

Bupa Care Services NZ Limited - Ashford Care Home

Introduction

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

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

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Ashford Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 15 April 2024 End date: 16 April 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	41

Executive summary of the audit

Introduction

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

- ō 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are partially attained and of low risk

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

General overview of the audit

Bupa Ashford care home is part of the Bupa group of facilities. The facility is a single level purpose-built care facility that opened on 4 July 2023. The service is certified to provide care for up to a total of 56 residents at hospital, rest home and dementia level care residents. At the time of the audit there was 41 residents in the facility.

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

An experienced management team is in place with an experienced general manager who has previous management experience within Health New Zealand Te Whatu Ora services. The clinical manager has extensive aged care experience and supports the general manager.

Quality systems and processes being implemented. Feedback from residents and family/whānau were positive about the care and the services provided.

This audit identified shortfalls related to monitoring of neurological observations.

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 are fully attained.

Bupa Ashford provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health strategy is in place. The service works to embrace, support, and encourage te ao Māori view 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 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.

Subsections applicable to this service are fully attained.

The 2024 business plan 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. A staffing rationale and rostering policy is in place. Human resources policies 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 family/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 ora | Pathways to wellbeing

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.		Some subsections applicable to this service are partially attained and of low risk.
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Bupa Ashford 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. Policies are in place to guide the care planning process.

Planned activities are in place and 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 activities programme in the dementia unit is adapted to encourage sensory stimulation and physical capabilities.

An electronic medication management system is in place for prescribing and the administration of medications. The general practitioners are responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

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

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 are fully attained.

The facility is new and provides a spacious clean and well designed environment. A preventative maintenance programme is being implemented. There is a current code of compliance in place. Clinical equipment has been tested and tagged as required. Hot water temperatures are monitored as per policy. The dementia unit and the outdoor space is secure.

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 is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. Appropriate training, information, and equipment for responding to emergencies are provided. Fire drills occur six-monthly. The building is secure at night to ensure the safety of residents and staff. A minimum of one person trained in first aid is available at all times.

Appropriate security checks and measures are completed by staff.

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

Documentation evidenced that relevant infection prevention 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 two 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 are fully attained.
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The service aims for a restraint free environment, this is supported by the governing body and policies and procedures. Restraint minimisation is overseen by the restraint coordinator. There were no residents using restraint at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	0	167	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health Strategy is documented for the service. This policy acknowledges Te Tiriti o Waitangi as the founding document for New Zealand. The service currently has no residents who identify as Māori. The Māori Health strategy supports increased recruitment of Māori employees, by embedding recruitment processes that utilise te reo and engage with local iwi for recruitment strategies at a local level. Ethnicity data will be regularly reported in individual's dashboards to monitor success.</p> <p>At the time of the audit there were no Māori staff members. Bupa Ashford has links with the Pou Whirinaka at Health NZ - Waitaha Canterbury who provides support and guidance to iwi as required. The Care Home was blessed as part of the opening ceremony.</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 six residents (two rest home and four hospital) and eight family/whānau members (two rest home, five hospital and one dementia level).</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>During the admission process, the resident's 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 or staff at Bupa Ashford 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 Pasifika organisation and/or individual to provide guidance. The service has links with a local Pasifika community group, St Paul's Trinity Pacific Presbyterian Church, who are able to provide support and guidance for pacific people.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>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 family/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.</p> <p>Monthly resident and family/whānau meetings provide a forum for residents to discuss any concerns. Management (one general manager and one clinical manager) and eleven staff interviewed; six caregivers, two registered nurses (RN), one kitchen manager, one activities coordinator and one housekeeper described how the</p>

		<p>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>	FA	<p>Caregivers and RNs interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Residents are encouraged to have control and choice over activities they participate in, as evidenced in resident care plans. 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</p>

		<p>support is available. On the days of the audit 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 and 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 & 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>	FA	<p>An abuse and neglect policy is being implemented. Bupa Ashford policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities. Cultural days are implemented 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</p>

		<p>abuse and neglect and reflect. Staff are educated on how to value the older person showing them respect and dignity. All residents and family/whānau 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.</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 and interventions to promote positive outcomes. On interview, care staff confirmed an understanding of holistic care for all residents. Cultural awareness training completed in July 2023 includes recognition of explicit and non - explicit bias and supports the recognition and reduction of bias in health care.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Information is provided to residents and family/whānau on admission. Monthly 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/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. Nineteen accident/incident forms 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. Some residents are not fluent in English. Staff on interview advised they have communication resources available when required and are trained to use hand and facial gestures in</p>

		<p>addition to word and frequently used phrase cards.</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 NZ - Waitaha Canterbury specialist services. The management team hold weekly head of department meetings to enhance internal communication and facilitate a holistic approach to care. The RNs described an implemented process around providing residents and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. There are regular meetings and residents and family/whānau are supported through meetings and to raise concerns.</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 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 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>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is equitable and is provided to residents 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 have been two recent complaints documented since the facility opened in July 2023. The complaints included investigation, follow up and reply to the complainant. One of the complaints has been closed and the other complaint is still open. There were no complaints from external agencies.</p> <p>Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted). Documentation demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>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 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</p>	FA	<p>Ashford Care Home is part of the Bupa group of facilities. The facility is a single level purpose-built care facility that opened on 4 July 2023. The service is certified to provide care for up to a total of 56 residents at hospital, rest home and dementia level care residents. This includes 36 dual-purpose beds across three x 12 wings (households). There are 20 dementia beds across two x 10 bed wings (households). At the time of the audit there were 41</p>

<p>policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>residents in total: three rest home residents, 19 hospital residents, including one resident on respite care and one resident on an end of life (palliative care) contract and 17 dementia level care residents.</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 & 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 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 on-line 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 Mana Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi</p>
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		<p>for the health and disability system. Bupa NZ is committed to 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 Ashford business plan for 2024 includes a mission statement and operational objectives with site specific goals related to health and safety, and quality. 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 with no current APC), who started in the general manager role in December 2022, she has management experience within Health NZ Te Whatu Ora services. The general manager is supported by a clinical manager, who has been in the role since May 2023 and has eight years of aged care experience. The management team are supported by the southern Bupa regional operations manager and a Bupa project</p>
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		<p>manager. The general manager provides a monthly report to the regional operations manager. There are weekly team meetings between the general managers and regional operations manager within the Southern region (nine facilities).</p> <p>The general manager has completed more than eight hours of training related to managing an aged care facility and includes Bupa general managers forums and the leadership in action programme.</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>	FA	<p>Bupa Ashford 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. Monthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to); quality data, health and safety, infection prevention and 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 and family satisfaction surveys are managed by head office who rings and surveys whānau. The March 2024 resident and whānau satisfaction surveys have been correlated and analysed at head office and indicate that residents have reported high levels of satisfaction with the service provided. Results have been communicated to residents in the monthly resident and family/whānau meetings. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good</p>

		<p>level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. New policies or changes to policy are communicated and staff sign as acknowledgement. A health and safety system is in place with an annual identified health and safety goal that is directed from head office. The service reviews the progress toward the goal at regular intervals.</p> <p>A health and safety committee team meets bi-monthly. All have attended external health and safety training. Hazard identification forms and an up-to-date hazard register were reviewed (last updated in August 2023). Health and safety policies are implemented and monitored by the health and safety committee. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Reports 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. The electronic system generates a report that goes to each operational team/governance team and also generates alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications submitted since the opening of the facility for four unstageable pressure injuries in July, August, September, and December 2023. There have been two Covid-19 outbreaks (one in October/November 2023 and one in January/February 2024), both 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</p>	FA	<p>A staffing rationale policy is in place that describes rostering. The roster provides sufficient and appropriate cover for the effective</p>

<p>me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>delivery of care and support. The general manager and clinical manager are full time and rostered on from Monday to Friday. Agency staff are utilised as 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 the occupancy level.</p> <p>On call cover for all Bupa facilities in the region is covered by a six-week rotation of the general managers/care home managers and clinical managers. Registered nurse cover is provided 24 hours a day, seven days a week. Duty leaders and RNs are supported by an experienced team of caregivers. A selection of RNs and caregivers hold current first aid certificates. A first aid trained staff member is on duty 24/7 including when taking residents on outings. There is an activities coordinator (qualified diversional therapist [DT]) who works full time from Monday to Friday. 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 awareness training. Staff attended cultural awareness safety training as part of their orientation before the facility opened in July 2023, which included 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 of 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. Twenty-four caregivers are employed. The Bupa induction programme qualifies new caregivers at a level two NZQA. Of the 24 caregivers, 19 have achieved a level 3 NZQA qualification or higher. Fourteen caregivers work in the dementia unit, six have attained their dementia specific standards, two are in progress of completing and six have not completed their dementia specific standards. All eight that have not completed, have commenced employment within the last nine months.</p>
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<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>	FA	<p>Human resource policies are in place these include recruitment, selection, induction and staff training and development. The Bupa recruitment team advertise for and screen potential staff, including collection of ethnicity data. Bupa collects ethnicity data on staff. Once applicants pass screening, suitable applicants are interviewed by the general manager. Seven staff files reviewed (one clinical manager, one RN, four caregivers and one kitchen manager) evidenced implementation of the recruitment process, employment</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>contracts, police checking and completed induction. There is a schedule in place for all staff annual performance appraisals to be completed in 2024. Staff sign an agreement which include 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 (e.g., RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). The service has a role-specific induction programme 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 to 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. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained 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' hard copy 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>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents who are admitted to Bupa Ashford 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, hospital, palliative care and respite level of care residents were sighted. The general manager and clinical staff screen prospective residents prior to admission.</p> <p>A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the EPOA, family/whānau of choice 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 the required documentation related to admission were completed within the required time frames 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 general 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 no 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 general manager stated that</p>

		Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Low	<p>Seven resident files were reviewed; three hospital files including one on respite care and one on palliative care, two rest home, and two 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 involvement in the interRAI assessments, long-term care plans reviewed and six monthly multi-disciplinary reviews.</p> <p>Bupa Ashford uses a range of risk assessments alongside the interRAI care plan process. Risk assessments conducted on admission and for residents on respite include 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 (including respite resident). InterRAI assessments and reassessments have been completed within expected timeframes (excluding the respite resident) and outcome scores were identified on the long-term care plans. All residents in the dementia community 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. Where care plan interventions were documented, they were resident centred; and detailed to provide guidance to staff around all the identified medical and non- medical needs. The care plans for residents in the dementia unit included a 24-hour reflection of close to normal routine for the resident with interventions to assist caregivers in management of the resident behaviours. Policies and procedures guide the use of short-term care plans. Short term care (STCP) plans are utilised with acute issues/short term needs documented in short-term care plans with interventions documented. Short term care plans utilised were signed off when</p>

		<p>resolved or moved to the long-term care plan.</p> <p>Four of seven resident files reviewed had been in the facility for more than six months, all had interRAI assessments completed six-monthly or when changes occurred earlier. Three files did not require interRAI assessment as one was a new resident, one on respite care and one on a palliative care contract. Te Ara Whakapiri Principles and Guidance for the Last Days of Life outlines the principles of care for people in their last days of life. The files had evaluations completed to document progression towards goals. Where evaluations were completed, they evidenced progress towards goals and recorded if goals were met or unmet.</p> <p>The service contracts a medical practice where three general practitioners (GP) each visit once per week. The GPs are available on call 24/7 for palliative care or sudden decline. For other resident requirements Bupa Ashford utilises the 24-hour acute service. GPs 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 (interviewed) commented positively on the service and confirmed appropriate and timely referrals were completed. The GP interviewed expressed their confidence with the competence of the clinical manager and 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 from a local provider visits weekly. A podiatrist visits regularly and a dietitian, speech language therapist, psychogeriatrician, 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 described verbal and written handovers 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,</p>
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		<p>and was comprehensive in nature. Progress notes are written on every shift by the caregivers and the RNs document at least daily for hospital resident records and as clinically indicated for rest home and dementia level care (at least weekly) and when there is an incident or changes in health status.</p> <p>Residents and family/whānau members interviewed reported their needs and expectations are being met. When a resident's condition changes, the RNs are alerted who then assess the resident and initiate a review with the GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status and this was consistently documented in the resident files.</p> <p>A total of nine wounds (six residents) are being actively managed across the service. These included skin tears, chronic lesions, and a surgical wound. There were no current pressure injuries being managed at the care home. Comprehensive policies and procedures 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 occurred as planned in the sample of wounds reviewed. Wound care nurse specialist input is sought for 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. Access to a continence specialist is available, as necessary.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts including observations; behaviour charts; bowel charts; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. New behaviours are charted on a 'stress and distress' monitoring chart to identify new triggers and patterns. The 'stress and distress' chart entries described the behaviour and strategies to de-escalate behaviours including re-</p>
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		<p>direction and activities. Monitoring charts were completed as scheduled. Neurological observations were not routinely completed for unwitnessed falls or where head injury was suspected as part of post falls management. Incidents reviewed evidenced timely follow up by the RN and opportunities to minimise risks were identified and implemented.</p> <p>At the time of the audit there were no residents who identified as Māori. The clinical manager and general manager (interviewed) confirmed Bupa Ashford would provide equitable opportunities for all residents and would support Māori and whānau to identify tikanga principles and 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 Health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing.</p> <p>Staff confirmed they understood the process to support residents and 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.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities coordinator is an experienced diversional therapist and works full time Monday to Friday to coordinate and implement the activities programme. At present there are no other dedicated activities staff; however, staff who are on light duties or available to provide activities are rostered to do so. The caregivers who work in the dementia community support the diversional therapist and ensure a seven-day cover of activities in the area.</p> <p>The activities programme was based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests. These assessments were</p>

		<p>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 notice boards and residents are given a copy of the planner for their rooms. Daily activities were noted on notice boards to remind residents and staff. Resident and family/whānau meetings are held monthly to discuss different issues at the facility and provide feedback relating to activities.</p> <p>The activity programme is formulated by the activities coordinator in consultation with the management team, RNs, EPOAs, residents, and care staff. The care plans demonstrated sufficient interventions (in My day My way section) recorded to guide staff in the management of behaviour over 24 hours. Activity participation 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 Day, Matariki, Māori language week, table games, sensory, outdoor walks, van outings, music, pet therapy, entertainment, exercise, 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>A specific activities planner is available for residents who live in the dementia community; and interactions observed on the day of the audit evidenced engagement between residents, caregivers, and family/ whānau. There are accessible and well shaded outside garden areas. Tovertafel technology is available in the dementia lounge area; activities are adapted to encourage sensory stimulation and physical capabilities.</p> <p>There were no residents who identified as Māori on the days of the audit. The activities coordinator reported that the planned activities include opportunities for residents to participate in te ao Māori. These opportunities are facilitated through community engagements and by celebrating religious, and cultural festivals including Matariki and Māori language week.</p>
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		At interview, residents and family/whānau reported satisfaction with the level and variety of activities provided.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Bupa Ashford 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 medication competent caregiver was observed to be safely administering medications. The RNs, and caregivers interviewed could describe their roles regarding medication administration. Bupa Ashford uses pharmacy pre-packaged medicines. All medications once delivered are checked by the RNs against the medication chart. Medication 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 the 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 and within the required temperature ranges. All eyedrops and creams have been dated on opening. Controlled drugs are stored appropriately, with weekly stock checks completed as required. The six-monthly controlled drug audit was last completed by the pharmacist in December 2023. Medication incidents were completed in the event of a drug error and corrective actions were acted upon.</p> <p>Fourteen medication charts were reviewed. Three-monthly GP reviews of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. Indications for</p>

		<p>use were noted for as required, (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 and progress notes.</p> <p>There is a policy in place for residents who request to self-administer medications. At the time of audit, there were residents self-administering medications including GTN and inhalers. Competency assessments were completed, and there were secure drawers to store the medications safely according to policy. The service does not use standing orders and there are no vaccines kept on site. Documented evidence is in the clinical files that residents and family/whānau are updated about changes to their health and any changes to medication. Appropriate advice and access to rongoā Māori is facilitated when required.</p> <p>The clinical manager interviewed described how they would work in partnership with residents identified as Māori 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>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The 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. 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</p>

		<p>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 over night when required. Specialised utensils, lip plates and finger foods are available to promote independence with eating.</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 plated in the kitchen, transported in hot boxes and served in the dining area by kitchen staff. 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 evidence in the March 2024 satisfaction surveys.</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 which are offered to residents who identify as Māori when required</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Documented policies and procedures are in place to ensure discharge or transfer of residents is undertaken in a timely and safe manner. A documented process guides staff in the management of discharge and transfer from services. The clinical manager confirmed discharges are normally into other similar facilities or returning home following a respite stay. Discharges are overseen by the clinical manager and 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</p>

		<p>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) a 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, any paper notes are scanned into the residents' electronic record. If a resident's information is required by a subsequent GP, a written request is required for the file to be transferred. Evidence of residents who had been referred to other specialist services such as podiatrists, 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 clinical manager advised a comprehensive handover occurs between services at the time of admission and transfer.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building has a current code of compliance that expires on 14 June 2024. 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. The lounges are used 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 well-designed gardens and courtyards.</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 September 2024. 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</p>

		<p>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 maintenance officer was not available on the days of the audit. 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 service is built on one level with four designated wings: Dual purpose units (three 12-bed households) include Glen, Straven and Kowhai and Rotary for secure dementia level of care.</p> <p>Entry and exit into the secure dementia community is through the use of a combination keypad. The layout provides secure environments for residents needing dementia care. The centrally located nurses' desk ensures that staff are in close contact with residents even when attending to paperwork. The household is circular around an internal courtyard. There are lounge/dining area that cater for residents' needs. There are 20 spacious bedrooms, all single occupancy with single ensuites. Toilet seats are a different colour. There are also well-placed communal toilets near the two communal lounges with picture signs, sensor lights, and can be locked for privacy and unlocked from the outside by staff if needed. There are decals to distract residents from exit doors and signs ordered to alert residents of key rooms, such as toilets. There is a quiet lounge available. 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 access to the raised vegetable and flower gardens.</p> <p>All the rooms in the dual purpose areas are single rooms with ensuites. All communal toilets (disability, staff and visitors) have privacy locks, contained flowing soap and paper towels.</p> <p>Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. All rooms and communal areas allow for safe use of mobility equipment. All</p>
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		<p>communal toilets/bathrooms have locks and engaged signs. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p> <p>There are handrails in ensuites and in hallways. All areas are easily accessible to the residents. The furnishings and seating are appropriate for the residents. 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.</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>Prior to commencing building on the land, the local kaumātua blessed the land. The care centre was also be blessed prior to opening. The Bupa design team has input from cultural advisors at an organisational level to ensure they consider the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The policies and guidelines for emergency planning, preparation and response are displayed and easily accessible by staff. A fire evacuation plan in place was approved by the New Zealand Fire Service on 16 May 2023. A trial fire evacuation drill was last completed on 11 March 2024. 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. All required fire equipment is checked within the required timeframes by an external contractor. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The maintenance officer checks the civil defence supplies every three months. Emergency lighting is available and is regularly</p>

		<p>tested. There is sufficient dry food supplies available in the kitchen. There are adequate supplies in the event of an emergency including water stores (five water tanks with 5,000 litres in total) to provide residents and staff with three litres per day for a minimum of three days and alternative cooking supplies are available (three BBQs and gas hobs in the kitchen). In the event if a major power outage Bupa has contract arrangements with companies who have generators which would be transported to the site. There are extra blankets available for to keep residents warm and also barbecues available on site to provide food if necessary.</p> <p>Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. Staff interviewed confirmed their awareness of the emergency procedures. A minimum of one person trained in first aid is available at all times. 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 officer. Call bell audits were completed as per the audit schedule. Residents and family/whānau confirmed that staff respond to calls promptly. Appropriate security arrangements are in place. There is a closed-circuit television (CCTV) camera located at the entrance/foyer, throughout the facility and at the outside entrances and car parks. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. The dementia unit is secure. Entry and exit is by keypad code, which is made available to staff and family/whānau.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to</p>	FA	<p>The strategic plan documents commitment to the goals documented to achieve an effective implementation of infection prevention and control and AMS. The clinical manager is the infection prevention and control officer and oversees infection prevention and control across the service. The clinical manager has a job description (which was signed) and outlines the responsibility of the role. The organisational infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection prevention and</p>

<p>relevant issues of national and regional concern.</p>		<p>control is linked into the quality risk and incident reporting system. The infection prevention control programme is reviewed annually by the infection prevention control lead at Bupa head office, who reports and escalates to the clinical support improvement team. Documentation reviewed showed evidence that recent outbreaks were escalated to the Bupa infection prevention control lead within 24 hours. Bupa has monthly and sometimes weekly infection prevention and control teleconferences for information, education and discussion and updates, should matters arise in between scheduled meeting times. The infection prevention control officer has completed training and induction to their role. Infection rates are collated, are presented and discussed at infection prevention and control lead meetings, quality, and staff meetings. Infection prevention and control is documented as part of the strategic and quality plans.</p> <p>The service has access to an infection prevention and control clinical nurse specialist from Health New Zealand – Waitaha Canterbury. Further to this there is 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.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection prevention and control officer is the clinical manager and works with a RN who is being mentored into the infection prevention and control role. Further to this they are supported by the wider clinical team and Bupa infection prevention control lead. The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection prevention and control is linked into the electronic quality risk and incident reporting system. The infection prevention and control and AMS programme are reviewed annually by Bupa infection prevention control lead in consultation with the infection prevention control officers. The service has a Covid-19 and pandemic response plan.</p> <p>Outbreak kits are readily available, there is a personal protective equipment (PPE) cupboard and trolleys set up ready for use. The</p>

		<p>PPE stock is regularly checked against expiry dates with supplies of extra PPE equipment available and accessible. The Bupa infection prevention control lead and the infection prevention and control officer have input into the procurement of good quality PPE, medical and wound care products.</p> <p>The infection prevention and control officer has completed induction and training for the role. There is good external support from the GPs, laboratory, and the Bupa IPC lead.</p> <p>The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection prevention control team and training and education of staff. Policies and procedures are reviewed quarterly by Bupa in consultation with infection prevention and control officers and the Bupa infection prevention control lead. Policies are available to staff. Aseptic techniques are promoted through hand hygiene, and sterile single use packs for catheterisation and wound care, to create an environment to prevent contamination from pathogens to prevent healthcare-associated infections. Policies and procedures are in place around reusable and single use equipment. Staff reported all shared equipment is appropriately disinfected between use. Infection prevention and 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 prevention control data.</p> <p>The infection prevention and control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff induction and included in the annual training plan. There has been additional training and education around pandemic response (including Covid-19) and staff were informed of any changes by noticeboards, handovers, toolbox talks, text message and emails. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed through newsletters, and emails when outbreaks occurred.</p>
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		<p>The service incorporates te reo Māori information around infection prevention control for Māori, when required. Posters in te reo are Māori in evidence throughout the facility and additional information in te reo Māori is readily available. The Māori health strategy includes the importance of ensuring culturally safe practices in infection prevention. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi. The general manager confirmed there has been a process for clinical and infection control expertise with the new building.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. 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 prevention 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 and is discouraged with the use of monotherapy and narrow spectrum antibiotics preferred when prescribed.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional</p>	FA	<p>Infection surveillance is an integral part of the infection prevention control programme and is described in the Bupa infection prevention 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</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>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 prevention control surveillance discussed at infection prevention control, quality 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 two Covid -19 outbreaks in October/November 2023 and January/ February 2024. Health New Zealand – Waitaha Canterbury and Public Health were appropriately notified. There was evidence of regular communication with the Bupa infection prevention control lead, clinical director, aged care portfolio manager and Health New Zealand - Waitaha Canterbury infection prevention control nurse specialist. Toolbox meetings (sighted) were held; `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 prevention 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 the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Bupa Ashford has policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals were dispensed through a pre-measured mixing unit. Safety data sheets and product sheets were available. Sharps containers were available and met the hazardous substances regulations for containers. Gloves and aprons were available for staff and were observed wearing these as they carried out their duties on the days of audit. Each community has a room with a sanitiser with the appropriate personal protective equipment available. Staff have completed chemical safety training. The effectiveness of chemicals are monitored by the contract chemical provider.</p> <p>There is a laundry if it is required in the service area of the facility, it includes a commercial washing machine and dryers. Material safety datasheets are available, and all chemicals are within closed</p>

		<p>systems. The washing machines and dryers are checked and serviced regularly. Laundry staff have also completed chemical safety training. All laundry is done at a Bupa central laundry. Laundry is collected daily (Monday to Friday) from Bupa Ashford, transported to a central laundry, processed and returned to the site on Mondays, Wednesdays and Fridays. The laundry is returned to residents' rooms by housekeeping staff. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. Linen was seen to be transported on covered trolleys.</p> <p>Cleaners' trolleys were seen to be attended at all times and locked away in the cleaners' cupboard when not in use. The chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The numerous linen cupboards were well stocked with good quality linen.</p> <p>The staff interviewed had good knowledge about cleaning processes and requirements relating to infection prevention and control. There were kitchen and laundry audits completed by a quality partner; these were signed off by a clinical manager and the general manager. The clinical manager provides support to maintain a safe environment during maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The Bupa organisation is committed to remaining restraint free as documented in the strategic and business documents. Any restraint use is benchmarked across the organisation and reported to Bupa leadership and governance groups. The facility 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 family/whānau and the choice of device must be the least restrictive possible.</p> <p>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 the clinical manager. Restraint is discussed at all meetings. Education on the restraint-free organisational objective is included in the orientation</p>

		programme and as part of the annual training plan. The restraint training is accompanied by a competency questionnaire.
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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 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments</p>	PA Low	Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts including observations; behaviour charts; bowel charts; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. New behaviours are charted on a ‘stress and distress’ monitoring chart to identify new triggers and patterns. Monitoring charts were completed as scheduled; however, neurological observations were not always comprehensively completed as required.	Five (falls not resulted in injury) of fourteen incident reports related to unwitnessed falls did not evidence completion of neurological observations within the frequencies stated in the policy.	<p>Ensure neurological observations following unwitnessed falls are completed as per policy requirements.</p> <p>90 days</p>

are an ongoing process and that any changes are documented.				
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.