

Bupa Care Services NZ Limited - Te Whanau Rest Home & Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Bupa Care Services NZ Limited

Premises audited: Te Whanau Rest Home & Hospital

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

Dates of audit: Start date: 12 July 2023 End date: 13 July 2023

Proposed changes to current services (if any): The service has reduced the total number of beds from 65 to 64 by converting room 51 (rest home) to storage space. Therefore, rest home beds are reduced from 18 beds to 17 beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 53



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

General overview of the audit

Bupa Te Whanau is certified to provide hospital (geriatric and medical), and rest home levels of care for up to 64 residents. There were 53 residents on the day of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Te Whatu Ora Health New Zealand- Te Pae Hauora o Ruahine o Tararua MidCentral. 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, and staff.

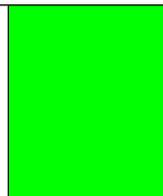
The care home manager is appropriately qualified and experienced and is supported by an experienced clinical manager. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with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

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

This surveillance audit identified improvements required around the quality programme, staff roster management and implementation of the care documentation.

Ō tatou motika | Our rights

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

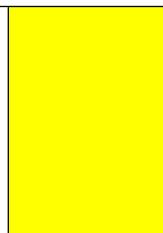


Subsections applicable to this service fully attained.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The care plans demonstrate service integration; there is a process in place for registered nurses to review assessments and care plans on the resident's six-month anniversary. Resident files include medical notes by the general practitioner and allied health professionals.

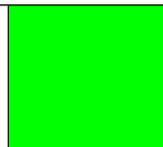
The activities team provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings.

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

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

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

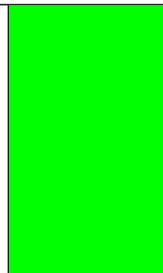


Subsections applicable to this service fully attained.

The building currently has an approved fire evacuation scheme. Fire drills occur six-monthly. Security arrangements are in place in the event of a fire, external disaster or at night. Preventative and reactive maintenance schedules are maintained to include equipment electrical compliance and calibration, hot water and air temperatures, and call bell checks.

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.

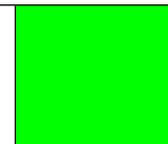


Subsections applicable to this service fully attained.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Pandemic and Covid-19 response plans are in place. Adequate supplies of personal protective equipment is in place. There have been outbreaks since the previous audit and these were managed well.

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.

There is a documented commitment from management to maintain a restraint-free environment. At the time of the audit, there were no residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	2	1	0	0
Criteria	0	55	0	2	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan and cultural safety policy is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for Aotearoa New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori. There were staff identifying as Māori at the time of the audit. The care home manager interviewed confirmed the service actively supports and encourages applications from Māori and supports increasing Māori capacity by employing Māori applicants when they do apply for employment opportunities at Bupa Te Whanau.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p>	Not Applicable	<p>Work is underway by the Bupa organisation to partner with a Pacific organisation (or leader who identifies as Pasifika) to provide guidance and consultation as the Bupa Pacific health plan is developed and implemented. At the time of the audit, there were staff who identified as Pasifika at Bupa Te Whanau.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Interviews with staff (three caregivers, three registered nurses, one quality partner, one cook, two activities coordinators, one laundry, one cleaner and one maintenance), six residents (two hospital; four rest home) and two family/whānau (one hospital; one rest home) confirmed Māori mana motuhake is being upheld. Māori tikanga principles are documented in flip charts, and are placed throughout the facility, including at reception, at the nursing stations and in the staffroom. Caregivers receive Māori mana motuhake training during their orientation to the service, in accordance with achieving a level two New Zealand Qualification Authority (NZQA) Careerforce qualification and must complete a competency questionnaire to reflect their learnings.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Signage in te reo Māori is in place in various locations throughout the facility and common words and greetings in te reo Māori are used by staff daily. Staff are assisted further in the use of te reo Māori by those staff who are able to speak and understand this language.</p> <p>The staffrooms contain flip charts on Māori tikanga best practice guidelines. Interviews with caregivers and registered nurses confirmed their understanding of tikanga best practice, with examples provided.</p> <p>Staff attend specific cultural training that covers Te Tiriti o Waitangi, and tikanga Māori, to ensure that staff participate in te ao Māori. This training is also included in the caregiver orientation programme and is supported by a competency questionnaire. The service responds to tāngata whaikaha needs and enables their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>environment.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents, including Māori. At the time of the audit, there were Māori residents. The Māori care plan captures any required Māori health and cultural information for each Māori resident.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. Five resident files reviewed included general consent forms signed by the resident, activated enduring power of attorney (EPOA) or next of kin. Other consent forms include vaccinations. Staff, residents and family/whānau members interviewed could describe what informed consent was and knew the residents had the right to choose and families/whānau were encouraged to be included in decision making.</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 an equitable process, provided to all residents and relatives on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register that is held on Riskman. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There have been eight complaints lodged since previous certification audit. Two in 2021, four in 2022 and two in 2023. No trends were identified, and the majority of the complaints were of a minor nature. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in</p>

		<p>accordance with guidelines set by the Health and Disability Commissioner (HDC). There has been one unexpected death reported through to the coroner (September 2022).</p> <p>There was one complaint received and managed through the Health and Disability Commissioner (HDC) which has been closed. There were no issues identified in relation to this complaint.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on the complaints process. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including resident meetings, surveys and one-to-one interaction with staff and management. The complaints process is available in te reo Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Bupa Te Whanau is located in Levin, Horowhenua. The service is certified to provide care for rest home and hospital (geriatric and medical) levels of care, for up to 64 residents. There are 37 hospital beds, including 10 dual-purpose beds and 17 rest home beds. Te Whanau has two double rooms in the rest home which had single occupancy on the day of the audit. The service is converting room 51 (in the rest home) from a resident room to storage space. Therefore, rest home rooms reduce by one from 18 to 17.</p> <p>On the days of audit there were 30 rest home level residents (including three young people with disability and one respite funded by ACC), and 23 hospital level residents (including one resident on a younger person with disability (YPD) contract, and one on a long-term support-chronic health condition (LTS-CHC) contract.</p> <p>Bupa has an overarching strategic plan in place with clear business goals to support their philosophy of 'Helping people live longer, healthier, happier lives and making a better world. We take pride in endeavouring to delivering quality care with a personal touch'. The business plan includes a mission statement and operational objectives with site specific goals. The Bupa executive team reports to Asia Bupa based in Melbourne. There is a New Zealand based managing director that reports to a New Zealand based Board. The</p>

		<p>clinical services director reports to the managing director.</p> <p>Bupa has a clinical governance committee (CGC) with terms of reference. There is a quarterly CGC meeting and a CGC pack produced and distributed to the committee members prior to meetings. There is a risk governance committee (RGC) which aligns and interfaces with the CGC to manage quality and risk systems. External benchmarking of incident data with other New Zealand aged care providers is included. A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan.</p> <p>The care home manager (over seven and half years in aged care) has been in the role at Bupa Te Whanau since March 2022.</p> <p>Bupa has developed a te ao Māori health strategy to introduce and implement te ao Māori related standards with a Māori health consultant. Bupa has engaged with a cultural advisor to work alongside the Bupa leadership team. Bupa leadership team has undertaken the Te Kaa Māori immersion training programme. Additional training has been undertaken by the leadership team to ensure competence with Te Tiriti, health equity, and cultural safety through shared learning, presentations at leadership team meetings, and completion of online modules. Tāngata whaikaha provide input through annual satisfaction surveys and resident meetings, as evidenced in meeting minutes. Bupa provides feedback to residents and relatives/whānau through newsletters.</p> <p>The care home manager is supported by an experienced clinical manager, registered nurses, a team of clinical and non-clinical staff, regional operations manager, and the regional quality partner.</p> <p>The care home manager and the clinical manager have both completed more than eight hours of training related to managing an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and</p>	<p>PA Low</p>	<p>There is an established quality and risk management system which includes performance monitoring through internal audits and through the collection of clinical indicator data. Benchmarking</p>

<p>outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>occurs on a national level against other Bupa facilities and aged care provider groups.</p> <p>Internal audits, meetings, and collation of data were documented as taking place, with corrective actions implemented to address service improvements. Evidence of progress and sign off when achieved was not always signed off when completed, as sighted. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed; however, sign-off when completed was not always evident. Monthly quality meetings and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education.</p> <p>Staff have completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</p> <p>The 2022 resident and family satisfaction surveys indicate satisfaction with the services provided by Bupa Te Whanau related to friendly staff, culture, quality care and work together. The service has consistently scored low in the past three surveys in relation to services related to: easy to contact via phone; activities; and food, with no evidence of quality improvements being put in place to address the gap. Results have been communicated to residents in resident meetings (minutes sighted) and posted on the resident/whānau noticeboard.</p> <p>A quarterly and annual review of the quality programme provide a critical analysis of practice to improve health equity. New policies or changes to policy are communicated to staff.</p> <p>Electronic reports using Riskman are completed for each incident/accident. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. A health and safety system is in place, with an annual identified health and safety goal that is directed from head office. Health and safety training begins during the new employee's induction to the service. Contractors are also orientated to health and safety, including awareness of hazards. Hazard identification</p>
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		<p>forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. A noticeboard keeps staff informed on health and safety. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>Discussions with the care home manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been three Section 31 notifications related to pressure injuries; five related to registered nurse shortages (with waiver in place for three of them); and one unexpected death reported to the coroner since the previous audit. Te Whatu Ora Health New Zealand Te Pae Hauora o Ruahine o Tararua MidCentral and Public Health authorities were informed regarding the suspected respiratory outbreak (July 2021), and Covid-19 outbreaks (May 2022 and January 2023) at the facility.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The registered nurses, activities coordinators and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable, and that management are very supportive. At the time of roster development, there are enough caregivers to fill the roster. Staff reported that it is at the time of unplanned short notice absences or when they have multiple staff on planned leave, that the gaps cannot be backfilled, impacting on the workload and service for the residents.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The care home manager and clinical manager are on-site Monday to Friday. On-call cover is shared between the managers and clinical managers from Bupa sites in the region.</p>

		<p>There is an annual education and training schedule being implemented. The education and training schedule lists all compulsory trainings, which includes cultural awareness training. External training opportunities for care staff includes speakers from Te Whatu Ora- Te Pae Hauora o Ruahine o Tararua MidCentral, and hospice. Staff are rostered to attend a minimum of one full day of education and training per year.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-four caregivers are employed, with 62% having achieved a level two NZQA qualification (or higher).</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation and annually. Level four caregivers complete many of the same competencies as the RN staff. Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. Nine RNs are employed and four are interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year. All RNs attend relevant quality, staff, RN, restraint, health and safety, and infection control meetings when possible. Facility meetings provide a forum to share Māori health information along with quality data.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files were selected for review and evidenced the recruitment process is being implemented, which includes interviews, reference checking, signed employment contracts, police checking and completed orientation.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori.</p>

		<p>Caregivers are awarded a level two NZQA qualification after they have completed their orientation.</p> <p>A register of practising certificates is maintained for all health professionals. An orientation programme for volunteers is in place. Bupa has commenced the process of formally collecting ethnicity data on existing staff. Once they pass screening, suitable applicants are interviewed by the Bupa Te Whanau care home manager. Information held about staff is kept secure, and confidential.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The admission policy requires the collection of information that includes (but is not limited to): ethnicity; spoken language; interpreter requirements; iwi; hapu; religion; and referring agency. Interviews with residents and families/whānau and review of records confirmed the admission process was completed in a timely manner.</p> <p>The service has developed meaningful partnerships with Māori communities and organisations at a facility level to benefit Māori individuals and whānau. The service gathers ethnicity entry data and have not declined any Māori residents. There were a significant number of Māori residents in the facility.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Five resident files were reviewed (three hospital, including one LTS-CHC and one YPD; and two rest home, including a respite resident funded by ACC). Initial care plans are developed with the residents or EPOA's involvement within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the Needs Assessment Service Coordination (NASC) team or other referral agencies.</p>

	<p>The individualised long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment had been completed within three weeks of the residents' admission to the facility (inclusive of residents not on the ARRC contract). Interventions are documented to guide staff in meeting the residents' assessed needs. The residents who identified as Māori had a cultural assessment and Māori health care plan in place, which outlined objectives and achievements towards meeting their health care needs and pae ora outcomes. The registered nurses interviewed described removing barriers (including cultural) to assist residents to have access to information and services required to promote independence.</p> <p>Short-term care acute problems (eg, infections, wounds, and weight loss) are documented on short-term care plans and signed off once resolved. However, when residents presented with vomiting episodes, these were not addressed through development of a short-term care plan.</p> <p>The resident's general practitioner (GP) or nurse practitioner (NP) undertake the initial medical assessment. Residents have reviews by the GP or NP within required timeframes and when their health status changes. Documentation and records reviewed were current. Neither the GP or NP were not available on the days of the audit to be interviewed. After hours clinical on call is provided by the clinical managers in the region. A contracted physiotherapist works six hours a week. A podiatrist visits six-weekly.</p> <p>Contact details for family/whānau are recorded in the resident files. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken for all wounds. There were eleven residents with wounds on the day of audit. There was one resident with a stage I pressure injury (sacrum). A wound care specialist from Te Whatu Ora-Te Pae Hauora o Ruahine o Tararua MidCentral, can provide</p>
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		<p>advice when required.</p> <p>The progress notes are recorded and maintained; however, entries did not always provide an accurate record of the resident's journey.</p> <p>Monthly observations (such as weight and blood pressure) were completed and are up to date. Neurological observations were noted to be recorded following all un-witnessed falls. Each event involving a resident is documented electronically. Incident reports reviewed reflected a clinical assessment and follow up by a registered nurse. Relatives are notified following incidents, and opportunities to minimise future risks are identified by the clinical manager.</p> <p>Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift (observed on the day of audit).</p> <p>Tāngata whaikaha have input into their care plans and provide feedback on the service through regular resident meetings, multidisciplinary (resident review) meetings and satisfaction surveys.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments; however, when changes occurred earlier, the care plans were not always updated to reflect the changes, as reviewed in two files.</p> <p>The RN documents evaluations. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful</p>	<p>FA</p>	<p>The activities assistants work full time to cover the activities Monday to Sundays. The activities assistants are supported by a national diversional therapist to develop an activities programme. The weekly activities programme is displayed on the noticeboards around the facility and includes individual and group activities.</p> <p>There are cultural themes once a month. During the Māori cultural</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>celebration, the kitchen provided hāngi, a ‘boil up’ and fried bread. The service also celebrates birthdays, Matariki, Māori language week, Anzac, Easter, and Christmas. Happy Hour is held weekly, and regular entertainers visit the facility.</p> <p>There are currently Māori residents, and no Pacific residents. The activities team works to ensure that te reo Māori and te ao Māori are actively promoted and included in the activities programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</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>Policies and procedures are in place for safe medicine management. Medications are stored safely and securely. The internal audit schedule includes medication management six-monthly.</p> <p>Registered nurses and medication competent caregivers administer medications, and all have completed medication competencies annually. Registered nurses have completed syringe driver training. All medication robotic packs are checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering medications are in place, and this includes ensuring residents are competent, and safe storage of the medications. There were three residents supported to partially self-administer medications on the day of the audit; related documentation and processes meet the policy guidelines.</p> <p>Registered nurses advised that over-the-counter medications are prescribed by the GP or the NP. All medication errors are reported and collated with quality data. Residents and their family/whānau are supported to understand their medications when required. The RNs stated that appropriate support and advice is provided when requested by Māori.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are returned to pharmacy.</p> <p>Nine electronic medication charts and one paper medication chart were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status identified. The GP or NP</p>

		had reviewed the medication charts three-monthly for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately, with outcomes documented in progress notes. Standing orders are not used. One registered nurse was observed administering medications correctly on the day of audit.
<p>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>The casual cook was interviewed on the day of audit and advised they receive resident dietary profiles and are notified of any dietary changes for residents from the RNs. The residents have a nutritional profile developed on admission, which identifies dietary requirements, like, and dislikes.</p> <p>The cook stated that differing cultural needs can be met. The facility recently held a Māori cultural day, and the kitchen provided a 'boil up,' hāngi and fried bread. The kitchen assistants and caregivers has completed food safety and cultural training which includes understanding of tapu and noa.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>The transfer, return and discharge policy ensure a smooth, safe, and well organised transfer or discharge of residents. Documented transfers to hospital (on the files reviewed) were appropriate. The registered nurses interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There was evidence that residents and their family/whānau were involved for all exits or discharges to and from the service and have the opportunity to ask questions. A copy of the advance directives, advance care plan (where available), a completed transfer report, and medication chart are included with transfer documentation. A verbal handover is provided to the receiving service. Referral to other health and disability services was evident in the resident files reviewed.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The service has a current building warrant of fitness which expires 5 September 2023. The service has a full-time maintenance person, who is available Monday to Friday. Other part-time staff assist with gardening. There is a preventative maintenance schedule which is maintained. The planned maintenance schedule includes electrical compliance testing, resident's equipment checks, calibrations of weigh scales and clinical equipment and testing, which are all current. Weekly hot water temperature checks are completed for resident areas and are below 45 degrees Celsius. Weekly air temperatures are completed, including the nursing treatment rooms.</p> <p>The power delivery to the building does not meet the building energy demand; this has an impact on the central heating for communal areas. Mitigating strategies have been implemented and include an on-site generator to assist with power delivery. The C-Wing (rest home) communal areas were not in use (residents were using other communal areas around the facility), there was a marked difference between air temperatures in comparison to the rest of the building. On the day of the audit, an event was logged in Riskman by the care home manager. A Section 31 report (sighted) was sent to the health of the older persons manager, Te Whatu Ora Health New Zealand Te Pae Hauora o Ruahine o Tararua MidCentral, and HealthCERT by end of audit. There were phone issues reported in September 2022 through the complaints management system and resident's surveys. The auditors experience prior to the audit and evidence through voice messages left on the phone system indicate that the phone issue is ongoing. On the days of the audit, the underlying issue was investigated and reported as rectified.</p> <p>There is no construction work being undertaken at present. Management advised that any future development would include consultation with local iwi to ensure they reflect aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 19 October 2005 (sighted). Fire</p>

<p>will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>evacuation drills are held six-monthly sighted 16 February 2023. The building is secure after hours and staff complete security checks at night. There is security lighting, CCTV cameras and two security patrols by an external company each night. Visitors are required to sign in.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There is an organisational pandemic and outbreak plan in place, and this is reviewed at regular intervals. There is a full suite of documents that guide staff practice. The service reviews their infection prevention programme annually.</p> <p>Sufficient infection prevention resources, including personal protective equipment (PPE), were sighted. The infection prevention resources were readily accessible to support the pandemic plan if required. There are outbreak kits readily available and sufficient supplies of personal protective equipment. These are checked regularly.</p> <p>Te ao Māori health strategy plan includes the importance of ensuring culturally safe practices in infection prevention. The service provides infection prevention information in te reo Māori. The infection prevention nurse (registered nurse) partners with the Bupa cultural advisor and Bupa infection prevention and control lead to ensure the protection of culturally safe practices in infection prevention. The staff who identify as Māori utilise their links to provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. Staff demonstrated tikanga guidelines related to infection prevention through annual competencies and training in cultural awareness.</p> <p>The care home manager interviewed described infection control input into future environmental upgrades.</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</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are</p>

<p>surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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>		<p>entered into an infection register and surveillance of all infections (including organisms) are collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at RN and quality/staff meetings. The service has commenced incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>There have been three outbreaks since the previous audit (Covid-19 in June 2022 and December 2022 to January 2023; and one suspected respiratory outbreak July 2021). The facility followed their pandemic plan. There were clear communication pathways with responsibilities and included daily outbreak meetings with staff. Staff wore personal protective equipment, cohorting of residents occurred to minimise risks, and families/whānau were kept informed by phone or email. Visiting was restricted. Residents and relatives were informed regularly during the outbreaks, as sighted in documentation, and confirmed during interviews. At the time of the audit, there were three residents in isolation for various conditions, with appropriate infection control measures and documentation in place.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Bupa is committed to eliminate restraint and offers guidance on this to their facilities. At the time of the audit, the facility has been restraint free for 12 months. The service's restraint-free environment policy provides guidance to remain restraint free. The restraint coordinator (clinical manager) was unavailable on the days of the audit. The job description documents the responsibility for ensuring this commitment is maintained. Family/whānau are informed prior to admission that the facility is a restraint-free facility. Strategies implemented include working in partnership with family/whānau to ensure the service maintains the dignity of the resident. Orientation and education completed includes the understanding and management of challenging behaviour and effective management of falls to ensure the facility remains restraint free.</p> <p>Systems are in place to ensure restraint-free strategies (and restraint if used) are reported in staff meetings, to the care home</p>

		manager and Bupa head office.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	PA Low	<p>Bupa uses strategic planning to analyse strengths, challenges, opportunities, and threat. This includes seeking feedback through regular surveys from staff, residents, and whānau; undertaking benchmarking against relevant clinical indicators; and demonstration of quality improvements being made and embedded into practice as a result of the outcomes. The facility manager and clinical manager provide oversight to ensure that corrective action plans and quality improvements are commenced, monitored, and evaluated in line with the Bupa Quality Programme policy.</p> <p>Monthly quality meetings and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety;</p>	<p>(i). Meeting minutes (quality, staff, registered nurse) reviewed did not always have corrective actions signed off when completed.</p> <p>(ii). There was no evidence of quality actions/improvements being put in place following resident survey results that were consistently low scoring.</p>	<p>(i). Ensure that where corrective actions are identified; follow up and sign off is completed as per quality programme policy.</p> <p>(ii). Ensure that quality actions/improvements are completed for process or system gaps identified during surveys.</p> <p>90 days</p>

		<p>infection control/pandemic strategies; complaints received (if any); staffing; and education, with corrective actions identified and documented. However, the meeting minutes reviewed did not demonstrate evidence of corrective actions being followed up and signed off when completed.</p> <p>The 2022 resident and family satisfaction surveys indicate satisfaction with the services provided by Bupa Te Whanau related to friendly staff, culture, quality care and work together. The service has consistently scored low in the past three surveys in relation to services related to: easy to contact via phone; activities; and food, with no evidence of quality improvements being put in place to address the gap.</p>		
<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>The care home manager takes accountability for the development of the roster, ensuring appropriate skill mix to ensure residents needs are met. At the time of roster development, there are enough caregivers to fill the roster. Staff reported that it is at the time of unplanned short notice absences that the gaps cannot be backfilled. Due to the shortages of caregivers, activities assistants reported that their work streams are redirected to cares and resident escorts for appointments. Interview with family's confirmed that the shift of activity coordinators to do cares and escorts for appointments (which was occurring frequently) is having an</p>	<p>Management of staff absences (planned and unplanned) are having a negative impact on resident's wellbeing, as verbalised by staff and family/whānau.</p>	<p>Ensure staff absence management meets the required need for safe and appropriate levels of service for residents.</p> <p>90 days</p>

		impact on the quality of activities for their loved ones.		
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or</p>	<p>PA Moderate</p>	<p>The provider meets evaluation timeframes according to aged residential care contract held; however, when changes occurred earlier, the care plans were not always updated to reflect the changes, as reviewed in two files. (a) One resident had behaviour monitoring charts completed which were reviewed by the GP/NP. The behaviour is ongoing, and medications were reviewed after a staff member was injured. An antipsychotic medication use plan was documented; however, it did not include the possible triggers and interventions required to safely manage the resident and safeguard the staff. (b) One resident on an LTS-CHC contract had a care plan developed for swallowing difficulties and were referred to a dietitian and speech and language therapist. The dietitian documented a choking plan in their allied notes. The care plan was not updated to reflect the Bupa Improvement alert requirements for residents at choking risk that was distributed to facilities in April 2023.</p> <p>The provider seeks multidisciplinary input as appropriate to the needs of the resident. Care plan evaluations identify progress to meeting goals. Short-term care plans were used for infections, weight loss, wounds, and medication changes. Two residents had vomiting episodes longer than 24 hours; however,</p>	<p>(i) Two residents (one hospital and one respite rest home) with acute issues (vomiting) did not have interventions documented to manage this.</p> <p>(ii) The same two residents' progress notes did not indicate how the acute issues had resolved and what treatment were provided.</p> <p>(iii) One hospital resident did not have an updated behaviour care plan to identify triggers and to guide staff in the safe management of the resident.</p> <p>(iv) One resident was identified as a choking risk (LTS-CHC) by a dietitian. The care plan did not have the risk updated as an alert, level of supervision required during meals, and positioning during meals.</p>	<p>(i). Ensure STCP are developed for acute issues as guided by the Bupa policy.</p> <p>(ii). Ensure progress notes reflect the evolving picture of the resident care.</p> <p>(iii)-(iv). Ensure care plans are updated to reflect changes to manage risks.</p> <p>60 days</p>

support plan.		<p>there were no interventions documented to manage this for either resident. Registered nurses interviewed stated there is not a requirement to complete short-term care plans for vomiting. It was confirmed with the Quality Partner and a review of the short-term care plan policy that it is required as part of the management process for acute issues.</p> <p>Progress notes are maintained and written daily on each shift by caregivers. Registered nurses add to progress notes when changes occurred. Not all progress notes entries reflect a true picture of what treatment was provided for two residents with acute vomiting episodes.</p>		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.