

Bupa Care Services NZ Limited - Longwood Rest 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:	Longwood Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 24 August 2023 End date: 25 August 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:	45

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

Longwood Care Home is a Bupa facility and provides rest home and hospital (geriatric and medical) care for up to 52 residents. There were 45 residents on the days of audit.

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 - Southern. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a nurse practitioner.

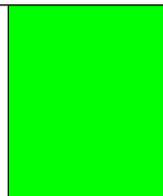
The general manager is appropriately qualified and experienced and is supported by a clinical manager (RN). There are quality systems and processes being implemented. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction and in-service training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

This certification audit identified a shortfall around registered nurse staffing.

Continuous improvements were awarded around the activities programme.

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.

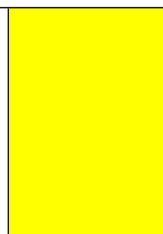


Subsections applicable to this service fully attained.

Longwood Care Home 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. Longwood Care Home 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.



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

The business plan includes a mission statement and operational objectives. The service has 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 has 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. 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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Longwood Care Home has an admission package available prior to, or on entry to the service. The clinical manager and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with family/whānau input. The care plans reviewed demonstrate service integration. Resident files included medical notes by the general practitioner and other allied health professionals.

Medication policies reflect legislative requirements and guidelines. The clinical manager, registered nurses, and caregivers responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed meet prescribing requirements and are reviewed at least three-monthly by the general practitioner or nurse practitioner.

There is an interesting and varied activities programme which the diversional therapist and activities assistants implemented. The programme includes community visitors and outings, entertainment and activities that promote and encourage individual recreational, physical, and cognitive abilities for the consumer group.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan. The organisational dietitian reviews the Bupa menu plans. The service has a current food control plan. Transfers and discharges are coordinated between services.

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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Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including Covid-19. There are emergency supplies for at least three days. There is always a first aid/CPR trained staff member on duty. Appropriate security checks and measures are completed by staff. The building holds a current warrant of fitness. Maintenance is completed as per the preventative schedule. Rooms are spacious to provide personal cares. Residents freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade.

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

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

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on. Pandemic response plans (including Covid-19) are in place and the service has access to personal protective equipment supplies. 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.

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were three residents using four restraints at the time of audit. 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	28	0	1	0	0	0
Criteria	1	173	0	1	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.</p> <p>Bupa in partnership with a Māori health consultant has developed a te ao Māori health strategy. Bupa general managers have attended a workshop (Mauri Tu, Mauri Ora) designed to identify problems in relation to Te Tiriti o Waitangi and scoping of opportunities to improve health equity for Māori. The most recent workshop for managers relating to Māori health, tikanga Māori and equity in Māori health outcomes was held in March of this year.</p> <p>The Māori health strategy supports increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at Longwood Care Home. At the time of the audit, there were Māori staff members. Caregivers interviewed described a supportive and equitable employment experience. Longwood Care Home has links to the local Oraka Aparima Ranuka marae and</p>

		<p>kaumātua for community support.</p> <p>Residents and 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 past and Māori residents and their whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> <p>Interviews with the management team (one general manager and one clinical 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 safety as part of a mandatory education day in August 2023. Training encompassed Te Tiriti o Waitangi based on the guidelines of cultural safety in nursing education and practice.</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 whānau are encouraged to be present to assist with identification of all needs, including cultural beliefs. On admission all residents state their ethnicity. Individual cultural beliefs are documented for all residents in their care plan and activities plan. There were no residents at Longwood Care Home who identify as Pasifika.</p> <p>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 contact the Pacific Islanders Advisory & Cultural Trust Inc in Invercargill for any guidance or support for Pacific peoples. If required, the service is able to access pamphlets and information on the service in most Pacific languages. At the time of the audit, there were no staff that identify as Pasifika. The general manager described how they would encourage and support any staff that identified as Pasifika through the employment process.</p> <p>Interviews with sixteen staff members (including seven caregivers, three registered nurses (RN), one diversional therapist (DT), two activities assistants, one cook, one housekeeper and one maintenance person), and documentation reviewed identified that the</p>

		service puts people using the services, and family/whānau at the heart 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 general manager, clinical manager, or RN discusses aspects of the Code with residents and their relatives on admission. Information about the Nationwide Health and Disability Advocacy is available to residents on noticeboards and in their information packs provided. Other formats are available, such as information in te reo Māori. Resident and relative meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Six residents (one hospital and five rest home) and six relatives (three hospital and three rest home) stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The Māori health plan recognises Māori mana motuhake and staff understood the importance of this. 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>
Subsection 1.4: I am treated with respect	FA	Caregivers and RNs interviewed described how they support

<p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>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 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 have control and choice over activities they participate in, as evidenced in resident care plans.</p> <p>The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service provided training on cultural safety which included Te Tiriti as part of a mandatory education day in August 2023. 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. Spiritual needs are identified, church services are held, and spiritual support is available.</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. The 2023 resident and relative satisfaction survey identified a high level of satisfaction around privacy, dignity, and respect (including meeting cultural needs). Residents' files and care plans identified residents' preferred names.</p> <p>Matariki and Māori language week are celebrated at Longwood Care Home. Caregivers interviewed advised they are encouraged to use</p>
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		common te reo Māori phrases for greetings and common phrases. Dual language signage was evident throughout the facility.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. Bupa Longwood Care Home policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Bupa as an organisation is inclusive of ethnicities. Cultural days are held at Longwood Care home 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 very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds through an external agency. 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 residents are prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes. On interview, care staff confirmed an understanding of holistic care for all residents and how they apply these principles for the residents who identify as Māori.</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</p>	FA	<p>Information is provided to residents and relatives on admission. Bimonthly resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating</p>

<p>feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</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>to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any adverse event that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of adverse events. This is also documented on the family communication sheet that is held in the front of the resident's file. The accident/incident forms reviewed identified relatives are kept informed; this was confirmed through the interviews with relatives.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English. Staff on interview advised they have used hand and facial gestures, word cards, and translation services to assist with communication where residents require that level of assistance.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. 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 Te Whatu Ora - Southern specialist service. The management team attend multi-agency meetings to facilitate a holistic approach to care for the local community. The RNs described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p>	<p>FA</p>	<p>There are policies around informed consent. Seven resident files reviewed included signed general consent forms. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines and welcoming the involvement of family/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</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>process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where available.</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 provided to residents and relatives on entry to the service. The general manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register. There have been no complaints received for 2023 year to date and two complaints were made in 2022. No complaints from external parties had been received. 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 Commission (HDC).</p> <p>The welcome pack included comprehensive information on the process for making a complaint. Interviews with residents and family/whānau 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. Residents/relatives meetings are held bimonthly. 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 complaint procedure can be made available in te reo Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they</p>	<p>FA</p>	<p>Bupa Longwood Care Home is located in the coastal village of Riverton in Southland. The facility is a purpose-built facility across one level. The service is certified to provide care for rest home, and hospital (geriatric and medical) care for up to 52 residents. There are</p>

<p>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>18 dual purpose beds.</p> <p>At the time of the audit, there were 45 residents; 22 rest home residents, and 23 hospital, including two younger persons with a disability (YPD), and one resident funded by ACC. The remaining residents were under the age-related residential care contract (ARRC).</p> <p>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 regional operations manager for the Southern region 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. Bupa has developed a te ao Māori health strategy to introduce and implement te ao Māori related standards with a Māori cultural adviser. Bupa has engaged with a cultural advisor to work alongside the Bupa Leadership team.</p> <p>Bupa has a three-year strategic business and operational plan which aligns to Bupa global strategy and the ambition to be the world's most customer-centric healthcare company. The business and operational plan is reviewed annually by the Leadership Team as part of strategy and planning. This consists of three key performance indicators (KPI's), that will measure customer care touchpoints and feedback, and six strategic and enabling pillars of Customers, Growth, Transformation, Sustainability enabled by Data and an Agile Culture. The enabling sustainability pillar include plans to: Strengthen policies, governance and transparency to support health and wellbeing of residents, and improved outcomes for all residents. Increase diversity and inclusion of the principles of Te Tiriti o Waitangi and growth of te ao Māori and Pacific world view in the organisation. Each care home sets annual quality goals at the beginning of the year based on improving outcomes from the internal quality programme. Goals are</p>
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		<p>regularly reviewed, discussed at quality meetings and other forums and outcomes are measured to demonstrate progression towards meeting goals. Longwood Care Home goals are regularly reviewed in each monthly meeting. The quality programme includes a quality programme policy; quality goals (including site specific business goals) that are reviewed in meetings; quality meetings; and quality action forms that are completed for any quality improvements/initiatives during the year.</p> <p>Bupa has a clinical governance committee (CGC) with terms of reference. There is a quarterly CGC meeting and a CGC pack produced and distributed to the committee members prior to meetings, which includes review of quality and risk management systems. There is a risk governance committee (RGC) which aligns and interfaces with the CGC to manage quality and risk systems. The customer service improvement team (CSI) includes clinical specialists in restraint, infection control and adverse event investigations and a customer engagement advisor. The organisation benchmarks quality data across Bupa and with other NZ aged care providers. Each region has a clinical quality partner who supports the on-site clinical team with education, trend review and management.</p> <p>Bupa has a Māori Health Strategy and Health Equity policy. Bupa engaged an external consultant who has worked closely with the Bupa Leadership team and Bupa ANZ Board to understand current state and develop plans for maturity in this area. A process is underway to establish two cultural advisory groups (Māori and Pacific peoples) and engage our employees in this to work alongside the Bupa leadership team. Bupa's Māori health equity policy outlines how Bupa will work towards achieving best outcomes for Māori and people with disabilities. By its very nature, aged care is a service for people with disabilities. Bupa's Pacific people's health equity policy outlines how Bupa will work towards achieving best outcomes for Pacific peoples. Tāngata whaikaha are supported to provide feedback through surveys and resident meetings, as evidenced in meeting minutes.</p> <p>The general manager is a registered nurse (RN) with a current practising certificate, who has been in the role since 2017 and at Bupa Longwood Care Home for 15 years. The general manager is</p>
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		<p>supported by an experienced clinical manager (RN) who has also been in the role since 2017. They are supported by the regional operations manager and a team of experienced care staff. The management team stated that there had been turnover of caregivers due to long serving staff retiring or leaving due to illness.</p> <p>The general manager and the clinical manager have both completed more than eight hours of training related to managing an aged care facility 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>Longwood Care Home 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. Bimonthly 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. 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. A quarterly and annual review of the quality programme at a facility and organisational level provides a critical analysis of practice to improve health equity.</p> <p>Resident and family satisfaction surveys are managed by head office. An independent contractor is sent to survey residents using direct questioning and a tablet. The 2023 residents and relatives' satisfaction surveys have been correlated and analysed at head office and indicate that residents have reported high levels of satisfaction with the service provided. Results have been communicated to</p>

		<p>residents in the bimonthly resident/relative meetings.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. 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. A document control system is in place. New policies or changes to policy are communicated and staff sign as acknowledgement.</p> <p>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 bimonthly. All 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. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</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 the 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 generates alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been three Section 31 notifications completed appropriately for three pressure injuries: one stage III in August 2022, one unstageable in December 2022, and one unstageable in April 2023. There have been four Covid-19 outbreaks and one respiratory outbreak since the previous audit. All were appropriately managed with Te Whatu Ora - Southern</p>
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		and Public Health were appropriately notified.
<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>	PA Low	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate caregiver coverage; however, there is not always sufficient RNs available to cover the night shifts. At the time this audit was undertaken, there was a significant national health workforce shortage. The general manager and clinical manager are available Monday to Friday. Emergency consults (virtual) are available after hours 24/7. The general manager and clinical manager both live close to the facility and are available if required. 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 are very supportive. Staff and residents are informed when there are changes to staffing levels, as evidenced in staff interviews. Interviews with staff, residents and family/whānau confirmed there are sufficient staff to meet the needs of resident.</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 awareness training in August 2023, 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. The Bupa orientation programme qualifies new caregivers at a level two NZQA. Of the 36 caregivers at Longwood Care Home, 17 have achieved a level 3 NZQA qualification or higher. All staff are required to complete competency assessments as part of their orientation. Annual competencies include restraint, hand hygiene, moving and handling, and correct use of personal protective equipment.</p> <p>Registered nurses complete competencies, including (but not limited to): restraint; medication administration; controlled drug administration; nebuliser; blood sugar levels and insulin administration; oxygen administration; and wound management. Additional RN specific competencies include subcutaneous fluids,</p>

		<p>syringe driver, and interRAI assessment competency. Three out of the nine RNs are interRAI trained. 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 - Southern. A record of completion is maintained on an electronic register.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities of the 'take five' Bupa wellness programme. Staff welfare is promoted through participation in regular cultural days and shared lunches. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations. Facility meetings provide a forum to share quality health information.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource 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 formally collecting ethnicity data on existing staff. Once they pass screening, suitable applicants are interviewed by the general manager. Nine 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. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. All staff who had 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</p>

		<p>caregivers to provide a culturally safe environment for 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>	FA	<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. 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. 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 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>	FA	<p>Residents who are admitted to Longwood Care Home are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The general manager and clinical managers screen prospective residents prior to admission.</p> <p>In cases where entry is declined, there is liaison between the general manager and clinical manager and the referral team. The prospective resident would be referred back to the referrer. The service maintains data around the reason for declining. The clinical manager described reasons for declining entry would only occur if there were no beds available or Longwood Care Home is unable to provide the service the prospective resident requires, after considering staffing and resident needs.</p> <p>The admission and enquiry policy and procedure, guide staff around</p>

		<p>admission and declining processes, including required documentation. The general manager keeps records of how many prospective residents and family/whānau have viewed the facility, admissions and declined referrals. The service collects ethnicity from prospective residents and enters into an electronic database. Head office routinely analyses ethnicity data.</p> <p>There is an information pack relating to the services provided at Longwood Care Home, which is available for residents and families/whānau prior to admission or on entry to the service. The admission agreements reviewed were signed and aligned with the requirements of Te Whatu Ora - Southern service agreements. Items that are not provided by Longwood Care Home are included in the admission agreement.</p> <p>Longwood Care Home identifies supports that would benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. The service has access to Māori health providers to benefit Māori individuals and whānau if 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>Seven resident files were reviewed: three rest home and four hospital, one including a young person with a disability (YPD), and one resident funded by ACC. The RNs conduct all assessments and develop the care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed. The Longwood Care Home provides equitable opportunities for all residents and would support Māori and whānau to identify their own pae ora outcomes in their care plans.</p> <p>The Longwood Care Home uses the Bupa admission booklet which has a range of assessment tools alongside the interRAI care plan process. The initial support plan is completed within 24 hours of admission. InterRAI assessments and reassessments have been completed within expected timeframes. Outcomes of risk assessments formulate the long-term care plan.</p> <p>Long-term care plans had been completed within 21 days and included a comprehensive three-week review meeting with family. Care plan interventions were holistic, resident centred and provided</p>

	<p>guidance to staff around all medical and non-medical requirements. Evaluations were completed six-monthly for six residents. One rest home had not been at the facility for six months and did not require an evaluation. Short-term care plans are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan.</p> <p>All residents are assessed by the nurse practitioner (NP) or general practitioner (GP) within five working days of admission. The NP or GP visits weekly and the practice is available Monday to Friday during normal working hours. After-hours care is provided by the general practice. The NP stated that Longwood Care Home provides a high standard of care with timely and accurate communication. Allied health interventions are documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented. A physiotherapist visits two hours a week and is supported by a physiotherapy assistant for six hours a week. Specialist services (eg, mental health service for older people, dietitian, speech language therapist, wound care, and continence specialist nurses) are available as required through Te Whatu Ora Southern</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written (paper based) by caregivers and RNs on every shift and the RNs record progress against identified goals each week or as required.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the clinical manager/RN who then initiates a review with the NP or GP. Family stated they were notified of all changes to health, including infections, accident/incidents, GP/NP visits, medication changes and any changes to health status, and this was consistently documented in the resident's file.</p> <p>There is a paper-based wound register. Wound assessments were comprehensive and included size, width, length depth, surrounding skin condition and current exudate. Assessments included initial</p>
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		<p>photos. The wound plans are clearly documented, including dressing type and frequency. Evaluations following each dressing confirm progress towards healing. Wound records were reviewed for three residents with current wounds, including two skin tears and one continence associated skin condition. There were no residents with pressure injuries. The clinical manager stated the wound nurse specialist from Te Whatu Ora – Southern is available if required for residents with chronic wounds. Adequate pressure relieving equipment was sighted and in place for residents at high risk of developing a pressure injury.</p> <p>Incontinence products are available and resident files include a continence assessment, with toileting regimes and continence products identified for day and night use.</p> <p>Monitoring charts are completed by caregivers and the RNs, including bowel charts; vital signs; weight; food and fluid charts; blood sugar levels; and behaviour. Each event involving a resident is recorded on an electronic incident/accident form. Incident/accident forms reviewed reflected a clinical assessment and a timely follow up by a RN. Neurological observations were consistently recorded as per policy. Opportunities to minimise future risks are identified by the clinical manager.</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>Longwood Care Home employs a diversional therapist (DT) for 22 hours a week and two activities assistants for 22 hours each a week. Saturdays are covered by one of the team. The DT develops and delivers the activity programme. A monthly activities calendar is posted on the noticeboards and residents are provided with a weekly programme.</p> <p>There are a range of activities appropriate to the resident's cognitive and physical capabilities. Activities include physical, cognitive, creative, and social activities. Residents who do not participate regularly in group activities have one-on-one sessions. The interactions observed on the day of the audit showed engagement between residents and the activity team. Residents' participation and attendance in activities are recorded and filed in their clinical file. Residents have an individualised activities care plan which is integrated in the long-term care plan, and these are reviewed at least</p>

		<p>six-monthly.</p> <p>There are a range of activities, including: crafts; exercises; house; word quizzes; paper reading; men's club; knit and natter groups; sing-alongs; and movies. Residents are encouraged to maintain their community links and go on outings. Community visitors include pet therapy, Kapa Haka groups, entertainers, and church services. Themed days/weeks such as Matariki, Waitangi, Māori language week and ANZAC Day are on the programme and celebrated with appropriate resources available. Longwood Care Home has embedded culturally themed activities into the activities programme, such as learning Harakeke weaving, planning a hangi experience, and sharing the importance and meaning of a korowai. The service has been awarded a continuous improvement rating for improvements to the activities programme.</p> <p>Families/whānau interviewed spoke positively of the activities programme, with feedback and suggestions for activities made via resident meetings and surveys.</p> <p>The service has exceeded the standard around improving the activities programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Longwood Care Home has policies available for safe medicine management that meet legislative requirements. The clinical manager, RNs and medication competent caregivers who administer medications are assessed annually for competency. Education around safe medication administration is provided. The clinical manager and RNs have completed syringe driver training.</p> <p>There is an electronic management system. At the time of the audit, an RN was observed to be safely administering medications. The clinical manager, RN and caregivers interviewed could describe their roles regarding medication administration. Longwood Care Home uses robotic packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication trolleys and</p>

		<p>three medication rooms. The medication fridges and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening.</p> <p>Fourteen electronic medication charts were reviewed. There is a GP or NP review of all the residents' medication charts three-monthly, and each drug chart has photo identification and allergy status identified. There is a policy in place for residents who request to self-administer medications. At the time of audit, two residents were self-administering medications. The appropriate documentation was in place and medications were stored safely. Over-the-counter medication is considered during the prescribing process and these along with nutritional supplements, are documented on the medication chart. No standing orders were in use and no vaccines are kept on site.</p> <p>The service identified the use of antipsychotic medications at Longwood Care Home was above the Bupa average and there has been a strong focus on the reduction of these medications. Individual file reviews identified an improvement in the quality of life for three residents. The service is continuing to work on quantifying the improvements in this area.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The clinical manager and RNs described how they work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>There is a head cook (who is completing her chef training), a part time cook, and kitchen assistants who work rostered days. All meals are cooked on site, with meals being served from the kitchen into the adjacent rest home dining room. Meals are delivered to the kitchenettes in the rest home and hospital wings and served from a bain-marie. There is a seasonal four-week rotating menu, which has been reviewed by the Bupa dietitian. A resident dietary profile is developed for each resident on admission, and this is provided to the</p>

		<p>kitchen. The kitchen meets the needs of residents who require special diets. The cooks work closely with the clinical manager and RNs with residents' dietary profiles and any allergies. Modified utensils and plates are available as required. Residents who require supplements for identified weight loss have them supplied.</p> <p>There is a food control plan expiring 22 September 2023. Kitchen staff are trained in safe food handling. Staff were observed wearing correct personal protective clothing. Serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Quarterly family/whānau meetings, and one-to-one interaction with care staff in the dining room allows the opportunity for feedback on the meals and food services generally. The kitchen provides food for the cultural themed days in line with the theme. The cook stated that they are able to accommodate cultural requests, including boil ups, rice and others if requested. Residents and family/whānau members interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Documented policies and procedures ensure exit, discharge, or transfer of residents are undertaken in a timely and safe manner. Planned exits, discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. The residents (if appropriate) and families/whānau are involved for all exits or discharges to and from the service, including being given options to access other health and disability services – tāngata whaikaha, social support or kaupapa Māori agencies if requested. Discharge notes are kept in residents' files and any instructions integrated into the care plan. The clinical manager, RNs and caregivers advised a comprehensive handover occurs between services.</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</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Longwood Care Home and comply with all legislation. The current building warrant of fitness expires 1 October 2023. The environment is</p>

<p>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>inclusive of peoples' cultures and supports cultural practices.</p> <p>The service has no plans to expand or alter the building but will consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future.</p> <p>There is a reactive and preventative maintenance schedule in place. This includes the monthly testing of hot water temperatures. The reactive maintenance is written up by staff in a logbook kept at reception, which the maintenance person checks daily and signs off when tasks are completed. Electrical testing and tagging, resident's equipment checks, call bell checks, and calibration of medical equipment has been completed. Essential contractors/tradespeople are available as required. Gardeners maintain gardens and grounds. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>The corridors are sufficient to allow for safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is safe access to all communal areas.</p> <p>There are two rooms that have a full ensuite. The remainder of the rooms have a hand basin and access to shared bathroom and toilet facilities. Privacy locks indicate whether the communal toilet/showers are vacant or in use. There are communal toilets near lounges and the dining room. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit.</p> <p>The rest home and hospital areas have lounge and dining areas. A large multi-purpose room is available for use for activities or for family functions. Outside gardens areas are accessible with outdoor seating and shade. All bedrooms and communal areas have ample natural light and ventilation. Heating is by heat pumps and or underfloor heating.</p> <p>Since the last audit, the service has installed heat pumps throughout</p>
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		communal areas and hallways and are in the process of repainting the interior, including all resident rooms. They have purchased bariatric beds, low hospital beds, air mattresses, sensor mats, new hoists and slings, and new observation stations. The clinical manager advised they are continually assessing their equipment to meet the needs of the residents.
<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>	FA	<p>Emergency management policies that include a pandemic plan outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service, dated 6 June 2014. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness, with the most recent drill taking place on 12 July 2023. There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence supplies are in place which are checked six-monthly. In the event of a power outage, gas cooking (portable gas cookers) is available.</p> <p>The service has a generator (diesel) on site. There are adequate supplies in the event of a civil defence emergency, including bottled water (160 litres), header tanks (3,575 litres) and food supplies for at least three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in proximity to their current position. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The building is secured after hours. Staff complete regular security checks at night.</p>
Subsection 5.1: Governance	FA	The clinical manager (RN) undertakes the role of infection control coordinator to oversee infection control and prevention across the

<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>service. The job description 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. Infection control audits are conducted as scheduled. Infection control data is benchmarked with other Bupa facilities at head office.</p> <p>Infection control is part of the strategic and quality plans. The service has access to an infection prevention clinical nurse specialist from Bupa head office and Te Whatu Ora -Southern. Infection rates, including benchmarking, are presented and discussed at quality and staff meetings. Outbreaks are reported to head office and the executive team and support is provided as required. Visitors are asked not to visit if unwell. Covid-19 screening is required for resident transfers from Te Whatu Ora - Southern. 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 scope of our services.</p>	<p>FA</p>	<p>The infection control coordinator (clinical manager) is supported by the team of nurses and Bupa infection control lead. During Covid-19 lockdown, there were regular zoom meetings with Te Whatu Ora-Southern, and the Bupa infection control lead which provided a forum for discussion and support related to the Covid response framework for aged residential care services. The service has a Covid-19 and pandemic response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed an online training with Te Whatu Ora – Southern infection prevention and control. There is good external support from the GP, NP, laboratory, and the Bupa infection control lead. 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</p>

		<p>accessible. The Bupa infection control lead and the infection control coordinator has input into the procurement of good quality PPE, medical and wound care products. There are no plans for major refurbishments or changes to the building; however, the clinical manager and Bupa infection control lead would have input where applicable.</p> <p>The infection control manual outlines 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, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens to prevent healthcare-associated infections.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. All residents requiring hoist slings have dedicated slings stored in their rooms. The service infection control policies acknowledge importance of te reo Māori information around infection control. The infection control coordinator advised they will provide educational resources in te reo Māori for Māori residents if requested. Staff interviewed could describe safe cultural practice guidelines in relation to infection prevention and control. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Cleaning and environmental audits are completed four-monthly, and the cleaning audits reviewed for this audit include evidence that these procedures are carried out.</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 Covid-19 and staff were informed of any changes by noticeboards, handovers, toolbox talks, text message and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau were kept informed and updated on</p>
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		Covid-19 policies and procedures through emails.
<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 organisation has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort at Longwood Care Home.</p> <p>Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. Infection rates are monitored monthly and reported in a monthly quality report and presented at meetings. The infection control Bupa lead is responsible for collating and analysing the electronic medication management system with pharmacy support. The monitoring and analysis of the quality and quantity of antimicrobial prescribing occurs annually.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. 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. Bupa has processes in place to support incorporating ethnicity data into surveillance methods and data captured around infections. This will be further extended with the introduction of the electronic resident management system in September. 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. Internal infection</p>

		<p>control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora – Southern.</p> <p>There have been four Covid-19 outbreaks (May June and July 2022 and one in January 2023), and one upper respiratory tract outbreak in August 2023 since the previous audit. All were appropriately managed with Te Whatu Ora – Southern, and Public Health were appropriately notified. There was regular communication with Bupa infection control lead, clinical director, aged care portfolio manager and the local Te Whatu Ora – Southern infection control nurse specialist. Meeting minutes identified discussion on opportunities to improve responses and prepare for 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. Sharps 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 is a sluice room (with sanitiser) adjoining the laundry with personal protective equipment available, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is managed on site; and effectiveness and standards are maintained through the internal audit process. The laundry has a defined dirty to clean flow. 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 numerous linen cupboards were well stocked. All staff interviewed had good knowledge about cleaning processes and requirements related to infection prevention and control. The linen cupboards in each area</p>

		were well stocked. Cleaning and laundry services are monitored through the internal auditing schedule and are reviewed by the infection control coordinator.
<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. The regional restraint group is responsible for the Bupa restraint elimination strategy and for monitoring restraint use in the organisation. Restraint is discussed at the clinical governance and Board level. If a Māori resident requires restraint, prior to this decision cultural advice is sought alongside whānau to explore spiritual and cultural values. The general manger is the restraint coordinator and has a defined role of providing support and oversight for any restraint management. The interviewed restraint coordinator stated that the service is committed to a restraint-free environment in the facility. They have strong strategies in place to eliminate the use of restraint.</p> <p>At the time of the audit, there were three residents using four restraints (three lap belts and one bedrail). When restraint is used, this is a last resort when all alternatives have been explored. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. 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.</p> <p>Family/whānau/EPOA and residents were involved in decision-making.</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 that any form of restraint is always the last resort.</p>	FA	<p>Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of the Standard. Residents and family/whānau confirmed their involvement in the process. 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. The files of two residents using restraints reflected evidence of</p>

<p>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>an assessment, consent process and six-monthly reviews. Staff, management meeting minutes, and quarterly reports to the national restraint coordinator documented discussions about restraint. If emergency restraint is required, the RN will consult with the general manager, clinical manager, resident, and family/whānau and determine, depending on the situation who will debrief the staff.</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. Benchmarking is completed with other sister facilities. The benchmarking identifies trends and ways to minimise and eliminate the use of restraint. Ongoing restraint and challenging behaviour education is provided to all staff.</p>

Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>At the time this audit was undertaken, there was a significant national health workforce shortage. As per the ARRC contract with Te Whatu Ora - Southern, a hospital level aged care facility is required to roster an RN on duty at all times. The service is short of RN cover for four nightshifts per week. These shifts are currently covered by an enrolled nurse or a medication competent caregiver. Additional cover is provided by the clinical manager who lives close by and can be at the facility within five minutes of contact. There are sufficient care staff rostered for all shifts.</p>	<p>Four nightshifts per week do not evidence an RN on duty; therefore, the service is unable to meet the requirements of the ARRC contract D17.4 a-i</p>	<p>Ensure an RN is rostered on all shifts to meet the requirements of the ARC contract D17.4 a-i</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>The resident survey 2022 reported to the service that satisfaction with the activity programme was low (81%), evidencing a decrease of 7% on the previous survey results. A goal was established to improve the programme.</p>	<p>In 2023, Longwood Care Home increased the activities staff ratio and employed two new staff to the activities team to bring a more diverse approach to activities. New staff included one of Māori descent who is passionate about improving cultural and spiritual wellbeing for all residents. The new team focused on increasing resident involvement in programme planning. The agenda for resident meetings was shared several days prior and residents were encouraged to bring ideas. Suggestions from the residents for speakers and topics were implemented. A weekly calendar (rather than monthly) was implemented, as residents found it easier to navigate and it allowed more planning flexibility. Community involvement including village residents, school children and childcare groups was increased, and community social media pages are shared.</p> <p>On the day of audit, a post from Longwood Care Home in the social media group requested daffodils. Four large buckets</p>

			<p>were delivered soon after. A walking group competition involves a number of residents walking daily, completing a competition chart which is reviewed weekly, and a winner announced. Another news group initiatives include a men club; wine group; RSA visits weekly on a Friday night and a music group. Māori culture initiatives have included integrated names and signage, introduction of karakia by a local kaumātua, and group discussion on the history and for Māori mutton birding activities. A local school teacher demonstrated and involved residents in flax flowers.</p> <p>Residents were encouraged to provide feedback on activities at bimonthly resident meetings and the programme was adjusted to reflect feedback. There are also weekly activity team meetings to review activities that have taken place and plan for the future. Activities now include an integration with independent living residents to provide a more community atmosphere. As a result of these activities, satisfaction has improved significantly; in the latest 2023 survey, the satisfaction rate had improved by 8% to 89%.</p>
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End of the report.