

Bupa Care Services NZ Limited - Merrivale Rest Home

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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:	Merrivale 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: 2 August 2024 End date: 2 August 2024
Proposed changes to current services (if any): Bupa Care Services NZ Limited - Merrivale Care Home has notified HealthCERT of the intention to reconfigure the certified services provided at Merrivale Care Home with the reassignment of the fifteen dementia care beds from Te Whare Awhina Dementia wing to become eight hospital level care beds and seven rest home level care beds. The total bed capacity at Merrivale Care Home will remain as 66. The letter from HealthCERT confirming the request for verification was dated 10 July 2024.	

The name on the certificate for certification is Bupa Care Services NZ Limited - Merrivale Rest Home. As part of this audit, the service has requested that the name on the certificate be changed to Bupa Care Services NZ Limited - Merrivale Care Home. The overall name of the company stays the same – this is not a change in ownership.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

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.

General overview of the audit

Bupa Care Services NZ Limited - Merrivale Care Home provides hospital (geriatric and medical), rest home, and dementia level care for up to 66 residents.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021. The audit process included the review of relevant policies and procedures, a review of staff files, observations, and interviews with management.

Bupa Care Services NZ Limited - Merrivale Care Home has notified HealthCERT of the intention to reconfigure the certified services with the reassignment of the fifteen dementia care beds from Te Whare Awhina to become eight hospital level care beds and seven rest home level care beds. The total bed capacity at Merrivale Care Home will remain as 66. This audit has verified the appropriateness of the change.

The name on the certificate for certification is Bupa Care Services NZ Limited - Merrivale Rest Home. As part of this audit, the service has requested that the name on the certificate be changed to Bupa Care Services NZ Limited - Merrivale Care Home. There is no change in ownership of the company.

The board provides governance of the organisation with committees in place that include clinical governance, risk and governance, learning and development and a work health safety governance committee. The acting general manager (registered nurse with a current annual practicing certificate) is supported by an acting clinical manager, registered nurses, and experienced care staff. The team was supported by the regional operations manager on the day of audit.

The previous certification audit identified shortfalls related to interventions in care plans and medication management. The shortfall related to medication has been addressed however the shortfall related to interventions in care plans remains.

Shortfalls identified at this audit are related to orientation and training, food services and to the secure environment.

Ō tātou motika | Our rights

[Click here to enter text](#)

Hunga mahi me te hanganga | Workforce and structure

The board is responsible for monitoring performance overall and has delegated responsibility for operational management to the acting general and clinical managers who have support from the regional operations manager and the business support team at head office. The business plan includes a mission statement and operational objectives with a transitional plan in place to ensure the change from dementia beds to hospital and rest home beds is completed in an efficient and timely manner with a focus on transferring existing residents safely and securely.

There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for

safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The rosters reviewed for the current staffing requirements and the change to hospital/rest home beds show an increase in staffing based on a 90% occupancy in the changed community.

Ngā huarahi ki te oranga | Pathways to wellbeing

There are interRAI assessments and care plans documented that include goals for care for each individual resident.

The organisation uses an electronic medication management system for prescribing and administration of medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are currently being assessed as competent to do so as part of the orientation programme. There are no changes required for administration or management of medication given the pending change from dementia to hospital/rest home beds.

A food control plan is in place for food services. Menus are in place. All equipment is in place and the kitchen operational.

There are no changes required for administration or management of medication or to food services given the pending change from dementia to hospital/rest home beds.

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

The facility has a current building warrant of fitness. A preventative maintenance programme is in place and being implemented. Internal and external areas are safe and any resident including residents with a mobility aid can access all areas. There are dual purpose bedrooms in three communities.

Currently Te Whare Awhina (dementia community) is a secure unit. The rooms (bedrooms and communal areas) reviewed in the community were verified as being appropriate for residents requiring hospital/rest home care. The community will continue to have a lounge, dining room with kitchenette and quiet area. There are railings in place in all areas.

There are no changes required to Te Whare Awhina given the pending change from dementia to hospital/rest home beds apart from the opening of the unit to link with the Kauri community (Rimu wing) once all residents requiring dementia care have moved to another appropriate facility.

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

The infection prevention and control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection prevention and control officer (acting clinical manager) has a job description in place and is responsible for coordinating education and training for staff. The infection prevention and control officer has completed annual training and staff are orientated to the programme with ongoing training in place.

There is a suite of infection control policies and guidelines available electronically to support practice. This includes an antimicrobial stewardship programme with responsibilities clearly defined. The infection prevention and control officer is responsible for surveillance of infections and to determine infection control activities, resources and education needs within the facility. The service will engage in benchmarking with other Bupa facilities.

Here taratahi | Restraint and seclusion

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	9	0	2	2	0	0
Criteria	0	80	0	3	2	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 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Bupa Care Services NZ Limited - Merrivale Care Home is located in Whangarei and is a purpose-built aged care facility. The facility is split in to 15 dedicated dementia beds (Te Whare Awhina – a stand-alone community); Rimu and Rata wings with 17 beds that form the Kauri community (includes 12 specific rest home beds as well as hospital or dual-purpose beds); and Matai, Kowhai and Nikau wings which form the Puriri community with 34 beds (includes hospital or dual-purpose beds). On the day of the audit, there were 57 residents including 8 dementia level residents in Te Whare Awhina, 31 hospital residents; and 18 rest home residents including one resident on respite. All residents including respite are under the age-related residential care contract (ARRC).</p> <p>This partial provisional audit is to verify the reassignment of fifteen dementia care beds from Te Whare Awhina (dementia community), to become eight hospital level care beds and seven rest home level care beds. The total bed capacity at Merrivale Care Home will remain as 66. The reassignment of residents in the dementia unit has already started with seven residents transferred to Bupa Totorā Gardens. The remaining eight residents will be transferred to Bupa Totorā Gardens or another secure unit if selected by family/whānau by the 9 August 2024. The service plans to admit the hospital and rest home residents starting on the 12 August 2024 subject to certification from HealthCERT. This partial</p>

		<p>provisional audit has verified the facility as being fit for purpose noting that there are some shortfalls identified to be addressed prior to occupancy.</p> <p>The name on the certificate for certification is Bupa Care Services NZ Limited - Merrivale Rest Home. As part of this audit, the service has requested that the name on the certificate be changed to Bupa Care Services NZ Limited - Merrivale Care Home. The overall name and governance of the company remains with no other changes noted as part of the name change.</p> <p>Bupa has an overarching strategic plan in place with clear business goals to support their person-centred philosophy of 'Helping people live longer, healthier, happier lives and making a better world. We take pride in endeavouring to delivering quality care with a personal touch.' The business plan includes a mission statement and operational objectives with site specific goals. The Bupa executive team reports to Asia Bupa based in Melbourne. There is a New Zealand based managing director who reports to a New Zealand based Board. The operations manager for Northern district reports to the national operations director. The Bupa Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The governing body of Bupa consists of directors of clinical, operations, finance, legal, property, customer transformation, people, risk, corporate affairs, and technology. This team is governed by Bupa strategy, purpose, and values. Each director has an orientation to their specific role and to the senior leadership team. The directors are knowledgeable around legislative and contractual requirements and are experienced in the age care sector.</p> <p>The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. Bupa NZ is committed to supporting the best health outcomes for Māori and guidance for their employees by developing cultural safety awareness around Māori health equity, and disparities in health outcomes, including in aged residential care. The Towards Māori Health Equity policy states Bupa is committed to achieving Māori health</p>
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		<p>equity for residents in their care homes by responding to the individual and collective needs of residents who identify as Māori, to ensure they live longer, healthier, happier lives.</p> <p>Bupa has engaged with a cultural advisor to work alongside the Bupa Leadership team. Bupa leadership team has undertaken the Te Kaa Māori immersion training programme. The leadership team has undertaken additional training to ensure competence with Te Tiriti, health equity, and cultural safety through shared learning, presentations at leadership team meetings and completion of online modules. The cultural advisor collaborates with the Boards and senior management in business planning and service development to improve Māori and tāngata whaikaha health outcomes. Tāngata whaikaha provide feedback around all aspects of the service, through resident meetings and satisfaction surveys, which provides the opportunity to identify barriers and improve health outcomes.</p> <p>Bupa has a Clinical Governance committee (CGC), Risk and Governance committee (RGC), a Learning and Development governance committee and a Work Health Safety Governance committee where analysis and reporting of relevant clinical and quality indicators is discussed in order to improve. The Clinical Services Director chairs the Clinical governance committee (CGC) with oversight from Bupa's second line Clinical Governance and compliance team and the Chief Medical Officer. The clinical support improvement team (CSI) includes clinical specialists in restraint, infections and adverse event investigations and a customer engagement advisor, based in head office. The organisation benchmarks quality data with other NZ aged care providers. Each region has a clinical quality partner who support the on-site clinical team with education, trend review and management.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in the bi-monthly quality meetings, and there are quality action forms that are completed for any quality improvements/initiatives during the year.</p> <p>The acting general manager (registered nurse with a current annual practicing certificate who is providing temporary cover while the general manager is on leave) has been employed in the role at Bupa Merrivale for one month and was previously the care home manager at another Bupa</p>
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		<p>facility for just under two years. They have prior management and clinical experience in aged care for over 10 years. They also have a Bachelor of Arts and international justice studies. The acting general manager is supported by an acting clinical manager (who has worked at Bupa Merrivale for two years), registered nurses, an experienced care staff team, the regional operational manager, and quality partner. The service is actively recruiting a unit coordinator (registered nurse).</p> <p>The acting general manager and the acting clinical manager have both completed more than eight hours of training related to managing an aged care facility. Training has included attending Bupa regional managers forums, and training around the Māori health plan and pandemic and infectious disease planning.</p> <p>Merrivale Care Home is currently working to implement the transition plan. There are no expected changes to governance or management in light of the move to reassign residents requiring dementia level of care to another facility and to replace the secure unit with rooms for residents requiring hospital or rest home level of care.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</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>	FA	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The acting general manager, acting clinical manager, (and the unit coordinator once appointed) are available Monday to Friday. On-call cover for all Bupa facilities in the region is covered by a six-week rotation of one care home manager and one clinical manager each week.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. Staff last attended cultural safety training in October 2023, which included Māori health, tikanga, cultural safety, Te Tiriti o Waitangi and how this applies to everyday practice. Training sessions around dementia, and behaviours of concern are held regularly.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 36 caregivers employed. There are also five casual caregivers to provide support when staff are on leave. The Bupa orientation programme</p>

		<p>qualifies new caregivers at a level two NZQA. Of the 36 caregivers, 16 have achieved a level 3 NZQA qualification or higher. Nine of the caregivers work in the dementia unit and all have attained the dementia specific standards.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 and have undertaken extra training, complete many of the same competencies as the RN staff (e.g., medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, and wound management). Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. There are seven registered nurses and four are interRAI trained as is the acting clinical manager. All RNs are encouraged to attend the Bupa qualified staff forum each year and to commence and complete a professional development recognition programme (PDRP). All RNs attend relevant quality, staff, RN, restraint, health and safety, and infection control meetings when possible. External training opportunities for care staff include training through Health New Zealand Te Whatu Ora - Te Tai Tokerau, and hospice. A record of completion is maintained on an electronic register.</p> <p>A management of agency staff policy is documented for the organisation. If the agency nurse (reliever) has never worked in the care home before, a 'bureau staff information booklet' is provided to them. Orientation including health and safety and emergency procedures are the responsibility of the delegated person on duty. Agency contracts indicate the requirements to be met by the agency regarding meeting specific competencies.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities of the 'take five' Bupa wellness programme. Organisational wellness initiatives include healthcare insurance for staff, free flu vaccinations and a supermarket voucher award scheme. Signage supporting the Employee Assistance Programme is in place.</p> <p>Currently staff are rostered into communities. This includes the following:</p> <p>Te Whare Awhina (15 dementia beds): two caregivers on the morning</p>
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		<p>and afternoon and one overnight. These 15 beds will change to eight dual purpose and seven rest home as part of the Kauri community with the name Te Whare Awhina retired.</p> <p>Puriri community with Kowhai, Nikau and Matai wings with 34 beds (seven dual purpose, 25 hospital and two rest home beds): five caregivers in the morning; five in the afternoon; and two overnight. The roster to this community will not change with the move from dementia to hospital/rest home beds.</p> <p>Kauri community with Rimu and Rata wings currently with 17 beds (11 hospital and six rest home) with two caregivers in the morning and afternoon and one overnight. Kauri will draw the existing Te Whare Awhina beds into the community to give a total of 32 beds i.e. 15 dual purpose and 17 rest home beds. Staffing will increase to meet acuity and bed numbers to four caregivers in the morning, three in the afternoon and two overnight. There is also one caregiver overnight who 'floats' to support any community requiring this.</p> <p>There are two registered nurses in the morning and afternoon and one overnight. A newly created unit coordinator (registered nurse) is currently being recruited. The roster will be reviewed after 90% of occupancy has been reached to ensure that staffing meets acuity and need at 100% occupancy with ability to increase numbers of caregivers at any time.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	PA Low	<p>There are human resource policies in place, including recruitment, selection, induction and staff training and development. The Bupa recruitment team advertise for and screen potential staff. Once applicants pass screening, suitable applicants are interviewed by the acting general manager. Nine staff files reviewed (one acting clinical manager, four RNs, two caregiver, one administrator, one kitchen hand) evidenced implementation of the recruitment process, including employment contracts and reference checks.</p> <p>The regional operations manager and acting general manager stated that police vetting was completed by the people and culture team at head office who also held results. The acting general manager stated that they saw any that came back with a result that required further discussion.</p>

		<p>There is a staff performance appraisal policy however some performance appraisals had not been completed in a timely manner. Job descriptions are in place for all positions, these include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for health professionals.</p> <p>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 for Māori. Staff files reviewed did not all have evidence of completion of orientation.</p> <p>Information held about staff is kept secure and confidential. Ethnicity of employees is collected at application and an ethnicity database is maintained. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is stated by managers as being provided to staff as at other facilities with this described as being the same at this facility.</p> <p>There is no change to recruitment and to the health workforce with the change of the dementia beds to hospital and rest home level of care.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Eight resident files (our hospital, one rest home, and three dementia level care) were reviewed specifically to focus on the shortfall identified at the previous audit around documentation of interventions in care plans. A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans with documentation of records held on an electronic resident management system. The interRAI assessment and a range of risk assessments are conducted on admission include those relating to falls, pressure injury, skin, pain, continence, cultural and activities. For the resident files reviewed the outcomes of the assessments formulate the basis of the long-term care plan. The acting clinical manager interviewed understood their responsibility in relation to assessment and care planning.</p> <p>A review of eight resident files included three residents in the dementia unit with behaviours that challenged, one with cultural needs, two with</p>

		<p>wounds and two with a high falls risk. InterRAI assessments for seven of the eight residents, and specialised risk assessment tools including cultural assessments were completed for eight of the residents and these, when completed in a timely manner, identified key risk areas. Alerts are indicated on the resident care plan and include for example, high falls risk, weight loss, wandering, choking and pressure injury risks. One interRAI assessment was completed but the timeframes for completion did not link to the timeframes when the long-term care plan was completed.</p> <p>Long-term care plans are expected to be completed within 21 days after admission with care plans expected to include interventions which are resident centred and that provide guidance to staff around all medical and non-medical requirements. The resident records reviewed did not always provide detailed interventions to provide guidance for staff. The shortfall identified at the previous audit has not been fully addressed.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Bupa Merrivale has policies available for safe medicine management that meet legislative requirements. The registered nurses and medication competent senior caregivers who administer medications have current competencies which had been assessed in the last twelve months. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets are electronic. Bupa Merrivale uses robotic rolls for all regular and pottles for short course and 'as required' medicines. All medications once delivered are checked by the registered nurses against the medication chart. The registered nurse checks medicines against the prescription, and these are updated in the electronic medication management system. Any discrepancies are fed back to the supplying pharmacy or doctor. Expired medications are returned to pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the medication trolleys and in the three medication areas. The medication fridges and medication room temperatures are now consistently monitored daily. All eyedrops and creams have been dated on opening. Controlled drugs are stored appropriately, and weekly stock checks have been completed regularly by medication competent staff. Shortfalls related to medication identified at</p>

		<p>the previous audit have been addressed.</p> <p>Sixteen medication charts were reviewed. There is a three-monthly general practitioner review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications.</p> <p>There is a policy in place for residents who request to self-administer medications. At the time of audit, there was one resident self-administering inhalers. Competency assessments are completed, and resident stored the medications safely according to policy. The service does not use standing orders and there are no vaccines kept on site. The acting clinical manager confirmed that over-the-counter medications and supplements were not in use by residents in the facility but if they were, would be included in the medication charts.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The acting clinical manager described how they work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>There is no change to medication administration or management with the change of the dementia beds to hospital and rest home level of care.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>PA Moderate</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The services coordinator has oversight of the kitchen undertakes cooking responsibilities at least once a week. There are three other designated cooks for the other days. 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. A registered dietitian reviewed the menu. Kitchen staff have attended safe food handling training.</p> <p>Diets are modified as required. A note on the white board in the kitchen stated how many specific diets would be required for the day. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes (sighted in resident files reviewed),</p>

		<p>however the hard copies in the kitchen had not been reviewed in a timely manner. Allergies and sensitivities to food were not displayed in the kitchen for staff to reference. Snacks and drinks are available for residents throughout the day and over night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations are completed at least every three months. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All food at mealtimes is delivered to the respective wings in scan boxes with the temperatures of scan boxes recorded. All decanted food had records of use by dates recorded on the containers and no expired items were sighted.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori. including 'boil ups,' hāngi, Māori bread, and corned beef were included on the menu, and these are offered to residents who identify as Māori when required.</p> <p>There is no change to food services with the change of the dementia beds to hospital and rest home level of care.</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>	PA Low	<p>The building has a current warrant of fitness that expires on 1 June 2025. 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 communities with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the care home. Quiet spaces for residents and their whānau to utilise are available inside and outside in the gardens and courtyards.</p> <p>The 52-week planned maintenance schedule includes electrical testing and tagging of electrical equipment (last completed July 2024), resident equipment checks, and calibrations of the weighing scales and clinical equipment (last completed July 2024). Hot water temperatures are monitored weekly, and the reviewed records are within the recommended ranges. Reactive maintenance is carried out by the maintenance</p>

		<p>manager who works full time Monday to Friday (and provides on call for emergencies after hours and weekends) and certified tradespeople where required. The care home contracts a gardener for maintenance of the outdoor space and gardens. The environment is maintained at appropriate temperatures with central heating 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 on two levels with the laundry, staff room, maintenance and storage area on the lower level that is connected to the apartments by a corridor. The care home is on the main level adjacent to the main car park. The two levels of the building are connected by a lift and stair access between the rest home/hospital wings and serviced apartments. The care home is divided into three communities: the Puriri community (hospital level), Kauri community (with rest home and dual-purpose rooms) and Te Whare Awhina community (for dementia level care).</p> <p>Te Whare Awhina has a large outdoor garden with seating and shade that will be appropriate to meet the needs of residents using hospital and rest home level of care once reassignment of residents in the dementia community has been completed. Entry and exit into Te Whare Awhina (dementia community) is by use of a combination keypad. The layout provides secure environments for residents needing dementia care. Currently the dementia unit is still secure as there are residents identified as requiring care in a secure unit waiting to be transferred to a sister facility close by. The transition plan states that the keypad door lock will be disabled so rest home and hospital residents can easily enter and exit once all dementia care residents have been moved to appropriate accommodation.</p> <p>Te Whare Awhina (dementia) has a main lounge and dining area that caters for residents' needs. The community has 15 spacious bedrooms, all single occupancy with shared toilets and bathrooms. 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. All the rooms in Te Whare Awhina are verified as fit for purpose for rest home and dual-purpose use.</p> <p>All communities are single occupancy with hand basins and access to communal toilets and showers. The rooms in Puriri community (hospital</p>
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		<p>level) are spacious and have a combination of individual and shared ensuite. All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free-flowing soap and paper towels. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Communal, visitor and staff toilets are available and contained flowing soap and paper towels.</p> <p>All areas are easily accessible to the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they were able to move around the facility and staff assisted them when required. Each community has a large lounge and dining area, and activities take place in these areas as observed during the audit. 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 are 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>The service has no current plans to build or extend; however, should this occur in the future, the acting general manager advised that the service would liaise with Māori providers to ensure aspirations and Māori identity are included.</p> <p>The physical aspects of the facility will not require any changes to manage the reassignment to hospital and rest home beds apart from disabling the keypad combination lock from a secure to an open unit. The Rimu wing has residents using hospital and rest home level of care and this wing will connect through open doors to the current Te Whare Awhina community. Rata and Rimu wings are currently called the Kauri community and once residents have been transferred from the dementia unit, will include residents in that unit identified as using hospital or rest home level of care.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service on 24 April 2013. A trial evacuation drill is completed six monthly, and these are also part of the annual training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and there are two designated assembly points in the main car park area. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water (equivalence of three litres per person per day for three days), candles, torches, continent products, and a gas BBQ to meet the requirements for up to 66 residents including rostered staff. There is no generator on site, but one can be hired if required. The experience of cyclone Gabrielle saw the facility being provided with a generator (including fuel) from North power in a responsive, timely manner. There is a relationship of such with the power company for any future civil defence emergencies. Emergency lighting is available and is regularly tested. The registered nurses and a selection of caregivers hold current first aid certificates.</p> <p>There is a first aid trained staff member on duty 24/7. Staff interviewed confirmed their awareness of the emergency procedures. Confirmation of completion of first aid training was sighted in relevant staff files reviewed.</p> <p>The service has a working call bell system in place that is used by the residents, whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance person. Call bell audits were completed as per the audit schedule. Residents and whānau confirmed that staff respond to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. The acting clinical manager stated that whānau and residents know the process of alerting staff when in need of access to the facility after hours. There is a private security company that</p>
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		<p>patrols the care home at least four times over night. There is a closed-circuit television (CCTV) in public spaces and externally.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and well-being are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols. At the time of the audit there was a Covid-19 outbreak and as such there was restricted visiting and those coming in were supplied with appropriate personal protective equipment (PPE) and completed outbreak related visiting protocols.</p> <p>There is no change to security and emergency management with the reconfiguration of the dementia beds to hospital and rest home level of care.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The acting clinical manager (RN) undertakes the role of infection control officer to oversee infection control and prevention across the service. The job description outlines the responsibility of the role. The organisational infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually by the infection control and prevention specialist at Bupa head office, who reports to and can escalate any significant issues to Board level. Documentation review evidenced recent outbreaks were escalated to the executive team within 24 hours. Bupa has monthly and sometimes weekly infection control teleconferences for information, education and discussion and updates, should matters arise in between scheduled meeting times. Infection rates are presented and discussed at quality and staff meetings. Infection prevention and control are part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Health New Zealand, in addition to expertise at Bupa head office. Residents and staff are offered influenza and Covid-19 vaccinations. Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</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>	FA	<p>The designated infection officer is supported by the clinical team and Bupa infection control lead. The service has a Covid-19 and pandemic response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and Covid-19 positive tests. There are outbreak kits readily available, and a personal protective equipment (PPE) cupboard and trolleys set up ready to be used. The PPE stock is regularly checked against expiry dates. There are supplies of extra PPE equipment available and accessible. The Bupa infection control lead and the infection control officer have input into the procurement of good quality PPE, medical and wound care products.</p> <p>The infection control officer has completed courses in the basics of infection control. There is good external support from the GP, laboratory, and the Bupa infection control lead.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed quarterly by Bupa in consultation with infection control coordinators/officers. Policies are available to staff. Aseptic techniques are promoted through handwashing, and sterile single use packs for catheterisation and wound care, to create an environment to prevent contamination from pathogens to prevent healthcare-associated infections. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. Infection control is included in the internal audit schedule and evidenced full compliance. Hospital acquired infections are collated along with infection control data.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic response (including Covid-19) and staff were informed of any changes by noticeboards, handovers, toolbox talks, text message and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau are kept informed and updated on Covid-19 policies and procedures through emails.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	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 and reported in a monthly quality report and presented at meetings. The Bupa infection control lead is responsible for collating and analysing the electronic medication management system with pharmacy support. The monitoring and analysis of the quality and quantity of antimicrobial prescribing occurs annually.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Monotherapy and narrow spectrum antibiotics are preferred when prescribed.</p> <p>There is no change to the antimicrobial stewardship programme with the reconfiguration of the dementia beds to hospital and rest home level of care.</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</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database (VCare) and surveillance of all</p>

<p>ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand.</p> <p>There have not been any outbreaks of infection since the last audit.</p> <p>There is no change to the infection prevention and control surveillance programme with the reconfiguration of the dementia beds to hospital and rest home level of care.</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 antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps' containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms (with sanitisers) in each wing with personal protective equipment available, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There is a laundry in the service area of the facility. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. There are two commercial washing machines and two dryers. Material safety datasheets are available, and all chemicals are within closed systems. All laundry is processed on site by dedicated laundry assistants seven days per week.</p> <p>Cleaners' trolleys are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The numerous linen cupboards are well stocked. The washing machines and dryers are</p>

		<p>checked and serviced regularly. Laundry staff have also completed chemical safety training.</p> <p>There is no change to the environment with the reconfiguration of the dementia beds to hospital and rest home level of care.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	An orientation and induction programme is described in policy. Five of the nine staff files reviewed showed evidence of completion of orientation. One staff was identified as having started in 2012 and they did not have an orientation. Three other staff who had been employed within the last two years did not have evidence on file to confirm that they had completed orientation.	Three of the nine staff who had been employed within the last two years did not have evidence on file that they had completed an orientation.	<p>Ensure that all staff have completed orientation with documentation in place to evidence this.</p> <p>Prior to occupancy days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	A process for review of performance is documented in policy. Not all of the nine staff files reviewed included evidence of completion of a performance appraisal in a timely manner. All except for three of the registered nurse files included a performance appraisal that had been completed within the last year.	Three of the nine staff files did not have evidence of an annual current performance appraisal.	<p>Ensure that all staff have a performance appraisal completed annually.</p> <p>90 days</p>

<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p>	<p>PA</p> <p>Moderate</p>	<p>A review of eight resident files included three residents in the dementia unit with behaviours that challenged, one with cultural needs, two with wounds and two with a high falls risk. One interRAI assessment was completed but the timeframes for completion did not link to the timeframes when the long-term care plan was completed. There are comprehensive policies in place related to assessment and support planning; and resident care plans reviewed (six of eight files included a long-term care plan) provided information and interventions related to assessed risks.</p> <p>Short-term care plans were completed when required including those sighted in two files for residents who had wounds. One short-term care plan for a resident with a wound did not link to the long-term care plan. Three residents had a short-term care plan to guide transition from the dementia unit to another facility.</p> <p>The shortfall related to interventions identified at the previous audit remains.</p>	<p>One resident file reviewed did not have an interRAI assessment completed.</p> <p>One interRAI assessment had been completed in October 2023 and again in April 2024 however the long-term care plan had not been completed until December 2023 and again in July 2024.</p> <p>Two of the eight resident files (both newly admitted residents) did not have a long-term care plan completed.</p> <p>One short-term care plan around a wound was not linked to the long-term care plan.</p>	<p>(i) Complete an interRAI assessment in a timely manner for any newly admitted resident.</p> <p>(ii) Ensure that long term care plans are completed in a timely manner using information from the interRAI assessment to identify needs and interventions.</p> <p>(iii) Ensure that any new resident has a long-term care plan completed in a timely manner.</p> <p>(iv) Ensure that any short-term care plan is linked to the long-term care plan.</p> <p>90 days</p>
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(h) People's care or support plan identifies wider service integration as required.				
<p>Criterion 3.5.1</p> <p>Menu development that considers food preferences, dietary needs, intolerances, allergies, and cultural preferences shall be undertaken in consultation with people receiving services.</p>	PA Moderate	A note on the white board in the kitchen stated how many specific diets would be required for the day. The service support coordinator and chef interviewed confirmed that the white board did not display resident names as this could be seen by people outside of the kitchen.	Kitchen staff do not have access to current dietary needs of residents or to potential allergies.	<p>Ensure that kitchen staff have access to current dietary needs of residents with allergies or sensitivities to foods displayed for kitchen staff to reference.</p> <p>60 days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	Currently Te Whare Awhina (the dementia unit) is secure. The doors to the neighbouring Rimu wing have pin code access and the outdoor area has secure perimeter fencing and locked gates to external areas outside of the dementia unit. There are still residents who require dementia care in the unit and Te Whare Awhina will remain secure until there are no residents requiring dementia care.	Te Whare Awhina remains a secure unit until the last resident requiring dementia care has been moved to an appropriate facility.	<p>Remove secure features of Te Whare Awhina communities to promote safe mobility and independence for residents using hospital or rest home level of care.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.