

Bupa Care Services NZ Limited - Parkstone Care Home

Introduction

This report records the results of a Certification 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: Parkstone Care Home

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

Dates of audit: Start date: 20 July 2023 End date: 21 July 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: 88

Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Parkstone is part of the Bupa group. The service is certified to provide rest home, hospital (geriatric and medical) and residential disability – physical level care for up to 102 residents. At the time of the audit there were 88 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand – Waitaha Canterbury. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The care home manager is appropriately qualified and experienced, and is supported by a clinical manager. There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified the service is meeting the intent of the standard.

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.

Bupa Parkstone provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. The service works to provide high-quality and effective services and care for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. Bupa Parkstone provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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 includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering

relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Bupa Parkstone has a comprehensive information booklet that is available and given to residents, families/whānau, and prospective consumers. The service’s philosophy and information on services and practices relevant to the Bupa model of care. Residents are assessed before entry by the Needs Assessments and Service Coordination (NASC) team to confirm their level of care. The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents’ assessed needs. Interventions were developed and evaluated in the care plans reviewed.

There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme.

The organisation uses an electronic medicine management system for e-prescribing, dispensing, and administration of medications. The general practitioners are responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Residents were complimentary of the food services. Nutritional snacks are available. Residents are referred or transferred to other health services as required.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. The facility vehicle has a current registration and warrant of fitness. There are appropriate emergency equipment and supplies available. There is an approved evacuation scheme and fire drills are conducted six-monthly. There is a staff member on duty on each shift who holds a current first aid certificate.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events.

Results of surveillance are acted upon, evaluated, and reported on. The service has robust Covid-19 screening in place for residents, visitors, and staff. A pandemic plan and Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been three Covid-19 outbreaks since the last audit. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored securely. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service aims for a restraint free-environment. This is supported by the governing body and policies and procedures. At the time of audit there were two hospital residents using restraint. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	29	0	0	0	0	0
Criteria	0	179	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. The Māori Health strategy supports increased recruitment of Māori employees by embedding recruitment processes that utilise te reo and engage with local iwi for recruitment strategies at a local level. Staff and resident’s ethnicity data is collated. At the time of the audit, there were staff members who identify as Māori. The general manager and care home manager stated they support increasing Māori capacity by employing Māori applicants when they do apply for employment opportunities at Bupa Parkstone. Bupa Parkstone has links to a local iwi organisation, and Ngāi Tahu for community guidance and support.</p> <p>Residents and family/whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and</p>

		<p>authority in decision-making that supports their health and wellbeing. Interviews with the management team (general manager, care home manager, clinical manager, and regional operations manager) identified the service and organisation are focused on delivering person-centred care, which includes operating in ways that are culturally safe. The service provided training on cultural awareness in July 2023. Training encompassed Māori health development, cultural awareness, safety, and diversity training, which support the principles of Te Tiriti o Waitangi.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <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>FA</p>	<p>During the admission process, the resident's family/whānau are encouraged to be present to assist with identification of all needs, including cultural beliefs. On enquiry and admission, all residents state their ethnicity and cultural beliefs. Individual cultural beliefs are documented for all residents in their care plan and activities plan. At the time of audit, there were residents who identify as Pasifika. The Bupa organisation is working towards the development of a comprehensive Pacific health plan. Bupa plans to partner with a Pacific organisation and/or individual to provide guidance. The service is able to link with Pacific groups in the local community facilitated by current staff members. The service is able to access pamphlets and information on the service in most Pacific languages, and these are displayed at the entrance to the facility.</p> <p>The care home manager described how they encourage and support any staff that identify as Pasifika through the employment process. There are currently staff that identify as Pasifika. On interview, Pacific staff members confirmed they were welcomed and supported by management to attain qualifications, including psychogeriatric unit standards. Interviews with the general manager, care home manager, clinical manager and twenty staff members (including nine caregivers, five registered nurses (RN), one activities coordinator, one kitchen manager, one household supervisor, one laundry person, one property manager and one maintenance person), twelve residents (seven hospital, including four younger persons with a disability (YPD) and five rest home) and four relatives (all hospital) identified that the service puts people using the services and family/whānau at the heart</p>

		of their services.
<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>Bupa policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. The care home manager, clinical manager or unit coordinators discusses aspects of the Code with residents (where appropriate) and their relatives on admission. Information about the Nationwide Health and Disability Advocacy is available on the noticeboards in each wing and in the information packs provided. Four younger persons interviewed by the consumer auditor confirmed that the services being provided are in line with the Code.</p> <p>The Māori strategy supports enabling the right for Māori to be Māori (Māori self-determination), to exercise their authority over their lives, and to live on Māori terms and according to Māori philosophies, values, and practices, including tikanga Māori. The residents and relatives interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. Staff confirmed that Māori mana motuhake is recognised. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan, and business plan. Interactions observed between staff and residents were respectful. Care plans reflected residents were encouraged to make choices and be as independent as possible. Care staff confirmed this to be the case when 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</p>	FA	<p>Caregivers and RNs interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what</p>

<p>a way that is inclusive and respects their identity and their experiences.</p>	<p>activities they wished to participate in. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Residents are encouraged to have control and choice over activities they participate in, as evidenced in resident care plans. Residents funded through the younger person with a disability (YPD) contract stated that they felt comfortable, and their rights and dignity were respected. This was also reflected in the personalisation of their rooms, as confirmed by the consumer auditor.</p> <p>The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. A sexuality and intimacy policy is in place. Staff receive training on sexuality and intimacy as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, church services are held, and spiritual support is available. Staff could describe supporting the YPD residents to participate in a range of community events and activities consistent with their needs. Four YPD residents interviewed describe how they are able to maintain their personal, gender, sexual, cultural, religious, and spiritual identity.</p> <p>It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity. Residents' files and care plans identified resident's preferred names. Matariki and Māori language week are celebrated at Bupa Parkstone. Caregivers interviewed advised they are encouraged to use common te reo Māori phrases when speaking with Māori residents and for everyday</p>
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		greetings.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The abuse and neglect policy is being implemented. Bupa Parkstone's policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are caring, supportive, and respectful.</p> <p>The service implements a process to manage residents' comfort funds through an external agency. Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes. On interview, the caregivers confirmed an understanding of holistic care for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p>	FA	<p>Information is provided to residents and relatives on admission. Quarterly resident/family meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). This is</p>

<p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>also documented on the family communication sheet that is held in the front of the resident's file. Twelve accident/incident forms reviewed identified relatives are kept informed; this was confirmed through interviews with relatives.</p> <p>The activity team sends regular newsletters and photos to their residents to keep them informed of what's been happening around the facility and what is planned. This has resulted in an increase in satisfaction around activities and communication. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were two residents who did not speak English. Staff on interview advised they have used hand and facial gestures in addition to word cards, and family members acting as translators when required. Non-subsidised residents (or their appointed representative) are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the Nurse Maude service and Te Whatu Ora - Waitaha Canterbury specialist services. The management team hold weekly head of department meetings to enhance internal communication and facilitate a holistic approach to care. The RNs described an implemented process around providing residents and families/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Younger residents interviewed felt that they were listened to and that all information discussed contributed to the enhancement of their wellbeing.</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>FA</p>	<p>There are policies around informed consent that align with the Code of Rights. The service has advance care plans to assist in planning the resident's ceiling of care and wishes. Separate consent forms for Covid-19 and flu vaccinations were also on file, where appropriate. Residents interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy. In the</p>

<p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Enduring power of attorneys were appropriately activated and evident where appropriate. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is equitable and is provided to residents and relatives on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is electronic. There have been four complaints received in 2023 year to date, and one made in 2022 since the previous audit in January 2022. The complaints included an investigation, follow up, and reply to the complainants. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted). Documentation demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There have been no complaints from external agencies.</p> <p>The welcome pack included comprehensive information on the process for making a complaint. Interviews with residents and relatives confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility. A suggestions box is adjacent to where the complaints forms are held. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident and family/whānau meetings are held quarterly; chaired by the care home manager. The contact details for a resident advocate from advocacy services is posted in large print on resident noticeboards. Residents or relatives making a complaint can involve an independent support person in the process if they choose. The care home manager described the preference for face-to-face communication with people who identify as 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>Parkstone is part of the Bupa group of aged care facilities. The service is certified for rest home, hospital (geriatric and medical) and residential disability level care (Physical). The care facility has a total of 102 beds, including three rooms which have been certified as double rooms. On the days of the audit, one had single occupancy and two were occupied with married couples. All rooms are dual purpose and designed to support younger people with a disability (YPD) residents.</p> <p>On the day of the audit there were 88 residents in total: 33 rest home residents, including one resident on a long-term support - chronic health contract (LTS-CHC), and two residents on respite care. There were 55 hospital level residents, including nine YPD residents, two residents on an ACC contract, and one resident on respite care.</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 operations manager for central district (interviewed) reports to the national operations director. The Bupa Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The governing body of Bupa consists of directors of clinical, operations, finance, legal, property, customer transformation, people, risk, corporate affairs, and technology. This team is governed by Bupa strategy, purpose, and values. Each director has an orientation to their specific role and to the senior leadership team.</p> <p>The Bupa NZ Māori Health Strategy was developed in partnership with the cultural advisor and is based on Te Tiriti o Waitangi Framework from He Korowai Oranga, which provides the foundation for health and disability services to fulfil its obligations. The strategy</p>

	<p>aligns with the vision of Mana Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori), which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system.</p> <p>Bupa NZ is committed to supporting the best health outcomes for Māori and guidance for their employees, by developing cultural safety awareness around Māori health equity, and disparities in health outcomes, including in aged residential care. The Towards Māori Health Equity policy states Bupa is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collective needs of residents who identify as Māori, to ensure they live longer, healthier, happier lives. The cultural advisor collaborates with the Boards and senior management in business planning and service development to improve Māori and tāngata whaikaha health outcomes. Tāngata whaikaha provide feedback around all aspects of the service through resident meetings and satisfaction surveys, which provides the opportunity to identify barriers and improve health outcomes.</p> <p>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, infections and adverse event investigations and a customer engagement advisor, based in head office and supports. The organisation benchmarks quality data with other NZ aged care providers. Each region has a clinical quality partner who support the on-site clinical team with education, trend review and management.</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. The Bupa strategic plan includes promoting independence for younger persons. Goals are regularly reviewed at each three-monthly meeting. The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed in the three-monthly quality meetings, and quality action forms that are completed for any quality</p>
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		<p>improvements/initiatives during the year.</p> <p>The care home manager is a RN who has worked for Bupa for a total of 18 years. She has been in the care home manager's role for six years. She is supported by an experienced clinical manager who has been in the role for six years and worked for Bupa for a total of 12 years. The management team are supported by two unit-coordinators/RN. They are supported by the regional operations manager (who was present at the time of the audit) and the team at Bupa head office.</p> <p>The care home manager and the clinical manager have both completed more than eight hours of training related to managing an aged care facility and includes Bupa regional managers forums, Māori health plan, pandemic and infectious disease planning and infection control teleconferences.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Bupa Parkstone is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Three-monthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality goals and progress towards attainment are discussed at meetings.</p> <p>Quality data and trends are added to meeting minutes and held in folders in the staffroom. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign off when completed. Benchmarking occurs on a national level against other Bupa facilities.</p> <p>The March 2023 resident/relative satisfaction survey has been recently completed and indicates that residents have reported an overall high level of satisfaction within the service provided. Surveys</p>

	<p>include young people with disabilities around issues relevant to this group. A corrective action plan has been implemented around the activities programme, food experience and opportunities for relatives to give feedback/suggestions. The survey results have been communicated to residents in resident meetings (meeting minutes sighted). There are procedures to guide staff in managing clinical and non-clinical emergencies. Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. New policies or changes to policy are communicated and staff sign as acknowledgement. A health and safety system is in place with an annual identified health and safety goal that is directed from head office. The goal for 2023 is to reduce and eliminate where possible, the risk of musculoskeletal harm to staff. A health and safety team meets bi-monthly. Two health and safety reps interviewed (household supervisor and a senior caregiver) have attended external health and safety training. Hazard identification forms and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues.</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 twelve accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. The RiskMan system generates a report that goes to each operational team/governance team and also generates alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the care home manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been seven Section 31 notifications: three pressure injuries in 2023 (two unstageable and one stage III); three pressure injuries in 2022 (two unstageable and one stage III); and one coroner's inquest</p>
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		<p>(unexpected death) in February 2023. There have been three outbreaks since the previous audit in January 2023, November 2022 and in May 2022. All three outbreaks were managed, reported, and documented appropriately.</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. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The RNs and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Interviews with staff confirmed that their workload is manageable, and that management is supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The care home manager, clinical manager and unit coordinators are available Monday to Friday. On-call cover for all Bupa facilities in the Southern region is covered by a six-week rotation of one care home and one clinical manager each week. Agency staff are used if necessary. A management of agency staff policy is documented for the organisation. If the agency nurse has never worked in the care home before, a 'bureau staff information booklet' is provided to them. Orientation including health and safety and emergency procedures are the responsibility of the delegated person on duty. Agency contracts indicate the requirements to be met by the agency in regard to meeting specific competencies.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. Staff last attended cultural safety training in July 2023, Māori health and tikanga which included Te Tiriti O Waitangi and how this applies to everyday practice. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Fifty-two caregivers are employed. The Bupa orientation programme qualifies new caregivers at a level two NZQA. Of the 55 caregivers, 31 have achieved a level 2 NZQA qualification or higher. All staff are required to complete</p>

		<p>competency assessments as part of their orientation.</p> <p>Annual competencies include (but are not limited to) restraint; hand hygiene; moving and handling; and correct use of personal protective equipment (PPE). Caregivers who have completed NZQA level 4 and have undertaken extra training (classed as clinical assistants), complete many of the same competencies as the RN staff (eg, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, and wound management). Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. Six of twenty-one RNs are interRAI trained.</p> <p>All RNs are encouraged to attend the Bupa qualified staff forum each year and to commence and complete a professional development recognition programme (PDRP). External training opportunities for care staff include training through Te Whatu Ora - Waitaha Canterbury. A record of completion is maintained on an electronic register. Younger person disability training was specific to the YPD residents needs, including privacy; behaviour; pain; sexuality/intimacy; person centred care; and culture. Staff interviewed were able to easily identify the YPD needs, especially with activities/ outings.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities of the 'take five' Bupa wellness programme. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations. Facility meetings provide a forum to share quality health information. There is a monthly staff recognition; this is done by staff nominating a colleague each month for going the extra mile in accordance with Bupa Values. There are vouchers presented to the lucky winners. The facility offers staff lunches celebrating different cultures, successes, and medal award ceremonies for years of service.</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>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. The Bupa recruitment team advertise for and screen potential staff, including collection of ethnicity data. Bupa has commenced the process of</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. 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>formally collecting ethnicity data on existing staff. Once applicants pass screening, suitable applicants are interviewed by the care home manager. Eleven staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Staff sign an agreement with the Bupa code of conduct. This document includes (but is not limited to): the Bupa values; responsibility to maintain safety; health and wellbeing; privacy; professional standards; celebration of diversity; ethical behaviour; and declaring conflicts of interest.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. All staff who have been employed for over one year have an annual appraisal completed. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori. Information held about staff is kept secure and confidential. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy. Electronic information is regularly backed-up using cloud-based technology and password protected. Plans are in place to implement an electronic resident management system later in the year. There is a documented Bupa business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely.</p> <p>Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24</p>

		<p>hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) authorisation forms for rest home and hospital level of care residents were sighted.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required timeframes and are signed on entry. Family/whānau were updated where there was a delay to entry to service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The clinical manager reported that all potential residents who are declined entry are recorded. When an entry is declined, relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider. There were residents who identified as Māori at the time of the audit. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is implemented.</p> <p>The service has relationships with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau. The clinical manager stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>A total of ten files were sampled and these identified the initial assessments and initial care plans were resident centred, and these were completed in a timely manner. The files reviewed included two hospital level of care, four YPD (hospital level), and four rest home level files (including one resident funded by ACC and one resident on an LTS-CHC). Resident, family/whānau/EPOA, and GP involvement is evident and encouraged during the planning of care.</p> <p>The service uses the Bupa assessment booklets and person-centred templates (My Day, My Way) for all residents. This and an initial support plan are completed within 24 hours of admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan. Initial long-term care plans and first interRAI assessments had been completed for long-term residents (including residents not on the ARRC contract). Care plan interventions are resident focussed and provide detail to guide staff in the management of each resident's care. InterRAI reassessments were completed six-monthly or sooner for a change in health condition. Documentation has been completed following the interRAI reassessment as per policy. Written evaluations reviewed, identified if the resident goals had been met or unmet. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short-term care plans are implemented for acute problems, such as wounds, weight loss, and infections. Short-term care plans are reviewed regularly and if unresolved after six weeks, added to the long-term care plan. Residents are involved in the development and evaluation of the care plan. Care plans include the cultural goals, spiritual, whānau, physical, and mental health of the residents. The care plans identify resident-focused goals. The care plans of the younger residents evidenced resident input (where able) and family/whānau input. The care plans detailed resident's preferences, hobbies and activities.</p> <p>The GP completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, medical orders were</p>

		<p>followed, and care was resident centred. The mental health services are readily available as required. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually. There is a contracted podiatrist who visits the service six-weekly, and a contracted physiotherapist who visits weekly and supports the physiotherapy aid, completes assessments of residents and manual handling training for staff. Notations were clearly written, informative and relevant.</p> <p>The clinical manager reported that sufficient and appropriate information is shared between the staff at each handover, which was observed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition.</p> <p>A range of monitoring charts are available for RNs to utilise, which have been maintained as per policy. Neurological observations are completed for any unwitnessed falls or incidents where residents are at risk of hitting their head. Any incident involving a resident reflected a clinical assessment and a timely follow up by RNs. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager in consultation with the RNs, and caregivers.</p> <p>Progress notes were completed at least daily and more often if there were changes in a resident's condition. There were five residents with six wounds at the time of the audit, and these included one stage II pressure injury. Wound management plans were implemented with regular evaluation completed and wound care nurse specialists were consulted when required. Any change in condition is reported to the unit coordinators, care home manager, clinical manager and this was evidenced in the records sampled. Interviews verified residents and EPOA and family/whānau are included and informed of all changes.</p> <p>The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The Māori health care plan was developed in consultation with a cultural advisor. The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers</p>
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		<p>that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these are documented. The staff confirmed they understood the process to support residents and whānau. There were residents who identify as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments were completed by the nursing team who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.</p> <p>The clinical manager discusses all wounds at the weekly clinical meetings, and this discussion includes possible strategies for prevention.</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>Activities are conducted by two activities coordinators who are trained diversional therapists. There are also two activities assistants, all of which provide a seven day per week programme. There are a number of Chinese residents at Bupa Parkstone and as such, the programme is also translated into Chinese. The activity programme is formulated by the activities team in consultation with the management team, RNs, EPOAs, residents - their family/whānau, and caregivers. Activities are based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, and interests. These were completed within two weeks of admission in consultation with the family/whānau and residents. Residents have a map of life developed detailing the past and present activities, career, and family/whānau. Activity progress notes and activity participating register were completed daily.</p> <p>A monthly planner is developed, and each resident is given a copy of the planner. Daily activities were noted on noticeboards to remind residents and staff. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The DT (interviewed) reported that activities are often combined with the other areas of the facility and with the Village residents in the Village Lounge. The Bupa occupational therapist has input in the review of the activities for YPD</p>

		<p>residents. The YPD residents interviewed stated they have input into their own routine, social care plan and are supported to maintain their family/whānau and community connections.</p> <p>Activities sighted on the respective planners included: quizzes; housie; floor games; ANZAC; Kings Birthday; Easter celebrations; Matariki; Māori Language week; walks; van outings; music; inter-unit activity; and arts and craft. The service promotes access to EPOA/family/whānau and friends. The service has a contracted physiotherapist and assistant that assists with the exercise, mobility, and walking programme. There are regular outings and drives for all residents (as appropriate); a volunteer van driver assists with these. Resident meetings are held three-monthly to provide a forum for feedback relating to activities. The activities coordinator interviewed noted that residents often provided feedback directly to them about their enjoyment or otherwise of activities.</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and family/whānau to participate in te ao Māori are facilitated through the activities plan and community engagements with community traditional leaders, and by celebrating religious, and cultural festivals and Māori language week. EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</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>	FA	<p>An electronic medicine management was in use and provides a safe system. The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews.</p> <p>A total of 20 medicine charts were reviewed. Indications for use were noted for pro re nata (PRN) medications, including over the counter medications and supplements on the medication charts. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p>

		<p>Effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. Over the counter medications must be reviewed and prescribed by the GP.</p> <p>Medication reconciliation was conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit. The RN was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment rooms and cupboards.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures was being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted. A current self-medication policy was in place and there were residents self-administering medications with the appropriate consents in place and secure storage. No standing orders were in use. Younger persons with disability are provided with opportunities to self-administer their own medications where required and where they are deemed to be competent to do so.</p> <p>The medication policy clearly outlines residents, including Māori residents and their whānau, are supported to understand their medications. The GP reported that when Māori residents or family/whānau requested, appropriate support for Māori treatment and advice will be provided. The clinical manager, RNs and family/whānau confirmed this.</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>FA</p>	<p>The kitchen is managed by a kitchen manager, who is a qualified chef. The kitchen manager is supported by two other chefs and kitchen hands with level 3 qualifications. The kitchen service complies</p>

<p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>with current food safety legislation and guidelines. All food and baking is prepared and cooked on site. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires 22 September 2023. Currently the winter menu is in place and was reviewed prior to its commencement by a registered dietitian.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All food is delivered to the respective wings in scan boxes or dished from the bain-marie to the adjacent wing. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options which are culturally specific to te ao Māori. The menu included 'boil ups', hāngi, Māori bread and pork, and these are available to Māori residents when requested. The 2023 food satisfaction survey identified the need for food specific to other cultural groups. In response to this, a number of actions have been introduced; one of which was having rice and congee available at all meals.</p>
<p>Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know</p>	<p>FA</p>	<p>There is a documented process in the management of the early discharge/unexpected exit and transfer from services. The clinical</p>

<p>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>manager reported that discharges are normally into other similar facilities. Discharges are overseen by the clinical team who manage the process until exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required. A discharge or transition plan is developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file.</p> <p>Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and scanned onto the resident's electronic management system. If a resident's information is required by a subsequent GP, a written request is required for the file to be transferred. Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. Residents and family/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</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 building has a current warrant of fitness that expires on 1 October 2023. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and outside.</p> <p>On the ground floor, there is the reception area with the offices of the care home manager and clinical manager; a café and seating area for residents and visitors; staff room; main kitchen; laundry; and a visitor's toilet. Bupa Parkstone has 102 beds available on two levels; there is an accessible lift to access the second level. There are two care areas on each level with a nurse's station facing into the lounge area. There are three double rooms and sixteen rooms (including the double rooms) have an ensuite, with the remaining rooms sharing an ensuite between two rooms. All rooms are dual purpose, which means residents do not have to move if their level of care changes. All</p>

		<p>communal toilets and shower facilities have privacy locks to indicate if they are engaged or vacant. All washing facilities have free flowing soap and paper towels in the toilet areas.</p> <p>All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they were able to move around the facility and staff assisted them when required. Activities take place in the lounges on each floor. There is a recreational lounge for YPD residents to socialise and direct their activities where they have access to a television, magazines and newspapers. Residents' rooms are personalised according to the resident's preference. All shared rooms have dividing curtains in between to maintain privacy and are shared between couples. Shared rooms, shower rooms and toilets are of a suitable size to accommodate mobility equipment. All rooms have external windows to provide natural light and have appropriate ventilation and heating. This includes appropriate space in rooms for YPD and their own equipment. Residents are encouraged to personalise their bedrooms as desired.</p> <p>The grounds and external areas were well maintained. External areas are independently accessible for residents. All outdoor areas have seating and shade. There is safe access to all communal areas. There is a designated smoking area for residents who smoke. The planned maintenance schedule includes testing and tagging of electrical equipment, resident's equipment checks, and calibrations of the weighing scales and clinical equipment. The scales are checked annually. Hot water temperatures were monitored weekly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by the maintenance officer and certified tradespeople where required. The service employs a maintenance assistant who works from Monday to Friday. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes.</p> <p>The care home manager and property manager reported that when there is a planned development for new buildings, Bupa would ensure there was consultation with Māori and environments reflected the aspirations and identity of Māori.</p>
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<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>Policies and guidelines for emergency planning, preparation, and response are displayed and known to staff. A business continuity plan guides the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. The plan also considers the special needs of younger persons with disabilities in an emergency. A fire evacuation plan is in place and was approved by the New Zealand Fire Service on 18 October 2016. Fire drills are conducted every six months. A recent trial evacuation drill was completed on 6 June 2023. The staff orientation and training programme includes fire and security training. There are adequate fire exit doors, and the main car parking area is the designated assembly point. Staff confirmed their awareness of the emergency procedures.</p> <p>All required fire equipment is checked within the required timeframes by an external contractor. There are adequate supplies in the event of a civil defence emergency, including food; water (5,000 litre water tank); candles; torches; continent products; back up battery for lights; a BBQ; and gas Hobbs in the kitchen. There is an emergency storage area containing pandemic/outbreak, personal protective equipment and civil defence supplies that are checked monthly. A minimum of one person trained in first aid is always available. There is no generator on site, but one can be hired if required. Emergency lighting is available and is regularly tested. The service has a call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance.</p> <p>All residents have access to a call bell, and these are checked monthly by the maintenance officer. Residents and family/whānau confirmed that staff responds to calls promptly. Appropriate security arrangements are in place. Doors are locked at predetermined times. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers, and wear masks within the facility.</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, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The clinical manager supports the RN who undertakes the role of infection control coordinator, overseeing infection control and prevention across the service. There is a job description on the RN's file which outlines the responsibility of the role. The organisational 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 quality risk and incident reporting system. The infection control programme is reviewed annually by the infection control and prevention specialist at Bupa head office, who reports to and can escalate any significant issues to Board level. Documentation review evidenced recent outbreaks were escalated to the executive team within 24 hours.</p> <p>Bupa Parkstone staff attend the quarterly national infection control teleconferences for information, education and discussion and Covid-19 updates. These occur more frequently should matters arise in between scheduled meeting times. Infection rates are presented and discussed at the site's three-monthly quality and staff meeting. Infection prevention and control are part of the strategic and quality plans. The service has access to an infection prevention clinical nurse specialist from the local Te Whatu Ora - Waitaha Canterbury, in addition to expertise at Bupa head office. Visitors are asked not to visit if unwell. Covid-19 screening, and health declarations continues for visitors and contractors, and all are required to wear masks. There are hand sanitisers strategically placed around the facility.</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</p>	<p>FA</p>	<p>The infection control coordinator (senior RN) is supported by the clinical manager and Bupa infection control lead. The service has a Covid-19 and comprehensive pandemic response plan, which includes preparation and planning for the management of lockdown, screening, transfers into the facility and Covid-19 positive tests. There are outbreak kits readily available, and a personal protective equipment (PPE) cupboard and trolleys set up ready to be used. The PPE stock is regularly checked against expiry dates. There are supplies of extra PPE equipment available and accessible. The Bupa</p>

<p>scope of our services.</p>		<p>infection control lead and the infection control coordinator have input into the procurement of good quality PPE, medical and wound care products. In the past year, the infection control coordinator has completed an online course on infection control and in the past, has completed a level 7 infection control paper through Ara Institute of Canterbury. There is good external support from the GP, laboratory, and the Bupa infection control lead. There are no anticipated building work or other significant changes planned for Parkstone. In the event of this occurring, the infection prevention coordinator would be involved at an early stage to assist with planning</p> <p>The infection control manual includes a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed quarterly by Bupa in consultation with infection control coordinators. Policies are available to staff. Aseptic techniques are promoted through handwashing, and sterile single use packs for catheterisation and wound care, to create an environment to prevent contamination from pathogens and prevent healthcare-associated infections. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. Infection control is included in the internal audit schedule and a recent audit demonstrated full compliance. Hospital acquired infections are collated along with infection control data.</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 orientation and included in the annual training plan. There has been additional training and education around pandemic response (including Covid-19) and staff were informed of any changes by noticeboards, handovers, toolbox talks, text message and emails. Staff have completed handwashing and PPE competencies. Resident education occurs as part of the daily cares. Residents and families/whānau were kept informed and updated on Covid-19 policies and procedures through emails. The service incorporates te reo information around infection control for Māori. Posters in te reo Māori are in evidence throughout the facility and additional information in te reo Māori is readily available. The Māori health strategy includes the importance of ensuring culturally safe</p>
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		practices in infection prevention. The infection control coordinator has access to a Māori health advisor as needed. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.
<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 procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The national Bupa infection control lead is responsible for collating and analysing the electronic medication management system with pharmacy support. Infection rates are monitored monthly and reported in a monthly quality report and presented at the relevant meetings. The monitoring and analysis of the quality and quantity of antimicrobial prescribing occurs annually. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The use of monotherapy and narrow spectrum antibiotics are preferred when prescribed.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the electronic RiskMan register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities. The service is incorporating ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern.</p> <p>Internal infection control audits are completed with corrective actions</p>

		<p>for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora –Waitaha Canterbury.</p> <p>There have been three Covid -19 outbreaks (January 2023, November and May 2022). All were appropriately managed with Te Whatu Ora- Waitaha Canterbury and Public Health were appropriately notified. There was daily communication with Bupa infection control lead, clinical director, aged care portfolio manager and Te Whatu Ora - Waitaha Canterbury infection control nurse specialist. Daily outbreak management meetings and toolbox meetings (sighted) captured 'lessons learned' to prevent, prepare for and respond to future infectious disease outbreaks. Outbreak logs were completed. Staff confirmed resources, including PPE, were plentiful.</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> <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>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms (with sanitisers) in each wing with PPE available, including face visors. Staff have completed chemical safety training.</p> <p>A chemical provider monitors the effectiveness of chemicals. All laundry, including personals, are done off site by a contractor to the facility. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. There is equipment available if the resident prefers their washing done at the facility; currently there are no residents who choose this option.</p> <p>Cleaners' trolleys are attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The linen cupboards were well stocked. The washing machines and dryers are checked and serviced regularly. The household services manager and staff interviewed had good</p>

		<p>knowledge about cleaning processes and requirements relating to infection prevention and control and have completed chemical safety training. Internal audits are completed to monitor cleaning and laundry services. Results are monitored by the infection control 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>	FA	<p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards. If a Māori resident requires restraint, prior to this decision cultural advice is sought alongside whānau, to explore spiritual and cultural values. The clinical manager interviewed stated that the service is committed to a restraint-free environment. They have strategies in place to eliminate the use of restraint. The regional restraint group is responsible for the Bupa restraint elimination strategy and for monitoring restraint use in the organisation. Restraint is discussed at clinical governance and Board level. At the time of the audit, there were two hospital residents using restraint.</p> <p>When restraint is used, this is a last resort when all alternatives have been explored. The clinical manager is the restraint coordinator and has a defined role of providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques; last completed in March 2023. The restraint committee is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability; all restraints have been approved, and the overall use of restraint is being monitored and analysed. Family/whānau/EPOA and residents were involved in decision making and also involved in reviewing restraints. The service does not use seclusion.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure</p>	FA	<p>Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of the Standard. The files of the two hospital residents using restraints (bedrails) reflected evidence of comprehensive assessments, approvals, monitoring processes, with regular reviews occurring for the restraint in use. This was confirmed in the resident files and restraint monitoring records.</p>

<p>that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>Access to advocacy is facilitated as necessary. A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record. Staff, management meeting minutes and quarterly reports to the national restraint coordinator documented discussions about restraint. In the event that emergency restraint is required, the clinical manager is involved in consultation with the care home manager, resident, and family/whānau, and will determine, dependent on the situation, as to whom and will debrief the staff. Debrief meeting minutes were sighted, including a comprehensive report about the incident.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The restraint committee undertakes a six-monthly review of all restraint use, which includes all the requirements of the Standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.