staff wore personal protective equipment, and family/whānau 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>	FA	<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. 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. Bupa Accadia Manor strives to maintain a restraint-free environment. The restraint coordinator is the clinical manager and is responsible for ensuring this</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>commitment is maintained. There were no residents using restraints at the time of the audit.</p> <p>The use of restraint (should this be required) would be monitored in the monthly meetings related to restraint, clinical, staff and to Bupa head office. The restraint coordinator interviewed confirmed care staff receive regular training on restraint minimisation, which begins during their period of orientation and as part of the annual training. Staff training records evidenced that guidance is given on restraint minimisation.</p>
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## 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 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally</p>	<p>PA</p> <p>Moderate</p>	<p>The clinical manager (CM) is responsible for the development of the support plan on the electronic resident management system. Assessment tools including cultural assessments were completed to identify key risk areas. Alerts are indicated on the resident care plan and include (but not limited to) high falls risk and medication risks. The CM interviewed understands their responsibility in relation to care planning and the service has recently employed a full-time RN to assist with care planning development. There are comprehensive policies in place related to assessment and support planning; however, not all resident care plans provided sufficient information related to assessed risks, assessment scores, goals, interventions, and care planning to</p>	<p>(i). Three of five care plans did not identify key assessed risks including medical risks.</p> <p>(ii). Three of five care plans did not identify the scores of assessments.</p> <p>(iii). Three of five care plans did not have individualised goals.</p> <p>(iv). Four of five care plans did not have interventions documented to the detail to guide staff in the management of resident needs; for example, one resident did not have sufficient interventions to manage and prevent recurrent falls.</p> <p>(v). Two of two wound care</p>	<p>(i)-(v)Ensure long-term care plans and wound care plans are current with goals and detailed interventions to manage and guide the care of the resident.</p> <p>60 days</p>

<p>competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>		<p>demonstrate compliance.</p> <p>Caregivers are knowledgeable about the care needs of the residents and the residents interviewed were complimentary of the care provided. The findings related to care planning relates to documentation only.</p>	<p>documentation (plan) related to skin tears were incomplete with no photos, measurements, documented progression towards healing and dressing frequencies.</p>	
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau</p>	<p>PA Low</p>	<p>InterRAI reassessments were completed when a resident’s care needs change, as evidenced in one resident’s file that was awaiting transfer to a dementia care unit. Planned evaluation of long-term care plans occurs at least six-monthly and as residents needs change; however, not all reviews were completed within required timeframe nor demonstrated progress towards meeting the goals. The respite resident did not require an evaluation.</p> <p>The electronic wound charts have assessment and wound management plans in place; however, there was no</p>	<p>(i). Three of three long-term care plan evaluations were not completed within the required timeframes.</p> <p>(ii). Three of three long-term care plan evaluations did not demonstrate progress towards meeting the goals.</p> <p>(iii). Wound evaluations did not document progression or deterioration of the wound.</p>	<p>(i)-(ii). Ensure care plan evaluations are completed within required timeframes and evidence progress towards meeting the goals.</p> <p>(iii). Ensure wound evaluations are documented to evidence wound progression or deterioration.</p>

<p>goals and aspirations;  (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;  (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>evidence of wound progression or deterioration.</p>		<p>90 days</p>
<p>Criterion 3.4.1  A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Low</p>	<p>The RN and caregivers with medication competencies are responsible for the administration of medications. Those responsible for medication administration have all completed medication competencies and education related to medication management. There is a policy and process on safe medicine management, including assessment of the effectiveness of PRN medications. There were no residents on any controlled medications (medication register reviewed). Regular pain assessments are completed as required.</p> <p>Effectiveness of pro re nata (PRN) medication are recorded in the progress notes and electronic medication chart; however, not all charts and records reviewed demonstrated documentation on the effectiveness of PRN medications</p>	<p>Five of ten charts did not demonstrate documentation on the effectiveness of PRN medication administered to residents.</p>	<p>Ensure effectiveness of PRN medication is consistently documented.</p> <p>90 days</p>

		given to residents.		
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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.