

Tasman Care Limited - Tasman Care Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Tasman Care Limited
Premises audited:	Tasman Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 5 October 2023 End date: 6 October 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:	67

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.

General overview of the audit

Bupa Tasman is located in Henderson, Auckland. The service is certified to provide care for hospital (medical and geriatric), and rest home level of care for up to 72 residents. On the days of the audit, there were 67 residents receiving care.

The provisional audit was undertaken to establish the prospective provider preparedness to provide health and disability services and the level of conformity of the existing providers' service that is under offer.

This provisional audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand - Waitematā.

The audit process included a review of policies and procedures, a review of residents and staff records, observations, and interviews with management, residents, family/whānau, staff, the general practitioner, and the prospective provider.

There had been a change in clinical manager since the previous audit. The care home manager is appropriately qualified and experienced in aged care. They are supported by an experienced team of registered nurses.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This provisional audit identified no improvements required.

Ō tatou motika | Our rights

Bupa Tasman 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 and a Pacific 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. Tasman 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

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

There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation, and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Bupa Tasman Care Home and Hospital 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.

There is an interesting and varied activities programme which the activities coordinator, activities assistants and physio assistant 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

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 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. Security is maintained.

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

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. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. 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 to relevant personnel in a timely manner. Benchmarking occurs.

The service has a robust pandemic and outbreak management plan in place. There is a sufficient supply of protective equipment. The internal audit system monitors for a safe environment. Three outbreaks have been documented and reported since the previous audit. These have been managed well.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. 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

There is governance commitment to minimise restraint use in their facilities. Restraint policies and procedures are in place. At the time of the audit the service was restraint free. Maintaining a restraint free environment is overseen by the restraint coordinator. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only uses an approved restraint as the last resort.

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	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori.</p> <p>Bupa has developed a te ao Māori strategy to introduce and implement the te ao Māori related standards with a Māori health consultant. Materials and care programmes that address the 2021 Health and Disability Services Standard have been put in place. Bupa care home managers have attended workshops (Mauri Tū, 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 and Towards Māori health equity policy’ described business processes to ensure equal opportunities for all applicants that do apply for jobs. At the time of the audit there were Māori staff members in various roles throughout the facility. Bupa</p>

		<p>Tasman has links to the local Manurewa Marae, kaumatua and Māori wardens for community support. The care home has contacts noted on the Tikanga flip charts.</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 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 care home 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 has provided several training sessions on cultural safety. Training encompassed Te Tiriti o Waitangi based on the guidelines of cultural safety in nursing education and practice.</p> <p>The prospective owner knows and understands the consumer rights and has a good understanding of Te Tiriti o Waitangi, recognising barriers for Māori and supporting Māori. The owner completed cultural training.</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>	FA	<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' ethnicities are captured. Individual cultural beliefs are documented for all residents in their care plan and activities plan. There are residents at Bupa Tasman who identify as Pasifika.</p> <p>The Bupa organisation developed of a comprehensive Te Mana Ola: Pathways to Pacific Peoples Health Equity plan that sets the key direction and long-term priorities to achieve equity in Pacific health and wellbeing outcomes. Bupa partners with a Pasifika organisation and/or individual to provide guidance. The service links with Pasifika groups in the local community facilitated by current staff members. The service is able to access pamphlets and information on the service in most Pasifika languages, and these are displayed at the</p>

		<p>entrance to the facility. Te Mana Ola: Pathways to Pacific Peoples Health Equity described business processes to help shape their Pacific workforce, the workplace culture. There are currently staff that identify as Pasifika. On interview, Pasifika staff members confirmed they were welcomed and supported by management to attain qualifications.</p> <p>Interviews with the care home manager, clinical manager, fifteen staff members included: five caregivers, three registered nurses (including one-unit coordinator), one activities coordinator, two activities assistants, one kitchen manager, two housekeepers and one business manager identified that the service puts people using the services first.</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>	<p>FA</p>	<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 whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. The care home manager, clinical manager or unit coordinator discuss aspects of the Code with residents (where appropriate) and their whānau on admission. Information about the Nationwide Health and Disability Advocacy is available on the noticeboards in each floor and in the information packs provided. Other formats are available such as information in te reo Māori, and Pacific languages. 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>Seven residents (two hospital and five rest home) and three family/whānau (three hospital) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The service recognises Māori mana Motuhake as reflected in the care plans. 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. Interactions observed between staff and residents were respectful.</p> <p>The prospective owner knows and understands The Code and their responsibilities as a provider of health and disability services, evidenced through interview.</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>	<p>FA</p>	<p>Caregivers and registered nurses (RNs) interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Residents are encouraged to have control and choice over activities they participate in as evidenced in resident care plans.</p> <p>The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. A sexuality and intimacy policy is in place. Staff receive training on sexuality and intimacy as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Staff interviewed could describe professional</p>

		<p>boundaries, and practice this in line with policy. 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 whānau 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 June 2023 resident/family surveys identified a high level of satisfaction around provision of care.</p> <p>Residents' files and care plans identified resident's preferred names.</p> <p>Matariki and Māori language week are celebrated at Bupa Tasman. Caregivers interviewed advised they are encouraged to use common te reo Māori phrases when speaking with Māori residents and for everyday greetings. Caregivers received cultural training that includes Te Tiriti o Waitangi training, the Bupa staff contract booklet includes information on Bupa's commitment to reflect the principles of Te Tiriti in day-to-day service delivery.</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> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Bupa Tasman policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the 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 received Code of Conduct training through Bupa Learn platform. The staff engagement survey of 2023 evidence staff are participating in creating a positive workplace. Towards Māori Health Equity policy address institutional racism. There is a safe anonymous pathway for staff to report issues related to racism and harassment.</p>

		<p>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 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 registered nurses 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 ` Person First Care ` to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes. On interview care staff confirmed an understanding of holistic care for all residents. Cultural awareness training completed in January 2023 and September 2023 includes recognition of explicit and non- explicit bias and supports the recognition and reduction of bias in health care.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</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>FA</p>	<p>Information is provided to residents and whānau on admission. Six weekly resident and whānau meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an adverse event. This is also documented on the family/whānau communication sheet that is held in the front of the resident's file. Twelve accident/incident forms reviewed identified whānau are kept informed; this was confirmed through the interviews with whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Some residents are not</p>

		<p>fluent in English. Staff on interview advised they have communication resources available when required and the resident use an iPad to help with communication.</p> <p>Non-subsidised residents (or their appointed representative) are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. 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.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora – Waitematā specialist services (eg, geriatric nurse specialist, mental health, wound nurse specialist, dietitian, speech, and language therapy). The management team hold weekly head of department meetings to enhance internal communication and facilitate a holistic approach to care. The registered nurses described an implemented process around providing residents and whānau 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>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. Nine files reviewed included signed general consent forms. The residents and whānau interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>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 whānau in decision making where the person receiving services wants them to be involved. Discussions with whānau confirmed that they are involved in the decision-making 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 that had an activated EPOA in place.</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 whānau on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy and electronically. There have been twenty-two complaints from June 2022/2023 year to date. The complaints included an investigation, follow up, and reply to the complainants. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted). Documentation demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There were two complaints (one in January 2023 and June 2023) lodged through Aged Concern and the National Advocacy Services both complaints (same complainant) were resolved. The complaints register reviewed evidenced a number of complaints related to one resident. The resident's family/whānau were interviewed and stated the care home manager is very responsive when they raised concerns and at present all concerns had been dealt with.</p> <p>The care home manager on interview advised complaints logged were classified into themes (operational issues, quality of care, communication, customer rights) in the complaint register. Trends in themes are around quality of care and communication.</p> <p>The welcome pack included comprehensive information on the process for making a complaint. Interviews with residents and whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance and in the wings of the facility.</p> <p>A suggestions box is adjacent to where the complaints forms are held. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident and family/whānau meetings are held quarterly, chaired by the care home manager. The contact details for a resident advocate from advocacy services is posted in large print on resident noticeboards. Residents and whānau making a complaint can involve an independent support person in the process if they choose. The care home manager described the preference for face-to-face communication with people who identify as Māori. Residents and family/whānau interviewed confirm the</p>
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		management is open and transparent in their communication.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Bupa Tasman is located in Henderson, Auckland, and is built across four levels (the care centre is across three levels with independent apartments on the fourth floor). The service is certified to provide care for hospital (medical and geriatric), and rest home level of care for up to 72 residents. All care beds are dual purpose beds.</p> <p>On the day of the audit there were 67 residents receiving care: 26 rest home residents and 41 hospital residents (including one on respite care). All other residents were under the age-related residential care contract (ARRC). The audit was conducted at a time of Covid-19 with six residents in isolation on the first floor.</p> <p>Bupa has an overarching strategic plan in place with clear business goals to support their person-centred philosophy of ‘Helping people live longer, healthier, happier lives and making a better world. We take pride in endeavouring to delivering quality care with a personal touch.’ The business plan includes a mission statement and operational objectives with site specific goals. The Bupa executive team reports to Asia Bupa based in Melbourne. There is a New Zealand based managing director that reports to a New Zealand based Board. The operations manager for Northern district reports to the national operations director. The Bupa Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The governing body of Bupa consists of directors of clinical, operations, finance, legal, property, customer transformation, people, risk, corporate affairs, and technology. This team is governed by Bupa strategy, purpose, and values. Each director has an orientation to their specific role and to the senior leadership team.</p> <p>The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. Bupa NZ is committed to supporting the best health outcomes for Māori and guidance for their</p>

	<p>employees by developing cultural safety awareness around Māori health equity, and disparities in health outcomes, including in aged residential care. The Towards Māori Health Equity policy states Bupa is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collective needs of residents who identify as Māori, to ensure they live longer, healthier, happier lives.</p> <p>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. The cultural advisor collaborates with the Boards and senior management in business planning and service development to improve Māori and tāngata whaikaha health outcomes. Tāngata whaikaha provide feedback around all aspects of the service, through resident meetings and satisfaction surveys (quarterly for family/whānau and six monthly for residents in 2023), which provides the opportunity to identify barriers and improve health outcomes.</p> <p>Bupa has a Clinical Governance committee (CGC), Risk and Governance committee (RGC), a Learning and development governance committee and a Work Health Safety Governance committee where analysis and reporting of relevant clinical and quality indicators is discussed in order to improve. The Clinical Services Director chairs the Clinical governance committee (CGC) with oversight from Bupa's second line Clinical Governance and compliance team and the Chief Medical Officer. The clinical support improvement team (CSI) includes clinical specialists in restraint, infections and adverse event investigations and a customer engagement advisor, based in head office. The organisation benchmarks quality data with other NZ aged care providers. Each region has a clinical quality partner who support the on-site clinical team with education, trend review and management.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in each monthly</p>
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		<p>meeting.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings, quality meetings and quality action forms that are completed for any quality improvements/initiatives during the year.</p> <p>The care home manager (non-clinical) has been employed in the role at Bupa Tasman for three years and has extensive experience in management of aged care facilities. The clinical manager has completed courses on clinical. The care home manager is supported by a clinical manager who has worked in the role since August 2022, one unit coordinator, registered nurses, and full complement of experienced care givers, business coordinator, the regional operational manager and 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 and includes Bupa regional managers forums, Māori health plan, pandemic and infectious disease planning and infection control teleconferences.</p> <p>The prospective buyer interviewed confirm there is an established organisational structure including financial management and there will be no changes to key personnel at site level; and RN full time equivalent and HCAs will remain unchanged. The current care home manager have overall responsibility of the day-to-day operations and the clinical manger will have overall responsibility for clinical management. There will be peer support processes between the facilities.</p> <p>At the time of the audit, the proposed settlement date is 31October 2023. The proposed funder Te Whatu Ora – Waitematā has been informed.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and</p>	<p>FA</p>	<p>Bupa Tasman is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the</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>collection of clinical indicator data.</p> <p>Bi-monthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and held in folders in the staffroom. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign off when completed. Benchmarking occurs on a national level against other Bupa facilities.</p> <p>Resident and family/whānau satisfaction surveys are managed and completed by head office. Last year and most June 2023 resident and whānau satisfaction surveys have been collected and analysed at head office and indicate that residents have reported high levels of satisfaction with the service provided. Results have been communicated to residents in the quarterly resident and whānau meetings (August 2023), and monthly newsletter (sighted).</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. 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 service reviews the progress toward the goal at regular intervals. A health and safety team meets bi-monthly. 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. The service completes an annual ACC self-assessment internal audit. In the event of a staff accident or incident,</p>
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	<p>a debrief process is documented on the accident/incident form. There were no serious work-related staff injuries.</p> <p>Electronic reports using RiskMan are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. The RiskMan system generates a report that goes to each operational team/governance team and also generates alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the care home manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications submitted unexpected death (December 2021), three for suspected deep tissue injuries, one for stage 3, seven for unstageable pressure injuries and one for RN shortages (August 2022). There have been three outbreaks since the previous audit which were appropriately notified.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p> <p>The prospective buyers have non-clinical backgrounds; however, manage other medium size aged care facilities including one in Auckland and three in Wellington. A transition plan is documented. An interview with the prospective buyer confirmed their understanding of aged care. They confirmed to have a good understanding of contractual requirements related to the different service levels.</p> <p>The prospective provider has an established, well known aged care quality and risk management programme that they plan to implement at Bupa Tasman. It is anticipated to start implementing the new electronic system and suite of policies within a phased transition plan for the implementation of the prospective owner's own organisational policies including meeting schedule and internal audit schedule to ensure continuity of the quality and risk management programme. Current GP, physiotherapist and pharmacy and supplier contracts will remain. There are no legislative compliance issues that could affect the service.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The rosters reviewed met contractual obligations related to staffing. The registered nurses, and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. There is a RN on duty at all times and supported by medication competent caregivers. Interviews with staff confirmed that their workload is manageable, and that management is supportive. The number of caregivers allocated to each floor is sufficient to meet the care needs of the residents. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and resident meeting minutes.</p> <p>The care home manager, clinical manager, and unit coordinator are available Monday to Friday. On-call cover for all Bupa facilities in the region is covered by a six-week rotation of one care home and one clinical manager each week.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. Staff last attended cultural safety training, Māori health and Tikanga which included Te Tiriti o Waitangi and how this applies to everyday practice in January and September 2023. Training sessions around dementia, and behaviours of concern are held regularly.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-two caregivers are employed. The Bupa orientation programme qualifies new caregivers at a level two NZQA. There are 22 caregivers that have qualifications equal to level four NZQA. Several international qualified nurses are employed (IQN). There are four caregivers enrolled to complete level three Careerforce certificate in Health and Wellbeing.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include restraint, hand</p>

		<p>hygiene, moving and handling, and correct use of personal protective equipment. Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. 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 – Waitematā, and hospice. A record of completion is maintained on an electronic register.</p> <p>Agency staff are used if necessary. A management of agency staff policy is documented for the organisation. If the agency nurse has never worked in the care home before, a ‘bureau staff information booklet’ is provided to them. Orientation including health and safety and emergency procedures are the responsibility of the delegated person on duty. Agency contracts indicate the requirements to be met by the agency in regard to meeting specific competencies. Staff wellness is encouraged through participation in health and wellbeing activities of the ‘take five’ Bupa wellness programme. Staff welfare is promoted through provision of regular cultural themes, wellness packs and shared meals. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations.</p> <p>Facility meetings provide a forum to share quality health information.</p> <p>The prospective owner interviewed confirmed to have a policy regarding staff skill mix meeting contractual obligations and rostering around the acuity of residents. The prospective buyer confirms that the current plan for service management will remain, on- call arrangements will be managed at each site. Staff will remain the same with no changes to the management team.</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. The Bupa recruitment office 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 Bupa Tasman</p>

<p>capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>care home manager. Nine staff files reviewed including clinical manager, two RNs, four caregivers, one activities coordinator, and one kitchen manager) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Staff sign an agreement with the Bupa code. This document includes (but is not limited to): the Bupa values; responsibility to maintain safety; health and wellbeing; privacy; professional standards; celebration of diversity; ethical behaviour; and declaring conflicts of interest.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). The appraisal policy is implemented, and all staff who had been employed for over one year have an annual appraisal completed.</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 when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. The staff contact pack include Bupa Treaty of Waitangi information.</p> <p>Volunteers are currently utilised where appropriate, and an orientation programme and policy for volunteers is in place. 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 and rehabilitation support to return safely to work is facilitated through an external company.</p> <p>The prospective buyer interviewed stated they offered similar employment conditions to employees.</p>
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<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Bupa business continuity plan in case of information systems failure.</p> <p>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.</p> <p>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 care home manager is the privacy officer and there is a policy to provide guidance on the request of health information. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents who are admitted to Bupa Tasman Home are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The manager and clinical manager screen prospective residents prior to admission.</p> <p>In cases where entry is declined, there is liaison between the 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 Bupa Tasman 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 admission and declining processes, including required</p>

		<p>documentation. The 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 Bupa Tasman 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 - Waitematā service agreements. Items that are not provided by Bupa Tasman Home are included in the admission agreement.</p> <p>Bupa Tasman 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>Nine resident files were reviewed: three rest home and six hospital level including one resident on a respite contract. The RNs conduct all assessments and develop the care plans. There was evidence of resident and family/whānau involvement in the interRAI assessment and long-term care plans reviewed (excluding the respite resident). The initial assessment and support plan was completed within 24 hours of admission for this resident. InterRAI assessments and reassessments have been completed within expected timeframes.</p> <p>Bupa Tasman 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 Bupa Tasman 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 guidance to staff around all medical and non-medical requirements. Evaluations were completed six-monthly for six residents. 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 general practitioner (GP) within five working days of admission. The GP visits twice weekly and the practice is available Monday to Friday during normal working hours. After-hours care is provided by the GP. The GP stated that Bupa Tasman 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 eight hours per week and is supported by a physiotherapy assistant for thirty-seven hours per 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-Waitemātā. Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery as observed on the day of audit. 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 initiate a review with the GP. Family stated they were notified of all changes to health, including infections, accident/incidents, GP 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</p>
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		<p>skin condition and current exudate. Assessments included initial 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. There were three residents with pressure injuries, one stage four and two unstageable pressure injuries. All had Section 31 notifications completed and sighted. The clinical manager stated the wound nurse specialist from Te Whatu Ora – Waitematā was involved in the management of these residents. 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.</p> <p>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>	FA	<p>Bupa Tasman Home employs an activities coordinator (trainee diversional therapist) for 40 hours a week, one activities assistant for 35 hours per week and a physio assistant, 37 hours a week. Weekend activities are covered by caregivers. The activities coordinator 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</p>

		<p>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 six-monthly.</p> <p>There are a range of activities, including: crafts; exercises, group bike club; housie; word quizzes; paper reading; 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. Bupa Tasman Home has embedded culturally themed activities into the activities programme, local school perform Kapa Haka and poi. Entertainer and a Māori resident sing in te reo Māori. The facility is developing a program to engage with the local Marae, there are a number of Māori staff who will assist when requested.</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 prospective purchaser has no immediate plans to change 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>Bupa Tasman 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. Bupa Tasman Home uses robotic packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying</p>

		<p>pharmacy.</p> <p>Medications were appropriately stored in the medication trolleys and three medication rooms. The medication fridges and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. (Unable to view level one medication room as an active Covid-19 outbreak was present on level at the time of audit). All eyedrops have been dated on opening.</p> <p>Seventeen electronic medication charts were reviewed and one paper copy (respite resident). There is a GP 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, no residents were self-administering medications. 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>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>The prospective purchaser has no immediate plans to change the medication management system.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>There is a kitchen manager (chef), a full time cook and two kitchen assistants who work rostered days. All meals are cooked on site, with meals being served from the kitchen. Meals are delivered to the kitchenettes on each level and served from a bain-marie. There is a seasonal four-week rotating menu, which has been reviewed by the Bupa dietitian 25 March 2023. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen. The kitchen meets the needs of residents who require special diets. The kitchen manager and cook work closely with the clinical manager</p>

		<p>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 2024. 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. Resident and 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 kitchen manager stated that they are able to accommodate cultural requests, including food specific to Māori, Indian and others if requested. Staff interviewed had a good understanding of the concepts of tapu and noa. Residents and family/whānau members interviewed indicated satisfaction with the food.</p> <p>The prospective purchaser has no immediate plans to change the food service.</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 around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires 16 June 2024. The maintenance person works 40 hours a week (Monday to Friday). There is a maintenance request book for repair and maintenance requests located in each nurses' station. This is checked daily and signed off when repairs have been completed. There is a monthly, three monthly, six monthly and annual maintenance plan that includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from Bupa head office. Essential contractors such as plumbers and electricians are available 24 hours as required. Compliance testing of electrical equipment was completed in February 2023. Checking and calibration of medical equipment, hoists and scales was also completed in February 2023. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>Visual inspection of the facility was conducted. Due to Covid-19 restrictions did not view this level on day of audit. The environment and setting were observed to be culturally safe for Māori and family/whānau.</p> <p>The facility is built over three floors. There are two lifts, and one is large enough to accommodate beds/stretchers. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyard (level 1) has seating and shade. The external balcony (level 3) also has seating and shade. There is safe access to all communal areas. Each level has an open plan lounge and dining room. Each dining room has a satellite kitchen and food is served from a bain-marie in these kitchens. On level 1 there is a breakfast bar and residents may serve themselves from this if they wish. There are water coolers on each level. There is a small library on level 1. There are seating alcoves throughout the facility. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required.</p> <p>All rooms are single. There are eighteen rooms with ensuites. The</p>
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		<p>remaining 54 rooms share ensuites. There are also communal bathrooms/showers within the facility with privacy locks and privacy curtains. 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. Resident rooms provide adequate space for the use of a hoist for resident transfers as required. Care staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There are electric heaters in each room and residents are able to adjust the temperature if they wish. The facility is non-smoking.</p> <p>The prospective purchaser has plans to build a laundry in the future on site and are aware of their obligations to consult with Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines 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.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly. The facility uses a contracted evacuation specialist to conduct these fire drills completed on 27th June 2023. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in green bins on each level. The maintenance person checks these monthly to check if the seal has been broken and a full check three monthly to check expiry dates. In the event of a power outage there is back-up power available and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three</p>

		<p>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 available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors and on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, staff complete security checks at night. There are security cameras installed outside and a security firm patrols at least once a night</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The organisational infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually by the infection control and prevention specialist at Bupa head office who reports to and can escalate any significant issues to Board level. Documentation review evidenced recent outbreaks were escalated to the executive team within 24 hours. Bupa has monthly and sometimes weekly infection control teleconferences for information, education, and discussion and Covid updates should matters arise in between scheduled meeting times. Infection rates are presented and discussed at quality and staff meetings. Infection prevention and control are part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora – Waitematā in addition to expertise at Bupa head office.</p> <p>Visitors are asked not to visit if unwell. Visitors and contractors and all staff are still required to wear masks. There are hand sanitisers strategically placed around the facility.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection control coordinator is the clinical manager and supported by the Bupa infection control lead, the infection control specialist from Te Whatu Ora- Waitematā which provide guidance on pandemic management. The job description outlines the responsibility of the role.</p> <p>The service was implementing their Covid-19, outbreak, and pandemic response plan. The audit was completed at a time when the service had six residents in isolation on level one due to being Covid-19 positive.</p> <p>The infection control coordinator has completed courses in the basics of infection control, online study, and other training through Te Whatu Ora - Waitematā. There is good external support from the GP, laboratory, clinical support improvement team and the Bupa infection control lead. There are outbreak kits readily available, and a personal protective equipment (PPE) cupboard. The PPE stock is regularly checked against expiry dates. There are supplies of extra PPE equipment available and accessible. The Bupa infection control lead and the infection control coordinator have input into the procurement of good quality PPE, medical and wound care products.</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 hand hygiene, 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. The service infection control policies acknowledge importance of te reo Māori information around infection control and provides information in te reo for Māori residents. Infection control practices include laundry and cleaning practices that</p>

		<p>reflect Māori participation and consultation in infection prevention to promote culturally safe practice. Staff interviewed could describe safe cultural practice guidelines in relation to infection prevention and control.</p> <p>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 pandemic response (including Covid-19) and staff were informed of any changes by noticeboards, handovers, toolbox talks, text message and emails. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and whānau were kept informed and updated on Covid-19 policies and procedures through emails.</p> <p>Infection Prevention and Control Programme related to building and construction documents a pathway for communication to ensure early consultation with infection control personnel when significant changes are proposed to the building.</p> <p>There is a proposed change in the future for the laundry to be on site.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has an anti-microbial use policy and procedure. The IP and AMS programmes are endorsed through the Clinical Governance Committee, and Bupa's consultant geriatrician has oversight of the AMS programme and are reviewed annually. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported in a monthly quality report and presented at meetings. The</p>

		<p>infection control nurse is responsible for collating and analysing the electronic medication management system with pharmacy support and generate a list of short course medication use including antimicrobial and antiviral use. The monitoring and analysis of the quality and quantity of antimicrobial prescribing occurs monthly.</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>	<p>FA</p>	<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 data base and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities. The service has commenced incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>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 control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora Health- Waitematā.</p> <p>There have been three Covid -19 outbreaks (December 2022, March 2023, and September 2023). All were appropriately managed with Te Whatu Ora - Waitematā and Public Health were appropriately notified. There was daily communication with Bupa infection control lead, clinical director, aged care portfolio manager and the local Te Whatu Ora IPC nurse specialist. Daily outbreak management meetings and toolbox meetings (sighted) captured `lessons learned` to prevent, prepare for and respond to future infectious disease outbreaks. Outbreak logs were completed. Staff confirmed resources including PPE were plentiful.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. 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 are sluice rooms (with sanitisers) on each floor with personal protective equipment available including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Laundry (linen and personals) is contracted to an external company. The laundry area is spacious to receive linen seven days a week. The housekeeper interviewed confirmed the linen are hygienically transported within a vehicle. Linen is distributed to the wings on covered trollies. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. Material safety data sheets are available. There are three housekeepers seven days per week that perform cleaning duties and distribute linen.</p> <p>When in use, cleaners’ trolleys are attended at all times, and are locked away in the cleaners’ cupboard in the service area 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 with good quality linen.</p> <p>The prospective buyer states there are no immediate changes planned to the environment; however, building of an onsite laundry is planned in the near future and the owner will ensure infection control expertise is sought.</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</p>	<p>FA</p>	<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</p>

<p>restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>elimination strategy and for monitoring restraint use in the organisation. Restraint is discussed at the clinical governance and board level.</p> <p>If a Māori resident requires restraint, prior to this decision cultural advice is sought alongside whānau to explore spiritual and cultural values. The clinical manager (designated restraint coordinator) interviewed stated that the service is committed to a restraint-free environment. They have strong strategies in place to eliminate the use of restraint.</p> <p>At the time of the audit, the facility was restraint-free. The use of restraint (if any) would be reported in the quality meetings. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>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 must be approved, and the overall use of restraint is monitored and analysed. Family/whānau and residents are involved in decision-making.</p> <p>The prospective buyer interviewed is well versed with their responsibilities in respect of the restraint minimisation and safe practice. The prospective buyer has a commitment to restraint elimination.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.