

Bupa Care Services NZ Limited - Eventhorpe Rest Home & Hospital

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: Eventhorpe Rest Home & Hospital

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

Dates of audit: Start date: 5 September 2024 End date: 6 September 2024

Proposed changes to current services (if any): The service was verified as suitable to provide Residential Disabilities- Physical.

Total beds occupied across all premises included in the audit on the first day of the audit: 89

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 fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Eventhorpe Rest Home and Hospital provides hospital (geriatric and medical), and rest home levels care for up to 91 residents. There were 89 residents on the days of audit.

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

An electronic management system has been introduced since the last audit. Environmental upgrades continue to be implemented. The care home manager is appropriately qualified and experienced and is supported by a clinical manager. There are quality systems and processes documented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit identified the service meets the standard, and continuous improvement ratings have been awarded relating to the quality system, infection control, and resident activities.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Eventhorpe Rest Home and Hospital provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. There is a Māori health strategy documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is documented. The service demonstrated that service is provided to people in a way that is inclusive and respects their identity and independence. The management and staff listen 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 fully attained.
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The business plan for 2024 includes a mission statement and operational objectives. The service has quality and risk management systems in place. Health and safety meetings occurred regularly. Hazards are appropriately identified and reported. Collation of quality data occurs. Benchmarking is taking place between Bupa facilities and other New Zealand aged care providers. There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation, staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and

families/whānau reported that staffing levels are adequate to meet the needs of the residents. Staff wellbeing is promoted. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

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.

Subsections applicable to this service fully attained.

On entry to the service, information is provided to residents and their whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required. Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner or nurse practitioner completes a medical assessment and ongoing review in timeframes that meet the aged residential care contract. Residents' files reviewed demonstrated evaluations were completed at least six-monthly. Residents have their needs met in a manner that respects their cultural values and beliefs. Handovers between shifts guide continuity of care and teamwork is encouraged. Residents that are under young person disabled funding have assessments and ongoing evaluations within timeframes that meet contractual requirements.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

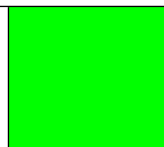
The activity programme is managed by the activity's coordinator. The activity team, and programme provide residents with a variety of individual, group activities, and maintains their links with the community.

The food service meets the nutritional needs of the residents. All meals are prepared on site. The service has a current food control plan. The organisational dietitian reviews the menu plans. Residents and family confirmed satisfaction with meals provided. Nutritious snacks are available at all times.

Transition, discharge, or transfer is managed in a planned and coordinated manner.

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

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



Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. There is a maintenance plan implemented. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Rooms are spacious enough for residents to move freely with mobility aids and personalised with their own belongings. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. There are security measures to safeguard the residents, staff, and visitors. There is an approved evacuation in place.

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

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

Subsections applicable to this service fully attained.

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

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

Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Chemicals are stored securely and safely.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

Policies and procedures are implemented for restraint minimisation and safe practice. On the days of the audit there were residents using restraint. This has been done with appropriate approval and consultation with family/whānau. Residents using restraint are monitored in timely intervals to ensure they are receiving the care they need and are not distressed.

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	29	0	0	0	0	0
Criteria	3	177	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Bupa recognises Māori as tāngata whenua of Aotearoa New Zealand and its obligations and responsibilities that arise from Te Tiriti o Waitangi (the Treaty of Waitangi) as the founding document of Aotearoa/New Zealand. The Bupa NZ Māori Health Strategy aligns with the Ngā Paerewa Health and Disability Standard (HDSS) 2021 and describes Kaitohutohu (advisory), Haututanga (leadership), Tatari kaute (audit), Tikanga (practises), Te Reo (language) Whakatairanga (materials and marketing) and Pia (internship).</p> <p>Bupa care home managers have attended workshops (Mauri Tū, Mauri Ora) in relation to Te Tiriti o Waitangi and scoping of opportunities to improve health equity for Māori. The service currently has residents who identify as Māori. The Māori Health strategy supports increased recruitment of Māori employees, by embedding recruitment processes that utilise te reo Māori and engage with local iwi for recruitment strategies at a local level. Ethnicity data is being regularly reported in individual's dashboards to monitor success.</p> <p>At the time of the audit, there were Māori staff members. Eventhorpe Rest Home and Hospital has links with Tainui iwi (through Te Kohau Health Centre) for kaumātua support and guidance as required.</p> <p>Residents and family/whānau are involved in providing input into the</p>

		resident's care planning, their activities, and their dietary needs, as evidenced in interviews with nine residents (six rest home and three hospital, including one YPD) and five family/whānau members (hospital level care, including one YPD).
<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 at Eventhorpe Rest Home and Hospital 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. At the time of the audit there were Pacific staff members. Health New Zealand - Pacific Health provides Eventhorpe Rest Home and Hospital with support and guidance as required. The service also has Pacific advocate support from K'aute Pasifika Trust if needed.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	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 families/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. The care home manager 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. Bi-monthly resident and family/whānau meetings provide a forum for residents to discuss any concerns.</p>

		<p>The management team interviewed (care home manager, and clinical manager) and staff (twelve caregivers, four registered nurses [RN], one chef, one maintenance officer, one activities coordinator, one cleaner and one laundry assistant) described how the delivery of services to residents upholds their rights and complies with legal requirements. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at induction and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake; self-determination, independence, sovereignty, authority, as evidenced through interviews and as documented in the Towards Māori Health Equity policy.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers and RNs interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service responds to tāngata whaikaha needs and 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.</p> <p>A sexuality and intimacy policy is in place. Staff receive training on sexuality and intimacy as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. A spiritual care policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission and refer to the Map of Life document which includes a section on 'Spirituality/Values/Beliefs/Culture'.</p> <p>Staff interviewed could describe professional boundaries and practice this in line with policy. Spiritual needs are identified, church services are</p>

		<p>available weekly, and spiritual support is available. On the days of the audit, it was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met; this included a younger person with disability (YPD) resident and their next of kin.</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 July 2024 resident/family surveys identified satisfaction around privacy, dignity, and respect (including cultural needs). Residents' files and care plans identified resident's preferred names. Te reo Māori signage was evident in a range of locations. Cultural training and policies which incorporate Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health strategy acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living & non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The organisational abuse and neglect policy is being implemented. Eventhorpe Rest Home and Hospital policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of ethnicities. Cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff received Code of Conduct training through Bupa Learn platform. The staff engagement survey evidenced staff are participating in creating a positive workplace.</p> <p>There is a safe anonymous pathway for staff to report issues related to racism and harassment, and the Māori Health Equity policy addresses institutional racism. Staff complete education on induction and annually as per the training plan on how to identify abuse and neglect. Staff are</p>

		<p>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 included interventions to promote positive outcomes. On interview, care staff confirmed an understanding of holistic care for all residents. Cultural awareness training completed in 2023 and 2024 included recognition of explicit and non-explicit bias and supports the recognition and reduction of bias in health care.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information related to the service is provided to residents and family/whānau on admission. Resident and family/whānau meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the resident's file. Documentation reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. All residents apart from two were able to speak in English at the time of the audit, and staff were observed to employ appropriate communication techniques for these residents including the use of translation technology. The YPD resident and family confirmed communication was effective and appropriate to the needs of a younger</p>

		<p>person in a care facility.</p> <p>Non-subsidised residents (or their appointed representative) are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services. The management team hold regular head of department meetings to enhance internal communication and facilitate a holistic approach to care. The management team and 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.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies documented around informed consent. Resident files reviewed included appropriately signed general consent forms. Residents who share rooms give their consent to do so, and this is noted in their files. The resident and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. There are policies documented for resident advance care planning, advance directives and resuscitation which have been 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 residents where necessary.</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</p>	FA	<p>The complaints procedure is equitable and is provided to residents and family/whānau on entry to the service. The care home manager maintains a record of all complaints both verbal and written, by using a complaint register which is kept electronically. The care home manager interviewed</p>

<p>disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>advised any complaints were logged in the complaint register. There have been nine complaints made in 2023, and two in 2024 year to date since the last audit in March 2023. All complaints reviewed were of a minor nature and have been resolved to the satisfaction of the complainants. There have been no external complaints.</p> <p>Documentation demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The regional operations manager (not in attendance on the days of the audit) deals with any higher risk complaints. The welcome pack included information on the process for making a complaint. Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility. A suggestions box is also available. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Residents and family/whānau interviewed advised management are easily accessible to raise any matters with.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Eventhorpe Rest Home and Hospital is located in East Hamilton, Waikato. The service is certified to provide rest home, hospital (medical and geriatric) levels of care for up to 91 residents. All beds are certified for dual-purpose use. On the day of the audit there were 89 residents: 35 rest home residents, including one resident on a young person with disability (YPD) contract; and 54 hospital residents, including a respite funded by ACC, one long-term ACC resident, one on a long-term support- chronic health contract (LTS-CHC), and four YPD. All residents other than ACC, YPD, and LTS-CHC were under the age-related residential care contract (ARRC). There are seven double rooms, six of which were doubly occupied by unrelated residents at the time of audit. This audit verified the service as being suitable for residential disability (physical) to be added to their certification.</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</p>

	<p>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 group alongside the Bupa Leadership team.</p> <p>Bupa has a Clinical Governance committee (CGC), Risk and Governance committee (RGC), a learning and development governance committee, and a work health safety governance committee where analysis and reporting of relevant clinical and quality indicators is discussed in order to improve services. There is a clinical support improvement team (CSI) that includes clinical specialists in restraint, infections and adverse event investigations, and a customer engagement advisor, based in head office to support their facilities, with improvement to their service. Furthermore, Bupa undertakes national and regional forums as well as local and online training, national quality alerts, use of benchmarking quality indicators, learning from complaints (open casebooks) as ways to share learning, and improve quality of care for Māori and tāngata whaikaha,</p> <p>The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. Bupa NZ is committed to 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</p>
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		<p>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 collectives needs of residents who identify as Māori, to ensure they live longer, healthier, happier lives.</p> <p>The Eventhorpe Rest Home and Hospital business plan for 2024 includes a mission statement and operational objectives with site specific goals related to business and quality outcomes. The goals are reviewed four-monthly. The regional operations manager reports to the national operations director. The cultural advisor collaborates with the Boards and Bupa leadership team in business planning and service development to improve Māori and tāngata whaikaha health outcomes. Tāngata whaikaha provide feedback around all aspects of the service through general feedback, including completion of satisfaction surveys. Feedback from surveys is collated which provides the opportunity to identify barriers and improve health outcomes.</p> <p>The service is managed by a care home manager (RN), who has been in the role for five years. The care home manager is supported by a clinical manager who has also been in the role for five years. They are supported by the regional operations manager, quality partner, and a team of experienced long-standing staff. The management team report the turnover of staff has been relatively low.</p> <p>Both the care home manager and the clinical manager have completed more than eight hours of training related to managing an aged care facility, including Bupa regional managers' forums, pandemic and infectious disease planning, and infection control teleconferences.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide</p>	<p>FA</p>	<p>Eventhorpe Rest Home and Hospital is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Bi-monthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings and collation of data were documented as taking place, with corrective actions</p>

<p>governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>documented where indicated to address service improvements, with evidence of progress and sign off when achieved. The service has attained a continuous improvement rating for the reduction in the falls, and skin tear rates amongst residents. 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 and national age care providers.</p> <p>Resident family satisfaction surveys are managed by head office who rings and surveys family/whānau. The July 2024 resident and family/whānau satisfaction surveys indicate that resident and family/whānau are satisfied with the overall service provided. The September 2023 survey score evidenced a net promoter score (NPS) of +62, in March 2024 the service had a result of +66, and the most recent score in July 2024 was +74. Results have been communicated to residents in the resident and family/whānau meetings. Corrective actioned have been implemented around activities and ease of contact via telephone.</p> <p>The YPD resident and family member interviewed confirmed they have input into the service via surveys and meetings, and that they are satisfied with choices, decision making, access to technology, aids and equipment.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. New policies or changes to policy are communicated and staff sign as acknowledgement.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. The health and safety committee team meets bi-monthly. The maintenance office (health and safety coordinator) has completed external health and safety level three training. Hazard identification forms and an up-to-date hazard and risk register were reviewed (last updated April 2024). Health and safety policies are implemented and monitored by the health and safety committee. Staff are kept informed on health and safety issues in handovers, meetings and via toolbox talks. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate cover for the effective delivery of care and support. The care home manager and clinical manager are full time and rostered on from Monday to Friday. Agency staff are contacted if necessary. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. Interviews with the residents and family/whānau confirmed staffing overall was satisfactory and increased to manage resident acuity and occupancy.</p> <p>On-call cover for all Bupa facilities in the region is covered by a six-week rotation of the care home managers and clinical managers. Registered nurse cover is provided 24 hours a day, seven days a week. A selection of RNs and caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7, including when taking residents on outings. Separate cleaning staff and laundry staff are employed seven days a week.</p> <p>There is an annual education and training schedule being implemented for 2024. The education and training schedule lists compulsory training (learning essentials and clinical topics) which includes cultural safety, Māori health, tikanga, Te Tiriti o Waitangi and how this applies to everyday practice. Staff reported they are provided with resources to learn and share of high-quality Māori health information. Training related to younger residents with disabilities are incorporated into all scheduled topics, in</p>

		<p>addition to person first – meaningful activities training, with an age appropriate focus. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Fifty-one caregivers are employed. The Bupa induction programme qualifies new caregivers at a level two NZQA. Of the 51 caregivers, 29 have achieved a level 3 NZQA qualification or higher.</p> <p>All staff are required to complete competency assessments as part of their induction. Annual competencies include (but are not limited to) restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 and have undertaken extra to 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 13 RNs (excluding the care home manager, and clinical manager), and one enrolled nurse. Eight of the RNs are interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year and encourage to commence and complete a professional development recognition programme. External training opportunities for care staff include training through Health New Zealand, and hospice. A record of completion is maintained on an electronic register.</p> <p>Agency staff are used if necessary. A management of agency staff policy is documented for the organisation. If the agency nurse has never worked in the care home before, a 'bureau staff information booklet' is provided to them. Induction, including health and safety and emergency procedures, are the responsibility of the delegated person on duty. Agency contracts indicate the requirements to be met by the agency regarding meeting specific competencies. Staff wellness is encouraged through participation in health and wellbeing activities of the 'take five' Bupa wellness programme. Organisational wellness initiatives include (but are not limited to) healthcare insurance for staff, free flu vaccinations and a supermarket voucher award scheme. Signage supporting the Employee Assistance Programme were posted in visible staff locations.</p>
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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> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human 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 care home manager. Ten staff files reviewed (two RNs, six caregivers, one activities assistant, and one household supervisor) evidenced implementation of the recruitment process, employment contracts, police checking and completed induction. All staff who have been employed for a year or more have a current performance appraisal on file. Staff sign an agreement with the Bupa code of conduct. Job descriptions are in place for all positions, these include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. The service has a role-specific induction programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at induction. The service demonstrates that the induction programme supports RNs and caregivers to provide a culturally safe environment for Māori. The service has no volunteers currently; however, an induction programme and policy for volunteers is in place. Information held about staff is kept secure and confidential, ethnicity of employees is collected at application and an ethnicity database is maintained. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>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` 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</p>

		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>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>Prospective residents are required to be assessed by the needs assessment and coordination service (NASC) as requiring rest home or hospital level care. Prior to entry prospective residents and their family/whānau are invited to visit the facility and meet the staff. Information is available in an information pack and on the website. Residents and families/whānau interviewed confirmed they were given accurate information about the service prior to entry.</p> <p>Residents and family/whānau confirmed they are treated with respect and dignity and family/whānau is involved at all stages of service delivery. If a prospective resident does not meet the entry criteria, they would be referred back to NASC and this would be explained to them and their family/whānau. The service collects ethnicity data on all referrals for entry.</p> <p>The organisation has strong links with local Iwi and Māori community. Current residents who identify as Māori continue to be involved with their whānau and wider community.</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>	FA	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Ten resident files were reviewed: four hospital level including one on ACC funding, one young person disabled funding and one with on an LTS-CHC contract; and four rest home level. An initial assessment is undertaken by a registered nurse on admission and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system and includes the use of validated assessment tools. The service implements the principles of Te Ara Whakapiri for their residents on end-of-life care.</p> <p>InterRAI assessments are completed for all long term residents (including residents under ACC, YPD and LTS-CHC). Within three weeks of admission a long-term care plan is developed following an interRAI assessment. This occurs with input from residents, family/whānau, caregivers, registered nurses, and activities staff. The long-term care plans</p>

	<p>are developed by the registered nurse and are holistic, covering physical needs, assistance required with activities of daily living, psychosocial and cultural needs and aspirations and interventions to address medical conditions.</p> <p>The residents who identify as Māori have care plans in place that describe the support required to meet their needs. The registered nurses interviewed describe removing barriers so all residents have access to information and services required to promote independence and working alongside residents and family/whānau when developing care plans so residents can develop their own pae ora outcomes. Staff interviewed demonstrated their knowledge of tikanga and cultural safety. Care plans addressed cultural preferences. Activities staff have been trained in cultural assessment. Families and whānau are involved and attend care plan review meetings. Care plans include a section titled “my day, my way” where residents and families (including YPD) have their choices and preferences documented. Staff facilitate access to other health providers including specialists, allied health and alternative health practitioners where requested. Care plans promote independence (where possible) and younger residents are encouraged to maintain links in the community.</p> <p>Resident files are fully integrated with all members of the team contributing to progress notes including physiotherapist, registered nurses, caregivers, GP and nurse practitioner (NP), podiatrist, and activities staff. Where residents have behaviours of concern, early warning signs are identified and strategies to calm and manage behaviour are documented and made known to all staff.</p> <p>The general practitioner or nurse practitioner assesses residents within timeframes that meet the aged residential contract and other contracts held. Three-monthly reviews including medication reviews occur in collaboration with the registered nurse and family/whānau. When the condition of residents change, they are seen by the general practitioner sooner. The general practitioner interviewed stated there is good communication with the service and they are informed of changes in a timely manner. The general practice provides after hours on-call services for urgent needs. A physiotherapist and physiotherapy assistant are onsite twice a week to assess and support residents with their mobility needs.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau and EPOA interviews and resident records evidenced that</p>
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		<p>family are informed where there is a change in health status.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift as observed on the day of audit.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all un-witnessed falls as per policy requirements. Monitoring of care is completed as required and stated in the care plans and include (but not limited to) intentional rounding, wound monitoring, behaviour monitoring, regular repositioning and food and fluid management.</p> <p>There is a wound register available and there were 13 wounds documented (including skin tears, blisters, and cancerous lesions). There are two residents with unstageable pressure injuries (one resolving). All are being assessed, monitored, and dressed within the required timeframes. Adverse events are completed for wounds sustained by an injury. Residents with complex wounds including pressure injuries have input from a wound nurse specialist.</p> <p>Multidisciplinary reviews occur six-monthly. This includes input from the registered nurse, caregivers, residents and family/whānau and activities staff. The care plan is reviewed at least six monthly to ensure the goals are being met and if there are new goals identified the care plan is updated. Where short-term needs are identified such as wounds or infections, as examples, a short-term care plan is developed and implemented.</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</p>	<p>FA</p>	<p>The activities coordinator is a qualified diversional therapist and delivers meaningful and enjoyable activities for residents Monday to Friday. Caregivers access activities resources on the weekends. The activities coordinator is supported by an activities assistant who is studying diversional therapy. The activities coordinator has extensive experience in aged care and has been in the role for two years. The activities</p>

<p>services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>coordinator is also a registered physiotherapist and is working part time in the facility as a physiotherapist, while the activities assistant covers the activities programme.</p> <p>On the day of admission, the activities coordinator meets with residents and their family/whānau to identify their interests, hobbies, goals and aspirations and what activities they are interested in. This is reviewed individually six-monthly as part of the multidisciplinary care plan review. The activities coordinator documents in the progress notes in the residents' files. Residents are asked what activities they wish to do at regular residents' meetings.</p> <p>The activities schedule sighted evidenced a range of activities are offered to enhance physical, mental, psychosocial, and cultural wellbeing. These include (but are not limited to) exercises, meditation twice per week, strength exercises twice per week, quizzes, word games, puzzles, bowls, housie, craft, newspaper reading, singing and van outings twice a week. Residents interviewed confirmed they enjoy the activities programme and staff often take them out in between scheduled van outings. An example is two residents were taken to Bunnings with the maintenance man as they enjoyed looking around the shop. Currently Bupa is running an organisational wide quiz competition with prizes and Eventhorpe residents are enjoying participating. Various entertainers including a kapa haka group, pianists and singers visit the facility. Weekly church services are offered and the facility is visited by a priest and Anglican minister weekly. The Hamilton City library delivers books for residents. Some residents attend the Stroke Foundation morning teas. Calendar events such as Easter, Christmas, Diwali, Matariki, Chinese New Year, as examples are celebrated. Residents interested in crafts sell their work and donate the money to charity. A recent recipient was the Cancer Society for daffodil day. Bimonthly newsletters were sighted. These include photographs of residents enjoying the activities programme. One staff member brings their dog in once a week and another brings their horse on occasion.</p> <p>For younger residents, individual activities are provided and these are based on their interests. One resident identifies as Māori and a staff member plays a ukelele with them and sings waiata. Another resident is interested in cars and staff sit with them and shows them pictures of different cars. Young disabled residents are taken out for walks on their wheelchairs by staff.</p>
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		<p>The activities programme has demonstrated continuous improvement for implementation of a meditation group.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management is safe and meets legislative requirements. Medications are administered by registered nurses and caregivers all of whom are required to pass an annual competency. Staff have completed training in medication management. A medication round was observed and seen to be safe.</p> <p>Medicines are supplied in robotic packs by a local pharmacy. Staff interviewed could describe their role and responsibilities in relation to receipt, storage, checking expiry dates, administering, and returning medications to the pharmacy. Medications are stored in a locked medication room and medication trolleys are also locked.</p> <p>The medication rooms and refrigerator temperatures are recorded daily, and records show the temperatures are maintained within an acceptable range. All stocked medications are checked monthly by night staff and expired medications are returned to the pharmacy for disposal. Eye drops and liquid medications are dated when opened and discarded as per the manufacturer's instructions. Over-the-counter medications and supplements residents wish to take are prescribed on the medication chart by the general practitioner.</p> <p>Medications are reviewed three-monthly by the general practitioner in collaboration with the registered nurse and resident and family/whānau. Twenty electronic medication charts were reviewed. All had photographic identification and any allergies or adverse drug reactions are recorded on the chart. A folder of specimen signatures of staff was sighted. When changes are made to medications, residents and family/whānau are informed of the reason and potential side-effects. Pro re nata (prn) medication is administered as prescribed and the reasons and effects are documented in the progress notes.</p> <p>There are no standing orders. One resident who is self-medicating has been competency assessed as safe to do so. Their medications were sighted in a locked box in their room. No vaccines are kept onsite.</p> <p>Residents and family/whānau interviewed confirmed they have the support</p>

		<p>and information to access treatment to achieve their health outcomes. Registered nurses interviewed could describe how they worked in partnership with residents and family/whānau to ensure they had the support they needed to access medications and supplements they needed. Timely advice was provided by registered nurses and treatment is prioritised to achieve the best possible 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>	<p>FA</p>	<p>All food is prepared and cooked onsite by a trained chef and assistant. The food services manual was reviewed and kept in the kitchen. Meals are plated in the kitchen and served in the hospital dining room and transported by hotbox to the rest home dining room. The kitchen was observed to be clean, well-organised and well equipped. There is an approved food control plan in place that is current until 22 September 2024. Dry food is stored in a pantry and cupboard in closed containers labelled with the date of opening. The four-weekly seasonal menus have been reviewed by a dietitian.</p> <p>Dietary needs, preferences, dislikes, allergies, and food intolerances are identified on admission and reviewed six-monthly as part of the care plan review (or more often if the needs of a resident change). This information is communicated to the chef. Modified plates and utensils are available. Breakfast consists of cereals and toast, the main meal is served at lunchtime and a light supper, such as soup and sandwiches are served at dinner time. Nutritious morning and afternoon tea and supper is provided along with beverages. Additional snacks and beverages are available if needed.</p> <p>The chef on interview demonstrated their understanding of tikanga and confirmed they had been trained in cultural safety on orientation. Staff were observed wearing correct personal protective clothing in the kitchen. Refrigerator and freezer temperatures are recorded daily and seen to be maintained within an acceptable range.</p> <p>Both dining rooms can accommodate the residents assigned to them and their mobility equipment. There is one main large lounge and two smaller sitting rooms. All have comfortable seating. The meal service was observed, and residents were seen to be enjoying their meals. Those that need assistance are assisted discreetly. Mobility aids, such as walking</p>

		<p>frames, are stored away from the tables during meals to prevent trip hazards. Feedback about the meal service is encouraged informally and formally through surveys. Survey responses show residents are very satisfied with the meals provided.</p> <p>Residents interviewed confirmed they have a variety of meals which they enjoy. Alternatives are available if they don't like what is on the menu. Feedback is obtained at residents' meetings and residents and whānau are able to speak with the chef directly.</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>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a higher level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau.</p> <p>Residents/family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. When residents are transferred to the public hospital, their family is informed. The general practitioner makes the referral to hospital. Relevant documentation is sent with the resident including a printout of their current medications, care needs and a copy of enduring power of attorney documents. Any potential risks are communicated to the referred health service by the registered nurse.</p> <p>Where residents wish to be or need to be seen by another health service, referral is made. Examples sighted was a referral to a dietician and wound nurse specialist. Residents attending external appointments are encouraged to be accompanied by their family/whānau or they can be escorted by staff in the van.</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>	FA	<p>The building has a current warrant of fitness, expiring on 19 December 2024. A maintenance person is employed full-time and with the support of an assistant implements the annual preventative and planned maintenance schedule. The maintenance person is also the household manager and oversees the cleaning of the facility and equipment. The visual inspection of indoors and outdoors evidence all is well maintained. The building and décor is reflective of peoples' cultures and supports</p>

<p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>cultural practices.</p> <p>There is a maintenance request folder for repair and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes checking of equipment, call bell checks, calibration of medical equipment and weekly testing of hot water temperatures. Essential contractors/tradespeople are available as required. Testing tagging and calibration of electrical appliances and equipment was completed in July 2024.</p> <p>The building is on a single level with seven double occupied rooms and the remainder single. Two rooms have ensuite and the other rooms have shared toilets and showers. There are three wings in the hospital with two toilets and one shower in each wing. The rest home is in a separate wing and there are two toilets and one shower in the wing. All beds are dual purpose. Visitors and staff toilets are separate with appropriate signage.</p> <p>Resident rooms are spacious enough to allow residents to safely manoeuvre mobility and transfer equipment. Door entries are large enough to allow for ambulance transfers. The corridors are wide with handrails to promote safe mobility. Residents were observed moving freely around the areas with mobility aids. Residents in shared rooms have their own call bell. The rooms are spacious enough to allow for mobility and hospital equipment and to allow for cares to be given. Curtains in between beds allow for privacy.</p> <p>Gardens and grounds are well maintained, and residents can safely access the outdoors from several points. There is outdoor seating with umbrellas for shade and a covered outdoor area with table and seating at the entrance.</p> <p>All fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate any equipment required. Residents are encouraged to personalise bedrooms as viewed on the day of audit. All bedrooms and communal areas have ample natural light, ventilation, and heating.</p> <p>There is no construction planned. If there were major refurbishments or building projects planned in the future, the service plans to engage with their staff who identify as Māori, residents and family/ whānau for feedback and consideration of how designs, art and environments reflect the aspirations and identity of Māori. On the days of the audit one room was</p>
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		undergoing refurbishment but the door was kept closed to prevent excess dust in the hallway.
<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>There is a documented security policy in place. There is close circuit television (CCTV) surveillance in the hallways, entry/exits and driveway. The service has a call bell system throughout the facility. Emergency management policies, including the pandemic plan, outlines specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. The fire evacuation plan was approved on 10 March 2014. Checking of the sprinkler system, alarms, automatic doors, emergency lighting signs and exits was completed in August 2024. The last trial drill was held on 4 September 2024. Evacuation procedures were explained to the auditors.</p> <p>Bupa has three generators available in New Zealand and have an agreement with a local supplier. There are sufficient water supplies in case of a civil defence emergency. This is filtered and the filter is serviced annually. There is gas cooking in the kitchen and a barbeque available if needed. There are 3,000 litres of water in a tank on site and 1,000 litres for flushing the toilets. There are sufficient extra blankets and civil defence supplies in the event of a disaster.</p> <p>A minimum of one person trained in first aid is always on duty.</p> <p>Call bells are in resident rooms and communal areas (including toilets, showers), which are audible and also show on visual display panels located throughout the facility. The building is secure out of hours. Staff perform a security round in the evening to lock the facility internally. Visitors and contractors sign in at entry to the building. Staff are easily identifiable.</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</p>	FA	<p>The strategic plan documents commitment to the goals documented to achieve an effective implementation of infection control and antimicrobial stewardship (AMS). A registered nurse is the infection control coordinator and oversees infection control and prevention control across the service. There is commitment to infection control and AMS documented in the strategic plan. Documentation reviewed showed evidence that recent</p>

<p>component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>outbreaks were escalated to the Bupa infection control 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 collated, and the data is presented and discussed at infection control meetings, quality, and staff meetings.</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.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection control coordinator is supported by the wider clinical team and Bupa infection control lead. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by Bupa Infection Control lead in consultation with the infection control coordinators.</p> <p>The service has a Covid-19 and pandemic response plan. There are outbreak kits readily available, and a personal protective equipment (PPE) cupboard and trolleys set up ready to be used. The PPE stock is regularly checked against expiry dates. There are supplies of extra PPE available and accessible. The Bupa infection control lead and the infection control coordinator have input into the procurement of good quality PPE, medical and wound care products. The infection control coordinator has completed external online training for the role. There is good external support from the GPs, laboratory, and the Bupa IPC lead.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed quarterly by Bupa in consultation with infection control coordinators and the Bupa infection control lead. Policies are available to staff. Aseptic techniques are promoted through handwashing, and sterile single use packs for catheterisation and wound care, to create an environment to prevent contamination from pathogens to prevent healthcare-associated infections. There are policies and procedures in place around reusable and single use equipment. Staff</p>

		<p>reported that all shared equipment is appropriately disinfected between use. Infection control (and decontamination of equipment and cleaning of high touch surfaces) is included in the internal audit schedule as part of the care home (clinical) environment audit. Hospital acquired infections are collated along with infection control data.</p> <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 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 families/whānau were kept informed through newsletters, and emails when outbreaks occurred.</p> <p>The service incorporates te reo Māori information around infection control for Māori. Posters in te reo Māori are 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. There are no plans to change the current built environment; however, the organisation will consult with the infection control coordinator if this occurs.</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 infection control coordinator monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported in a monthly quality report and presented at meetings. The Bupa infection control lead is responsible for collating and analysing the electronic medication management system with pharmacy support. The monitoring and analysis</p>

		<p>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 surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. 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. Data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection control, clinical and staff meetings. Benchmarking graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand.</p> <p>A continuous improvement rating is awarded for the managing of the reduction of urine tract infections (UTIs).</p> <p>There has been one norovirus outbreak (December 2023), and two Covid-19 outbreaks (May 2023, and April 2024). Health New Zealand and Public Health were being appropriately notified. There was evidence of regular communication with the Bupa infection control lead, clinical director, aged care portfolio manager and Health New Zealand infection control nurse specialist. Toolbox meetings (sighted) were held; and 'lessons learned' were captured and discussed to prevent, prepare for, and respond to future infectious disease outbreaks. Any infections of concern are discussed and reported to the Bupa infection control lead. Outbreak logs were completed. Staff confirmed resources, including PPE were plentiful.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations</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>for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms (with sanitisers) and personal protective equipment available, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Laundry including linen and personal clothes are laundered on site, with dedicated staff seven days per week. There are defined areas for clean and dirty laundry and a dirty to clean flow is evident. Kitchen linen and mop heads are laundered on site. There are sufficient number of commercial washing machines and dryers. Material safety datasheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys.</p> <p>Cleaners' trolleys are attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The numerous linen cupboards were well stocked with good quality linen. The washing machines and dryers are checked and serviced regularly. Laundry staff have also completed chemical safety training.</p> <p>The staff interviewed had good knowledge about cleaning processes and requirements relating to infection prevention and control. There were kitchen and laundry audits completed that evidence compliance.</p> <p>The infection control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to providing a restraint-free environment. This is supported by the leadership team (Directors), management and staff. At the time of the audit there were eight residents with restraint: all hospital level; including bedrails, lap belts, hand holding and four-point safety belts on personally modified chairs.</p> <p>A registered nurse is the delegated restraint coordinator. A job description is in place. The manager reports monthly to the leadership team (Directors) on restraint minimisation and the latest restraint report for</p>

		<p>August was sighted. The organisation has clinical governance and benchmarks facilities against each other. The restraint committee consisting of the restraint coordinator, clinical manager, registered nurse, and caregiver meets monthly and meeting minutes were sighted for June, July, and August 2024.</p> <p>The restraint coordinator confirmed they worked in partnership with individual residents and their whānau to ensure the least restrictive form of restraint is used and that at all times residents maintain their mana and wellbeing. The Bupa leadership team have engaged an external Māori consultant to ensure policies and procedures align with their Māori health strategy. The policy requires staff to explore all alternatives prior to the use of restraint and any decisions must be in consultation with families/whānau. Review of four files of residents in restraint shows communication with families occurred prior to restraint and on an ongoing basis. A review of the documentation available for residents using restraint, included processes and resources for assessment, authorisation and consent, monitoring, and evaluation. The restraint approval process includes the resident, enduring power of attorney/welfare guardian, general practitioner and restraint coordinator.</p> <p>Restraint related training which includes policies and procedures related to restraint, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation. Staff have completed the annual restraint competency. A restraint audit is completed six-monthly and any corrective actions are completed.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>Review of four resident files in restraint showed before authorising the use of restraint a detailed assessment is completed which includes consideration of alternative strategies. Staff stated this includes the use of sensor mats and using a bed that can be positioned close to the floor. Consultation occurs with the family/whānau and authorisation needs to be given by the general practitioner, restraint coordinator and clinical manager. Families/whānau also sign the consent form. Care plans include the use of restraint and interventions required for monitoring and provision of care. These are reviewed three-monthly as part of the general practitioner review and six-monthly as part of the care plan review. If a</p>

		<p>resident no longer needs a restraint the care plan is reviewed at the time.</p> <p>The restraint coordinator determines the frequency and extent of monitoring which is one-hourly for those with lap belts or four-point safety belts and two-hourly for bedrails. Monitoring is to include physical cares such as toileting, change of position and provision of food and fluids, and monitoring the psychological, and wairuatanga of the resident. Staff are required to document the times restraint is applied and released and the cares given in the electronic system. Review of monitoring records show monitoring requirements are followed.</p> <p>A restraint register is accurately maintained and contains detailed information to allow an auditable record. Restraint discussions are completed as part of the clinical and quality meetings.</p> <p>The policy specifies if emergency restraint is used there is to be a debrief for staff, family/whānau and the resident. Emergency restraint has not been used in the last two years.</p> <p>Review of resident files showed evaluations are comprehensive and meet the requirements of Ngā Paerewa.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>Review of restraint use in the organisation occurs six-monthly and was sighted for August 2024, in addition to the three-and six-monthly individual reviews. Any changes to policies, guidelines, education, and processes are implemented as indicated. There is evidence that data analysis has been completed and discussed at clinical and quality meetings and include identified restraints in use, ways to minimise and eliminate the use of restraint for the individual resident, and ongoing restraint and challenging behaviour education to all staff. The outcome of restraint review is reported to the clinical governance team at head office.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	<p>CI</p>	<p>Collation of data was documented as taking place with corrective actions documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staff room. Quality improvement plans have been documented and include monitoring of progress on clinical indicators such as falls and skin tears; in order to reduce the incidents and ensure quality of life of residents. The service has attained a continuous improvement rating for the reduction in the falls and skin tear rates across the service. These incidents have significantly reduced following the implementation of specific and targeted reduction strategies.</p>	<p>In 2022, falls (328) were noted to be higher than the national benchmark for Bupa facilities, and a quality goal to reduce these by 10% was instigated. The clinical manager was appointed as the fall prevention and management champion. Strategies including a resident falls risk assessment completed on admission, identifies any high falls risk, with any resident in this category automatically having preventative measures put in place, such as sensor mat, call bell within reach, grip socks, safety belt and perimeter guard. The falls risk assessments were reviewed again in the initial care plan meetings and strategies were included in the discussion. Assessments were reviewed six monthly, with further strategies put in place in case of further falls, or when decline in condition is noted.</p> <p>Transfer and mobility assessments are completed on admission and six monthly, or when identified by</p>

			<p>the RN/physiotherapist. A care summary and care plan are created as per resident assessment and strategies recorded as intervention in both documents for high falls risk, until the long-term care plan created, a short-term care plan is in place. Any resident who registers as a frequent faller, such as having 7-8 falls in a month, was reviewed and an assessment completed for hospital level of care. GP reviews were completed for residents with multiple falls, to adjust the medication where required, and to rule out any significant medical condition, which could precipitate a fall.</p> <p>Data is shared in all meetings such as quality, health and safety, nurses, and all staff meetings. Discussion about the residents falls data is fostered and staff are encouraged to bring ideas and thoughts forward to eliminate the risk of falls. The data is displayed in the staff room in a bar graph format each month to raise staff awareness.</p> <p>With the above strategies, Eventhorpe has been able to reduce the number of falls from 328 in 2022 to 237-2023, which is a 27 % reduction of overall falls for 2023. To gain a further reduction they have rolled over this quality goal for 2024. The target is a further 5% which equates to a total of 225 this year. Their year-to-date falls number 84.</p> <p>A similar focus has been employed relating to skin tears, with a reduction noted from 63 in 2022, to 45 in 2023, and only 11 year to date.</p>
<p>Criterion 3.3.1 Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests,</p>	<p>CI</p>	<p>The activities programme is varied and includes activities that enhance physical strength and mobility, encourages social interaction, and promotes the ongoing pursuit of interests, hobbies, and community involvement.</p>	<p>Over the last two years the activity programme has developed a meditation group to enhance the wellbeing of residents. This is delivered by the activities coordinator who has been trained in meditation supported by a visiting meditation</p>

<p>and shall be responsive to their identity.</p>			<p>instructor. During the pilot of the programme staff recorded the blood pressure of the residents before and after and this shows for most residents a reduction in blood pressure for most residents; one had a reduction in systolic blood pressure of 30mmHg and up to 20mmHg in diastolic blood pressure. As an ongoing basis staff complete an assessment for each resident that measures their interest, whether it captures their attention, physical response, what they share about their experience, interactive response, attention focus, whether they are agitated or withdrawn, relaxed, cheerful, and if they have memory recall. Each indicator is scored between zero and four with zero being no response and four a significant response. Review of the assessments and collated results show an overall improvement in interactive response, cheerfulness and relaxation and a reduction in agitation and being withdrawn. The meditation sessions are now held twice weekly and staff can participate as the manager has identified this enhances staff wellbeing also.</p>
<p>Criterion 5.4.3 Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	<p>CI</p>	<p>A review of the clinical indicator infection analysis data in 2019 noted that the urinary tract infections (UTI) rates were above the group and target range. The service focused on continuous clinical improvement to reduce these rates.</p>	<p>A project was implemented to reduce UTI rates; to implement clinically proven strategies which influence the reduction in UTIs; to clinically treat UTIs as appropriate and promote the reduction of antibiotic use. The plan included discussions and analysis of UTI incidence, regular training and education of staff that included fluid and nutritional management, strategies to improve continence management and attention to hygiene needs. A multidisciplinary approach occurred. Regular medication reviews occur to reduce medication that may contribute to UTIs and the reduction and discontinuation of antibiotics, where safe to do so. Discussions occurred at quality meetings, with the</p>

			<p>general practitioner and Bupa national IPC coordinator on best practice and UTI prevention guidelines. Progress against the goals was recorded at various meetings.</p> <p>Staff continue to receive high quality education related to continence management and infection control practices. The goal of reducing UTI rates has been achieved. As evidenced in the clinical indicator data and benchmarking, UTI rates have reduced from 40 in 2019, 27 in 2020, 24 in 2021, 18 in 2022, 14 in 2023, to eight (year to date) for 2024. This had been achieved with reduction in discomfort and ongoing complications for residents prone to UTIs, and lessened untoward events that can potentially occur to a resident with a current infection such as falls, delirium and hospitalisation. This reduction confirms good infection control practice and good perineal hygiene, bladder, and bowel management. In addition, the project has improved clinical diagnosis, the treatment of UTIs and reduction in antibiotic use in the management of UTIs.</p>
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End of the report.