

# Bupa Care Services NZ Limited - Ballarat Care Home

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## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā aerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	Ballarat Care Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 23 April 2024    End date: 24 April 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	76

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

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

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

### Key to the indicators

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

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

## General overview of the audit

Bupa Ballarat Care Home provides hospital (geriatric and medical), rest home, and dementia level care for up to 80 residents. There were 76 residents on the days of audit.

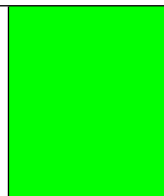
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand - Te Whatu Ora Waitaha Canterbury. The audit process included the review of policies and procedures, the review of resident and staff files, observations,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

An electronic management system has been introduced since the last audit. Environmental upgrades continue to be implemented. The general manager is appropriately qualified and experienced and is supported by a clinical manager. There are quality systems and processes documented. 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 audit identified shortfalls related to the implementation of completion of performance appraisals, interRAI timeframes, and care plan reviews.

## Ō tātou motika | Our rights

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

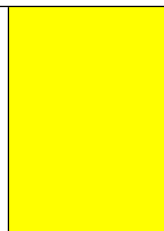


Subsections applicable to this service fully attained.

Bupa Ballarat Care Home provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. There is a Māori health strategy documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is documented. The service demonstrated that service is provided to people in a way that is inclusive and respects their identity and independence. The management and staff listen to and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

## Hunga mahi me te hanganga | Workforce and structure

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



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

The business plan for 2024 includes a mission statement and operational objectives. The service has quality and risk management systems in place. Health and safety meetings occurred regularly. Hazards are appropriately identified and reported. Collation of quality data occurs. Benchmarking is taking place between Bupa facilities and other New Zealand aged care providers. There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work

practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents. Staff wellbeing is promoted. 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

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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Residents are assessed before entry to the service to confirm their level of care. The registered nurses are responsible for the assessment, development, and evaluation of care plans. There are policies in place to guide the care planning process.

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

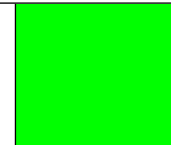
The organisation uses an electronic medication management system for prescribing and administration of medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours.

Residents are referred or transferred to other health services as required.

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

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



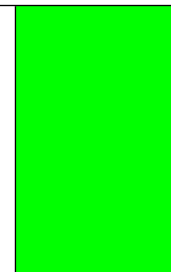
Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested and tagged as required. Hot water temperatures are monitored as per policy. Residents can freely mobilise within communal areas with safe access to the outdoors seating and shade. The facility vehicle has a current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. An approved evacuation scheme is in place and fire drills are conducted six monthly. There is a staff member on duty on each shift who holds a current first aid certificate. Residents reported a timely staff response to call bells. Security is maintained.

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

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




Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on. Sufficient amounts of personal protective equipment supplies are accessible. There have been four outbreaks documented and appropriately managed since the last audit.

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. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Chemicals are stored securely and safely.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Bupa Ballarat Care Home is committed to maintain a restraint-free environment for their residents. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions and would only use an approved restraint as the last resort. There were no residents using restraint at the time of the audit. The restraint coordinator is a registered nurse. Education on the restraint-free organisational objective is included in the orientation programme and as part of the annual training plan.

## 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	25	0	2	0	0	0
Criteria	0	165	0	3	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.

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 Strategy is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. The Māori Health strategy supports increased recruitment of Māori employees, by embedding recruitment processes that utilise te reo Māori and engage with local iwi for recruitment strategies at a local level. Ethnicity data will be regularly reported in individual's dashboards to monitor success.</p> <p>At the time of the audit, there were Māori staff members. Bupa Ballarat Care Home has links with Tuahiwi Marae for kaumātua support and guidance as required. The service also has Māori advocate support from Burwood Hospital if needed.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, as evidenced in interviews with seven residents (five rest home and two hospital) and five family/whānau members (two hospital and three dementia level care).</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>During the admission process, the resident's family/whānau are encouraged to be present to assist with identification of all needs, including cultural beliefs. On admission, all residents' ethnicities are captured. Individual cultural beliefs are documented for all residents in their care plan and activities plan. Cultural awareness training introduced the staff to components of the Fonofale of Pacific Health Model. At the time of the audit, there were no residents at Bupa Ballarat Care Home of Pasifika descent.</p> <p>The Bupa organisation developed 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 Pacific organisation and/or individual to provide guidance. At the time of the audit there were Pacific staff members. Health New Zealand - Pacific Health provides Bupa Ballarat Care Home Pacific with support and guidance as required. The service also has Pacific advocate support from Burwood Hospital if needed.</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 families/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. The general manager or clinical manager discuss aspects of the Code with residents (where appropriate) and their family/whānau on admission. Information about the Nationwide Health and Disability Advocacy is available on the noticeboards in each wing and in the information packs provided. Other formats are available such as information in te reo Māori, and Pacific languages. Quarterly resident and family/whānau meetings provide a forum for residents to discuss any concerns.</p> <p>The management team interviewed (one general manager and one clinical manager) and 14 staff (six caregivers, one unit coordinator, one registered nurse (RN), one kitchen manager, one maintenance</p>

		<p>officer, one activities coordinator, one physio assistant, one cleaner and one laundry assistant) described how the delivery of services to residents upholds their rights and complies with legal requirements. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at induction and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake; self-determination, independence, sovereignty, authority, as evidenced through interviews and as documented in the Towards Māori Health Equity policy.</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 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 enables 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. 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.</p> <p>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. A spiritual care policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Staff interviewed could describe professional boundaries and practice this in line with policy. Spiritual needs are identified, church services are available weekly, and spiritual support</p>

		<p>is available. On the days of the audit, 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 family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met.</p> <p>The privacy policy is implemented. Privacy is ensured and independence is encouraged. Induction and ongoing education for staff covers the concepts of personal privacy and dignity. The March 2024 resident/family surveys identified satisfaction around privacy, dignity, and respect (including cultural needs). Residents' files and care plans identified resident's preferred names. Te reo Māori signage was evident in a range of locations. Cultural training and policies which incorporate Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health strategy acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living &amp; non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.</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 Ballarat Care Home policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of ethnicities. 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 evidenced staff are participating in creating a positive workplace.</p> <p>There is a safe anonymous pathway for staff to report issues related to racism and harassment, and the Māori Health Equity policy addresses institutional racism. Staff complete education on induction 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 family/whānau</p>

		<p>interviewed confirmed that the staff are very caring, supportive, and respectful. There is a management of values policy providing guidelines related to the management and safeguarding of residents' property and finances. Residents' payments for incidentals is managed by a third-party technology platform. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds through an external agency.</p> <p>Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of induction. 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 2023 and 2024 included 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 family/whānau on admission. Resident and family/whānau meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented on the family communication sheet that is held in the front of the resident's file. Documentation reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. All residents were able to speak in English at the</p>

		<p>time of the audit.</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. The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand - Waitaha Canterbury specialist services. The management team hold weekly head of department meetings to enhance internal communication and facilitate a holistic approach to care. The unit coordinator and RN described an implemented process around providing residents and family/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>	FA	<p>There are policies documented around informed consent. Resident files reviewed included appropriately signed general consent forms. The resident and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. There is resident advance care planning, and advance directives and resuscitation policy are documented and implemented in all files reviewed.</p> <p>The service follows relevant best practice tikanga guidelines and welcoming the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making 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 and were activated for all residents receiving dementia level care.</p>
Subsection 1.8: I have the right to complain	FA	The complaints procedure is equitable and is provided to residents

<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>and family/whānau on entry to the service. The general manager maintains a record of all complaints both verbal and written, by using a complaint register which is kept electronically. The general manager interviewed advised any complaints were logged in the complaint register. There has been one complaint made since the last audit in February 2023. The complaint was received through Health New Zealand - Waitaha Canterbury and included investigation, follow up and reply to the complainant; the complaint has been closed. There were no identified issues in respect of this complaint. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>Documentation demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The regional operations manager (not in attendance on the days of the audit) deals with any higher risk complaints. The welcome pack included information on the process for making a complaint. Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility. A suggestions box is also available. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Residents and family/whānau interviewed advised management are easily accessible to raise any matters with.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for</p>	<p>FA</p>	<p>Bupa Ballarat Care Home is located in Rangiora, North Canterbury. The service is certified to provide rest home, hospital, and dementia level of care for up to 80 residents. There are 50 dual-purpose beds, 10 bed designated rest home unit and a 20 bed dementia care unit. On the day of the audit there were 76 residents: 23 rest home residents, including one rest home resident on younger persons disabled contracts (YPD); and 35 hospital residents, including two residents on YPD contracts, and one resident on an end of life contract. There were 18 residents in the dementia unit. The remaining residents were under the age-related residential care</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>contract (ARRC). There were three married couples at the time of the audit who were not sharing a room. There were no double/shared rooms.</p> <p>The Leadership team of Bupa is the governing body and consists of Directors or Heads of - Clinical, Operations, Finance, Legal, Property, Customer Transformation, People, Risk, Corporate Affairs and Technology. This team is guided by Global Bupa strategy, purpose and values, and reports into the Bupa Care Services NZ Boards in New Zealand, and the Bupa Australia &amp; New Zealand (ANZ) Board. There is a New Zealand based managing director that reports to a New Zealand based Board. Each director has an induction to their specific role and to the senior leadership team. The directors are knowledgeable around legislative and contractual requirements and are experienced in the aged care sector. The Bupa Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is a cultural working group alongside the Bupa Leadership team.</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. There is a clinical support improvement team (CSI) that includes clinical specialists in restraint, infections and adverse event investigations, and a customer engagement advisor, based in head office to support their facilities, with improvement to their service. Furthermore, Bupa undertakes national and regional forums as well as local and online training, national quality alerts, use of benchmarking quality indicators, learning from complaints (open casebooks) as ways to share learning, and improve quality of care for Māori and tāngata whaikaha,</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</p>
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	<p>supporting outcomes for Māori and equitable service delivery. Goals of the Māori strategy permeates through service delivery and measured as part of the quality programme. The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers.</p> <p>Bupa has an overarching strategic plan in place, with clear business goals to support their person-centred philosophy. The business and operational plan is reviewed annually by the Leadership Team as part of strategy and planning. Guidance in cultural safety for their employees are provided through training in cultural safety awareness around Māori health equity, barriers to care and disparities in health outcomes, as documented in the Towards Māori Health Equity policy. 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>The Bupa Ballarat Care Home business plan for 2024 includes a mission statement and operational objectives with site specific goals related to business and quality outcomes. The goals are reviewed four-monthly. The regional operations manager reports to the national operations director. The cultural advisor collaborates with the Boards and Bupa leadership team 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 general feedback, including completion of satisfaction surveys. Feedback from surveys is collated which provides the opportunity to identify barriers and improve health outcomes.</p> <p>The service is managed by a general manager (RN), who has been in the role since August 2022. The general manager is supported by a clinical manager who has been in the role since August 2022, and a unit coordinator who has been in the role for five years. They are supported by the regional operations manager and a team of experienced long-standing staff. The management team report the turnover of staff has been relatively low.</p> <p>Both the general manager and the clinical manager have completed</p>
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		<p>more than eight hours of training related to managing an aged care facility, including Bupa regional managers' forums, pandemic and infectious disease planning, and infection control teleconferences.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Bupa Ballarat Care Home is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. 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. The service has implemented improvement plans and include a project to reduce falls within the dementia communities.</p> <p>Resident family satisfaction surveys are managed by head office who rings and surveys family/whānau. The March 2024 resident and family/whānau satisfaction surveys indicate that residents and family/whānau are satisfied with the overall service provided. Results have been communicated to residents in the resident and family/whānau meetings. Corrective actions have been implemented around food and activities for the resident survey and activities for the family/whānau survey. 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 health and safety committee team meets bi-monthly. The maintenance office (health and safety officer) has completed external health and safety level three training. Hazard identification forms and an up-to-date hazard register were reviewed (last updated 5 March 2024). Health and safety policies are implemented and monitored by the health and safety committee. Staff are kept informed on health and safety issues in handovers, meetings and via toolbox talks. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Reports using the electronic system are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been one Section 31 notification submitted since the last audit for an unstageable pressure injury in March 2024. There have been four Covid-19 outbreaks (March, May August and November 2023); all the outbreaks were appropriately notified.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate cover for the effective delivery of care and support. The general manager, clinical manager and unit coordinator are full time and rostered on from Monday to Friday. Agency staff are contacted if necessary. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. Interviews with the residents and family/whānau confirmed staffing overall was satisfactory and increased to manage resident acuity and occupancy.</p> <p>On-call cover for all Bupa facilities in the region is covered by a six-</p>

	<p>week rotation of the general managers and clinical managers. Registered nurse cover is provided 24 hours a day, seven days a week. The unit coordinator (based in the dementia unit) and RNs are supported by an experienced team of caregivers. A selection of RNs and caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7, including when taking residents on outings. Separate cleaning staff and laundry staff are employed seven days a week.</p> <p>There is an annual education and training schedule being implemented for 2024. The education and training schedule lists compulsory training (learning essentials and clinical topics) which includes cultural safety, Māori health, tikanga, Te Tiriti o Waitangi and how this applies to everyday practice. Staff reported they are provided with resources to learn and share high-quality Māori health information. Training sessions around dementia and behaviours of concern are held regularly. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Fifty-two caregivers are employed. The Bupa induction programme qualifies new caregivers at a level two NZQA. Of the 52 caregivers, 27 have achieved a level 3 NZQA qualification or higher. Sixteen caregivers work in the dementia unit; eight have attained their dementia specific standards, three are in progress of completing, and five have not completed their dementia specific standards. All eight that have not completed, commenced employment within the last 12 months.</p> <p>All staff are required to complete competency assessments as part of their induction. Annual competencies include (but are not limited to) restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 have undertaken extra to complete many of the same competencies as the RN staff (eg, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, and wound management). Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. There are 15 RNs (including the general manager, clinical manager and unit coordinator). Six of the RNs are interRAI trained. All RNs are encouraged to attend the Bupa qualified staff</p>
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		<p>forum each year and also to commence and complete a professional development recognition programme. External training opportunities for care staff include training through Health New Zealand - Waitaha Canterbury. 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. Induction, 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 regarding meeting specific competencies. Staff wellness is encouraged through participation in health and wellbeing activities of the 'take five' Bupa wellness programme. Organisational wellness initiatives include (but are not limited to) healthcare insurance for staff, free flu vaccinations and a supermarket voucher award scheme. Signage supporting the Employee Assistance Programme were posted in visible staff locations.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>There are human resource policies in place, including recruitment, selection, induction and staff training and development. The Bupa recruitment team advertise for and screen potential staff. Once applicants pass screening, suitable applicants are interviewed by the general manager. Ten staff files reviewed (one clinical manager, one unit coordinator, one RN, five caregivers, one activities assistant and one maintenance officer) evidenced implementation of the recruitment process, employment contracts, police checking and completed induction. There is a staff performance appraisal policy; however, not all staff who have been employed for a year or more have a current performance appraisal on file. Staff sign an agreement with the Bupa code of conduct. Job descriptions are in place for all positions, these include 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. The service has a role-specific induction programme</p>

		<p>in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at induction. The service demonstrates that the induction programme supports RNs and caregivers to provide a culturally safe environment for Māori. The service has no volunteers currently; however, an induction programme and policy for volunteers is in place. Information held about staff is kept secure and confidential. Ethnicity of employees is collected at application and an ethnicity database is maintained. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p><b>Subsection 2.5: Information</b></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 electronically and in hard copy. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Bupa business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents` files are securely stored in a locked room. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality</p>	<p>FA</p>	<p>Residents who are admitted to Bupa Ballarat are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. Completed NASC authorisation forms for dementia, rest home and hospital level of care residents were sighted. The clinical manager and unit coordinator screen prospective residents prior to admission.</p>

<p>care. 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>A policy for the management of inquiries and entry to the service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the EPOA and family/whānau of choice, where appropriate, local communities, and referral agencies. Residents in the dementia wing were admitted with appropriate EPOA or welfare guardian documents in place and these were sighted in resident records reviewed.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Family/whānau were updated where there was a delay in entry to the service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The clinical manager reported that all potential residents who are declined entry, are recorded. When an entry is declined, the resident and family/whānau are informed of the reason for this and made aware of other options or alternative services available. The resident and family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is implemented.</p> <p>The service has existing engagements with local Māori communities, health practitioners, and organisations to support Māori individuals and whānau. The clinical manager stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing 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>PA Low</p>	<p>Nine resident files were reviewed (three hospital files, including one resident on a YPD contract and one resident on end of life (EOL) contract; three rest home; and three at dementia level care). A RN is responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau</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>involvement in the interRAI assessments, long-term care plans reviewed and six-monthly multidisciplinary reviews.</p> <p>Bupa Ballarat uses a range of risk assessments alongside the interRAI care plan process. Risk assessments were conducted on admission and included those relating to falls; pressure injury; skin; pain; nutrition; sleep; behaviour; hygiene; dressing; continence; cultural; and activities. The initial care plan is completed within 24 hours of admission, as evidenced in the files reviewed. Initial interRAI assessments have been completed within expected timeframes and outcome scores were identified on the long-term care plans; however, interRAI reassessments were not always completed within the contractual timeframes. All residents in the dementia wing have a behaviour assessment completed on admission, with associated risks and supports needed. For the resident files reviewed, the outcomes of the assessments formulate the basis of the long-term care plan.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions were documented and were resident centred, and detailed enough to provide guidance to staff around all the identified medical and non-medical needs. The care plans for residents in the dementia unit include a 24-hour reflection of close to normal routine for the resident, with interventions to assist caregivers in management of the resident behaviours. Interventions meet the needs and medical/clinical risks of the residents and address strategies to prevent and recognise early deterioration.</p> <p>There are policies and procedures to guide the use of short-term care plans. Short-term care plans are utilised and signed off; however, progress towards resolution of acute issues were not always documented in the short-term care plan evaluation or in progress notes. Short-term care plans utilised were moved to the long-term care plan after six weeks if there was no resolution. Where residents had been in the facility for more than six months, evaluations were completed and documented resident's progression towards meeting their goals.</p> <p>The service contracts a general practitioner (GP) from a local medical centre for three mornings a week and they are available for urgent advice; however, the facility is using the North Canterbury</p>
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	<p>extended paramedic service if necessary. The GP had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to their health status. The GP and the locum (interviewed) commented positively on the service and confirmed appropriate and timely referrals were completed. They were satisfied with the competence of the RNs, care provided and timely communication when there are residents with concerns.</p> <p>Resident files demonstrate integration of allied health professional input into care and a team approach is evident. A physiotherapist (interviewed) visits weekly, they commented positively on the mobility assistance the residents received. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand – Waitaha Canterbury. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Caregivers and RNs interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The handover is between a RN to the incoming RN and caregivers on each shift; as observed on the day of audit, and was found to be comprehensive in nature. Caregivers progress notes are prepopulated interventions and populated into progress notes when tasks are completed. When RNs complete assessments, these are documented as progress notes; however, when the progress notes for each resident is reviewed in its entirety, they do not always provide a true reflection of the residents' care journey with all treatment and interventions received from caregivers and RNs.</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 registered nurses who then assesses the resident and initiate a review with the GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits,</p>
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	<p>medication changes and any changes to health status and the communication was consistently documented in the resident files.</p> <p>A total of 22 wounds are being actively managed across the service. These included skin tears, ulcer, chronic lesions, and surgical wounds. There were three current pressure injuries (all stage II) being managed at the care home. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans, including wound measurements and photographs, were reviewed. Wound registers have been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring has occurred as planned in the sample of wounds reviewed. There is documented wound care nurse specialist input into chronic wounds as required. Caregivers and RNs interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. New behaviours are charted on an electronic monitoring chart to identify new triggers and patterns. The behaviour and strategies to de-escalate behaviours, include re-direction and activities. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls or where head injury was suspected as part of post falls management. Incidents reviewed indicate that these were completed in line with policy and procedure.</p> <p>Bupa Ballarat provides equitable opportunities for all residents and supports Māori and whānau to identify their own pae ora outcomes in their care plans. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, beliefs, and spiritual needs which are documented in the care plan. The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The Māori</p>
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		<p>Health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable. Tikanga principles were included within the Māori health care plan reviewed.</p> <p>Staff confirmed they understood the process to support residents and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā, and spiritual assistance. Cultural assessments were completed by staff who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities coordinator coordinates, facilitates and ensures implementation of the activities programme. They are supported by four activity assistants who work either full time or part time to ensure a seven-day cover of activities and a designated activities person for each area.</p> <p>The activities programme was based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, and interests. These assessments were completed within three weeks of admission, in consultation with the family/whānau and residents. Each resident had a map of life developed, detailing the past and present activities, career, and family. A monthly planner is developed, posted on the noticeboards and residents are given a copy of the planner for their rooms. Daily activities were noted on noticeboards to remind residents and staff. There are resident and family/whānau meetings held to discuss different issues at the facility and provide feedback relating to activities.</p> <p>The activity programme is formulated by the activities team in consultation with the management team, registered nurses, EPOAs, residents, and care staff. The activities sighted on the planners for the rest home and hospital were varied and reviewed to be appropriate for residents including younger residents. The care plans demonstrate sufficient interventions (in My day My way section) recorded to guide staff in the management of behaviour</p>

		<p>over 24 hours. Activity participating registers were completed daily. The residents were observed participating in a variety of activities on the first day of the audit, that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. Activities sighted on the planners included quiz; bingo; floor games; Waitangi; Matariki; Māori language week; table games; sensory; outdoor walks; van outings; music; pet therapy; entertainment; kapa haka; exercise; visits from schools; and relaxing time with pampering. The service promotes access to EPOA and family/whānau and friends. There are regular outings and drives for residents (as appropriate).</p> <p>Activities are adapted to encourage sensory stimulation and physical capabilities.</p> <p>There were residents who identified as Māori. The activities coordinator reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals, Matariki, Māori language week with varying events lined up.</p> <p>The family/whānau satisfaction survey completed in March 2024 evidence satisfaction related to the activities provided. On interview, residents and family/whānau reported satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Bupa Ballarat has policies available for safe medicine management that meet legislative requirements. The RN and medication competent caregivers who administer medications had current competencies which were assessed in the last twelve months. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets are electronic. On the days of the audit, a RN was observed to be safely administering medications. The RNs and caregivers interviewed could describe their roles regarding medication administration. Bupa Ballarat uses pharmacy pre-packaged medicines. All medications once delivered are checked by the RNs against the medication chart. Medication</p>

		<p>reconciliation was conducted by the RNs when a resident is transferred back to the service from the hospital or any external appointments. The RNs checked medicines against the prescription, and these were updated in the electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the medication trolleys and the three medication areas. The medication fridges and medication room temperatures were consistently monitored daily. All eyedrops and creams have been dated on opening. Controlled drugs are stored appropriately; the weekly stock check has been completed regularly by medication competent staff. The six-monthly controlled drug audit was completed. Medication incidents were completed in the event of a drug error and corrective actions were acted upon.</p> <p>Eighteen medication charts were reviewed. There is a three-monthly GP review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system.</p> <p>There is a policy in place for residents who request to self-administer medications. At the time of audit, there were two rest home residents self-administering medications. Competency assessments were completed, and the residents stored the medications safely according to policy. The service does not use standing orders and there are no vaccines 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 unit coordinator interviewed described how they work in partnership with residents and their family/whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The kitchen manager works full time Monday to Friday and has oversight of the kitchen. There are supported by a weekend cook and a team of kitchen hands who are assigned to the areas to assist with plating and serving of meals. All food and baking is prepared and cooked on-site. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires 22 September 2024. The four-week seasonal menu was reviewed by a registered dietitian. Kitchen staff have attended safe food handling training.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. The profile is updated as the resident needs change and a copy is provided to the kitchen. All alternatives are catered for as required. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and overnight when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed at least every three months. Records of temperature monitoring of food, fridges, and freezers are maintained. Meals are transported and served from a pre-heated bain-marie to the three dining rooms. Residents known to have their meals in their rooms are provided with a tray service and food is kept warm in hot boxes. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service, as evidenced in the satisfaction surveys completed in March 2024.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori, including ‘boil ups,’ hāngi, Māori bread, and corned beef and these are offered to residents</p>
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		who identify as Māori when required.
<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>There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. There is a documented process in the management of the early discharge and transfer from services. The unit coordinator reported that discharges are normally into other similar facilities or residents following their respite stay. Discharges are overseen by the RNs who manage the process. Discharges or transfers were coordinated in collaboration with the resident, family/whānau and other external agencies to ensure continuity of care. Risks are identified and managed as required.</p> <p>The residents (if appropriate) and family/whānau are involved for all transfers and 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, where indicated or requested. Transfer documents include (but not limited to) transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts, and last GP review records.</p> <p>Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and filed for archiving. If a resident's information is required by a subsequent general practitioner, a written request is required for the file to be transferred. Evidence of residents who had been referred to other specialist services such as podiatrists, nurse specialists, and physiotherapists, were sighted in the files reviewed.</p> <p>Discharge notes are kept in residents' records and any instructions integrated into the care plan. The unit coordinator 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</p>	FA	<p>The building has a current warrant of fitness that expires on 10 December 2024. The environment and setting are designed to be</p>

<p>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>appropriate for all cultures.</p> <p>The 52-week planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales were checked annually, with next check due January 2025. All electrical equipment has been tested and tagged in June 2023. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by the maintenance officer who works full time Monday to Friday (and provides on call for emergencies after hours and weekends) and certified tradespeople where required. The care home contracts a gardener for maintenance of the outdoor space and gardens. The environment is maintained at appropriate temperatures with central heating that is thermostatically controlled in some of the hallways, ceiling heaters in the residents' rooms and heat pumps/air conditioning systems in the communal areas.</p> <p>The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective areas with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the care home. Quiet spaces for residents and their family/whānau to utilise are available inside and outside in the gardens and courtyards.</p> <p>The service is built on one level with four designated wings: Loburn and Sefton for hospital level care, Ashley/Cust for rest home level care and Fernside for secure dementia level of care.</p> <p>Entry and exit into Fernside (dementia wing) is by use of a combination keypad. There is a central nurse's station (and medication/treatment room) for ease of supervision over the lounge/dining room. The layout provides secure environments for residents needing dementia care. There are quieter spaces available for residents and whānau to use. Fernside has 20 spacious bedrooms, all single occupancy with mix of shared and own ensuite. The outdoor areas were secure, safely maintained, and appropriate to the resident group and setting. The walking paths are designed to encourage purposeful walking around the gardens, with</p>
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	<p>access to the raised vegetable and flower gardens. There is a secure door to the laundry.</p> <p>There are another two centrally located nurses' stations with secure treatment/medication rooms in the rest home/ hospital area. All the rooms in Loburn, Sefton, and Ashley/Cust are single occupancy with hand basin and a mix of shared ensuite and own ensuites. There is a communal shower in Loburn that is spacious enough for a shower bed if required.</p> <p>All communal visitors and staff toilets and shower facilities have a system that indicates if it is engaged or vacant. All the handwashing areas have free-flowing soap and paper towels in the toilet areas. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Communal, visitor and staff toilets are available and contained flowing soap and paper towels. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p> <p>All areas are easily accessible to the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they were able to move around the facility and staff assisted them when required. Activities take place in the large lounges of the wings. Residents' rooms are personalised according to the residents' preferences. Shared facilities, shower rooms, and toilets are of a suitable size to accommodate mobility equipment. All rooms have external windows to provide natural light and have appropriate ventilation and heating. Heating can be individually adjusted if necessary.</p> <p>The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>There are plenty of storage for equipment and linen.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the care home manager advised that the service will liaise with local Māori providers to ensure aspirations and Māori identity are included.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service on 26 June 2014 and lodged again 27 November 2023. A trial evacuation drill was performed on 30 November 2023. The drills are conducted every six-months, and these are added to the annual training programme. The staff induction programme includes fire and security training.</p> <p>There are adequate fire exit doors, and a designated assemble point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency, including food, water (equivalence of 3000 litres), candles, torches, continent products, and a gas BBQ to meet the requirements of residents, including rostered staff. Civil defence supplies are checked at regular intervals. There is a generator on site. Emergency lighting is available and is regularly tested. The RNs and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance person. Call bell audits were completed as per the audit schedule. Residents and family/whānau confirmed that staff respond to calls promptly. Staff have phones to communicate with one another.</p> <p>Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. There is a security firm that support the facility to</p>

		<p>monitor public spaces and externally.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols.</p>
<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. 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 strategic plan documents commitment to the goals documented to achieve an effective implementation of infection control and antimicrobial stewardship (AMS). One month ago, the hospital RN became the infection control officer and oversees infection control and prevention control across the service. The RN has a job description (which has been signed) and outlines the responsibility of the role. The organisational infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. There is commitment to infection control and AMS documented in the strategic plan. The infection control programme is reviewed annually by the infection control and prevention lead at Bupa head office, who reports and escalates to clinical support improvement team (CSI). Documentation reviewed showed evidence that recent outbreaks were escalated to the Bupa IPC within 24 hours. Bupa has monthly and sometimes weekly infection control teleconferences for information, education and discussion and updates, should matters arise in between scheduled meeting times. The infection control officer has completed external online training. Infection rates are collated, and the data is presented and discussed at infection control meetings, quality and staff meetings. Infection prevention and control are documented as part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Health New Zealand – Waitaha Canterbury, in addition to expertise at Bupa head office. Residents and staff are offered influenza and Covid-19 vaccinations. Visitors are asked not to visit if unwell. 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.  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.  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 officer is supported by the wider clinical team and Bupa infection control lead. The 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 electronic quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by Bupa Infection Control lead in consultation with the infection control coordinators. The service has a Covid-19 and pandemic response plan.</p> <p>There are outbreak kits readily available, and a personal protective equipment (PPE) cupboard and trolleys set up ready to be used. The PPE stock is regularly checked against expiry dates. There are supplies of extra PPE available and accessible. The Bupa infection control lead and the infection control officer have input into the procurement of good quality PPE, medical and wound care products.</p> <p>The infection control officer has completed external online training for the role. There is good external support from the GPs, laboratory, and the Bupa IPC lead.</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/officers and the Bupa infection control lead. Policies are available to staff. Aseptic techniques are promoted through handwashing, and sterile single use packs for catheterisation and wound care, to create an environment to prevent contamination from pathogens to prevent healthcare-associated infections. There are policies and procedures in place around reusable and single use equipment. Staff reported that all shared equipment is appropriately disinfected between use. Infection control (and decontamination of equipment and cleaning of high touch surfaces) is included in the internal audit schedule as part of the care home (clinical) environment audit. Hospital acquired infections are collated along with infection control data.</p>
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<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 antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported in a monthly quality report and presented at meetings. The Bupa infection control lead is responsible for collating and analysing the electronic medication management system with pharmacy support. The monitoring and analysis of the quality and quantity of antimicrobial prescribing occurs annually.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate</p>

		and is discouraged with the use of monotherapy and narrow spectrum antibiotics preferred when prescribed.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. Data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection control, clinical and staff meetings. Benchmarking graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand – Waitaha Canterbury.</p> <p>There have been four Covid-19 outbreaks (March 2023, May 2023, August 2023 and November 2023). Health New Zealand - Waitaha Canterbury and Public Health were appropriately notified. There was evidence of regular communication with the Bupa infection control lead, clinical director, aged care portfolio manager and Health New Zealand- Waitaha Canterbury infection control nurse specialist. Toolbox meetings (sighted) were held; and `lessons learned` were captured and discussed to prevent, prepare for and respond to future infectious disease outbreaks. Any infections of concern are discussed and reported to the Bupa infection control lead. 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</p>	FA	<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</p>

<p>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>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) and personal protective equipment available, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Laundry of linen and personal clothes are laundered off site; pickup and delivery occurs daily. There is a laundry in the service area of the facility. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. Kitchen linen and mop heads are done on site. There are sufficient number of commercial washing machines and dryers. Material safety datasheets are available, and all chemicals are within closed systems. There is a dedicated laundry person seven days per week. Linen was seen to be transported on covered trolleys.</p> <p>Cleaners' trolleys are attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The numerous linen cupboards were well stocked with good quality linen. The washing machines and dryers are checked and serviced regularly. Laundry staff have also completed chemical safety training.</p> <p>The staff interviewed had good knowledge about cleaning processes and requirements relating to infection prevention and control. There were kitchen and laundry audits completed that evidence compliance.</p> <p>The infection control coordinator provides support to maintain a safe environment during construction, renovation and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	<p>FA</p>	<p>The facility is committed to remaining restraint free. Any restraint use is benchmarked across the organisation and reported to Bupa leadership and governance groups. The Bupa governance</p>

<p>policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>committee is committed to providing services to residents without the use of restraint. At the time of the audit there were no residents using any restraints. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. The designated restraint coordinator is an RN. Restraint is discussed at all meetings. Education on the restraint-free organisational objective is included in the orientation programme and as part of the annual training plan, last completed in February 2024. The restraint training is accompanied by a competency questionnaire.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	A performance appraisal policy is established. Ten of ten staff files reviewed had no documented evidence of an annual performance appraisal being completed. All ten staff have been employed for more than 12 months.	Performance appraisals have not been completed for staff who have been employed for more than 12 months.	<p>Ensure that staff performance appraisals are completed annually as scheduled.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	Nine files were reviewed. All files reviewed had an initial care plan and long-term care plan completed within the required timeframes. InterRAI assessments were completed within 21 days of admission. Care plan evaluations were completed six-monthly using information from risk assessments that were completed (when interRAI reassessment timeframes were not able to be met). Once the interRAI reassessments were completed, the care	InterRAI reassessments were out of date between 27- 54 days for three of seven files that required this.	<p>Ensure interRAI reassessments are completed as per contractual requirements.</p> <p>90 days</p>

		<p>plans were re-evaluated and updated to reflect interRAI outcomes.</p> <p>Two of the nine files did not require an interRAI as a contractual requirement and were not used in the sample. Three of seven files' interRAI reassessments were out of date between 27- 54 days. The supplementary interRAI schedule report reviewed supports the evidence that interRAI reassessments were not always completed on time.</p>		
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving</p>	PA Low	<p>Nine files were reviewed. The electronic system has been implemented within the last six months. The focus was on care plan development, as confirmed from interviews with RNs. Events were documented and closed off when resolved. Family/whānau communications were documented in progress notes. Clinical care audit score was 84% in September 2023 and 75% in April 2024 and corrective actions plans were implemented. Long-term care plan evaluations were completed, and they evidenced progression towards goals and if the resident's goals had been met or unmet.</p> <p>The 'progress reporting' policy is in place and guides staff in the requirements of writing progress reports on the electronic system (August 2022). The ARRC contractual requirements clause D 7.1 is implemented related to regular written progress notes; however, the criteria of how progress notes should look has not always been implemented in six of the nine files reviewed.</p> <p>Twelve short-term care plans were reviewed</p>	<p>(i) The progress notes do not always reflect the requirements of the policy and best practice to ensure a chronological view of the received care, as a result of:</p> <p>(a). Caregivers heavily rely on prepopulated generic task lists / interventions and do not always report on when care strategies are different from the usual.</p> <p>(b). Registered nurses' daily notes lack a level of detail expected whenever a significant event occurs.</p> <p>(ii). The short-term care plans used did not always link to the progress notes and were not evaluated to indicate progress towards resolution.</p>	<p>Ensure care evaluations are completed at least six-monthly and document the progression towards meeting goals.</p> <p>90 days</p>

services and whānau responds by initiating changes to the care or support plan.		which were documented and closed off when required; however, ten of twelve short-term care plans did not link to progress notes and were not evaluated to evidence progress towards resolution.		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.