Bupa Care Services NZ Limited - Rossendale Care Home

Introduction

This report records the results of a Surveillance 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:	Rossendale Care Home
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 14 October 2024 End date: 15 October 2024

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 74

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 haumaru │ 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
	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
	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

Rossendale Care Home provides hospital (geriatric and medical), rest home and psychogeriatric services for up to 83 residents. There were 74 residents on the days of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and 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 nurse practitioner.

The care home manager is supported by a unit -coordinator, and a team of experienced staff.

There are quality systems and processes documented. Feedback from residents and families/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.

The service has addressed the two of the three previous certification and partial provisional audit shortfalls relating to the environment, first aid training and restraint management. Improvements continue to be required around restraint management.

There were shortfalls identified at this audit related to the implementation of the quality and risk programme, staff appraisals, timeframes of completion of care plan documentation, care plan interventions, medication management, infection control review and restraint management.

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.

There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. Rossendale Care Home demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances. The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.

Rossendale Care Home has a well-established and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

There is a documented quality and risk management system. There is a process for following the National Adverse Event Reporting policy and management have an understanding and comply with statutory and regulatory obligations in relation to essential notification reporting. There is a staffing and rostering policy. An orientation programme and staff training plan are in place to support staff in delivering safe quality care.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner, nurse practitioner, and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner or nurse practitioner.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritious snacks were available 24/7.

All residents’ transfers and referrals are coordinated with residents and families/whānau.

Te aro ki te tangata me te taiao haumaru | 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. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated. There is a first aid trained member of staff on duty 24/7.

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

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at Board level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements though head office. Benchmarking occurs. There had been six outbreaks recorded and reported on since the last audit.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The restraint coordinator is a registered nurse. The facility had three residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	14	0	3	3	0	0
Criteria	0	45	0	3	4	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	A Māori health plan is documented for the service, which Rossendale Care Home utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service currently has residents who identify as Māori. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and resident files.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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.	FA	The Ola Manuia Pacific Health and Action Plan and Te Mana Ola are the chosen models for the Pacific health plan and Pathways to Pacific Peoples Health Equity Policy. At the time of the audit there were Pacific staff and residents who could confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Rossendale Care Home.

Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The care home manager and quality partner (interviewed) demonstrated how it is also given in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. Interviews with three family/whānau (two rest home and one psychogeriatric), and six residents (two hospital level and four rest home level) confirmed they are informed of their rights and their choices are respected.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	The Bupa organisational policies document guidelines in the prevention of any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff at Rossendale Care Home are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Fourteen staff (four caregivers, four registered nurses [RNs] including one unit-coordinator and one competence assessment [CAP] student, a cook, a household supervisor, two housekeepers, one kitchen assistance and a maintenance person) and management (one care home manager and one quality partner) demonstrated an understanding of professional boundaries when interviewed.
Subsection 1.7: I am informed and able to make choices 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. 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	FA	Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA and activation is on file. Residents are correctly assessed prior to entry to the service.

manage their own health, keep well, and live well. 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.		
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. 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.	FA	The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained which includes all complaints, dates and actions taken. There have been ten complaints made in 2023 and eight received in 2024 year to date. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the HDC. There has been one external complaint made through Health New Zealand (July 2024). The complaint was unsubstantiated; however, the service has worked to improve communication during the palliative phase. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and family/ whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The care home manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.
Subsection 2.1: Governance The people: I trust the people governing the service to have	FA	Rossendale Care Home is a Bupa facility certified to provide psychogeriatric, hospital (medical and geriatric) and rest home level care services for up to

the knowledge, integrity, and ability to empower the communities they serve. 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. 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.		83 residents. There are 50 dual purpose beds (rest home and hospital) and 33 psychogeriatric beds. On the day of audit there were 74 residents. This included 17 rest home level residents and 31 hospital residents including two hospital residents on younger persons with a disability (YPD) contract and five residents on long term support chronic health care (LTS-CHC) contract. There were 26 residents in the psychogeriatric (PG) community on Age Related Residential Hospital Specialised Care Services (ARHSS) Agreement. All other residents were on the Age-Related Residential Care Agreement (ARRC). There is a New Zealand based managing director that reports to a New Zealand based Board. The directors are knowledgeable around legislative and contractual requirements and are experienced in the aged care sector. 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 their service. 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, and learning from complaints (open casebooks) as ways to share learning and improve quality of care for Māori and tāngata whaikaha. 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 addresses barriers to provide equitable service delivery. Goals of the Māori strategy permeate through service delivery and are measured as part of the quality programme. The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers. 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. A vision,

		mission statement and objectives are in place. Annual goals for Rossendale Care Home have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in the service's quarterly quality meeting and as part of monthly clinical reports to the clinical governance team. The service has a care home manager who is an experienced Bupa registered nurse manager they are supported by a unit manager (interim clinical manager) and the wider Bupa management team that includes an operations manager and quality partner. The care home manager has completed the required eight hours of training related to managing an aged care facility.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	PA Low	Rossendale Care Home has a documented quality and risk management programme; however, this has not been fully implemented. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The internal audit schedule is documented as being undertaken according to (or close to) schedule; however, not all audits have been documented as signed off or followed up where issues have been identified. Weekly head of department meetings, one to two monthly staff meetings and quarterly quality meetings provide an avenue for discussions in relation to (but not limited to); quality data, health and safety, infection control/pandemic strategies, complaints, staffing and education; however, infection control meetings have not occurred where in depth analysis of infection data occur (link 5.2.2). The meeting minutes reviewed did not document that issues raised were followed up at subsequent meetings and / or closed off. Quality data and trends are added to meeting minutes and held in folders in the staffroom. Benchmarking occurs on a national level against other Bupa facilities. Resident and family whānau satisfaction surveys are managed by head office who rings and surveys families. An independent contractor is sent to survey residents using direct questioning and an electronic tablet. The most recent July 2024 resident and family/whānau satisfaction surveys had been correlated and analysed at head office and indicate that residents have reported high levels of satisfaction in most areas of the service provided.

		Results have been communicated to residents in the monthly resident and family/whānau meetings and on the noticeboard at the main entrance. External and internal risks are identified. A health and safety system is in place. There is a process for hazard identification forms to be completed electronically, and a hazard and risk register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, meetings and via toolbox talks. However, it was noted that health and safety issues brought up at meetings other than the health and safety meeting were not always linked through to the health and safety meeting and followed up according to the Bupa process. Electronic entries are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident records reviewed. Incident and accident data is collated monthly and analysed. The electronic system generates a report that goes to each operational team/governance team and generates alerts depending on the risk level. Results are discussed in the quality and general staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by an RN. Discussions with the care home manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT of a pressure injury, one missing resident, an unexpected death and one health and safety risk. There have been six outbreaks (two gastrointestinal, one flu like illness, one scabies and two covid) documented since the previous audit in 2023, which all were appropriately notified
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is	FA	The roster provides sufficient and appropriate coverage for the effective delivery of care and support. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. The care home manager, and the unit coordinator (interim clinical manager) are available Monday to Friday. On-call cover for all Bupa facilities in the region is covered by a six-week rotation of one care home and one clinical manager each week. The rosters reviewed evidence sufficient staff are allocated to all shifts to manage the care of the residents in the dual purpose unit and PG unit. There is a RN on 24/7 for the dual purpose unit and PG unit.

managed to deliver effective person-centred and whānau-centred services.		Registered nurses are supported by medication competent caregivers on each shift. There is at least one person with a current first aid on each shift. There is an annual education and training schedule completed for 2023 and is being implemented for 2024. The education and training schedule lists compulsory training. Training to care for psychogeriatric residents includes person first, dementia second sessions, behaviours of concern, and de-escalation. Clinical topics include medical conditions specific to the YPD residents. External training opportunities for care staff include training through Health New Zealand and hospice. Caregivers are encouraged to attain Careerforce training NZQA levels and 30 caregivers have attained level four. Caregivers who work in the psychogeriatric unit have attained the relevant unit standards. Impromptu toolbox talks have been completed, i.e. on skin tear/bruising, outbreak management, pressure injuries and chemical safety. All staff are required to complete competency assessments as part of their orientation. All RNs are encouraged to attend the Bupa qualified staff forum each year and to commence and complete a professional development recognition programme (PDRP). A record of completion is maintained on an electronic register. Annual competencies include (but are not limited to) hand hygiene, moving and handling, and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 undertake 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 eleven RNs and one enrolled nurse (EN), eight of the RNs are interRAI trained.
Subsection 2.4: Health care and support workers 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. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their	PA Low	Five staff files (two RN and three caregivers) reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.

capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.		The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. Not all staff who have been employed for a year or more have a current performance appraisal on file.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Moderate	Six resident files were reviewed: three hospital level, including one young person with a disability (YPD), and one on a long-term support chronic health care contract (LTS-CHC); two psychogeriatric, and one rest home. The registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes. However, not all documentation was completed within expected timeframes. Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. All residents had an interRAI assessment completed. The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. Not all LTCP and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs are required to be documented to meet the residents' assessed needs and provide sufficient guidance to care staff in the delivery of care; however, this did not occur for all residents reviewed. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition; however, this had not occurred for all residents sampled. Evaluations are documented by an RN and include

		the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/ whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The initial medical assessment is undertaken by the general practitioner (GP), or nurse practitioner (NP) within the required timeframe following admission. Residents have ongoing reviews by the GP, or NP within required timeframes and when their health status changes. The GP and NP each visit the facility twice weekly and as required. Medical documentation and records reviewed were current. The GP and NP provide after - hours care as required. A physiotherapist visits the facility for two to three hours per week. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, dietitian, wound care nurse specialist and medical specialists are available as required through Health New Zealand. The NP (interviewed) was complimentary regarding the nursing care and good communication they experience. An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds require additional specialist input a wound nurse specialist is consulted. At the time of the audit there were three pressure injuries (one stage one, one stage two, and one stage three [non-facility acquired]) treated. The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include but not limited to monthly blood pressure, weight monitoring, bowel records, repositioning charts, restraint and behaviour monitoring. Frequency of monitoring required was not always documented in the long term care plan. Restraint monitoring did not always

		occur as planned (link 6.2.4). 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 a written and verbal handover at the beginning of their shift.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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.	PA Moderate	There are policies available for safe medicine management that meet legislative requirements; however, the policy requirements were not being consistently implemented regarding controlled medication stock levels. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. The registered nurses and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in the facility medication rooms. The medication fridge and medication room temperatures are monitored daily. Eyedrops are dated on opening. Twelve electronic medication charts were reviewed. The medication charts sampled identified that the GP, and NP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, and the effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were no residents self-administering medications; however, there are documented procedures to assess residents when capable and ensure safe storage should this be required. No vaccines are kept on site and no standing orders are used.
Subsection 3.5: Nutrition to support wellbeing	FA	The four-week seasonal menu is reviewed by the registered Bupa dietitian. Food preferences and cultural preferences are encompassed into the menu.

The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.		The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cook interviewed reported they accommodate residents' requests. There is a current food control plan that expires 22 September 2025. The residents and family/whānau interviewed were complimentary regarding the standard of food provided. Nutritious snacks and finger foods are available 24/7.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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.	FA	There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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	FA	The buildings, plant, and equipment are fit for purpose at Rossendale Care Home and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. The psychogeriatric unit is secure. The current building warrant of fitness expires 1 December 2024. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges. Outdoor furniture, landscaping, and required repairs have been implemented as required. The partial attainment

function.		identified at the previous audit related to HDSS.2021 # 4.1.2 has been addressed.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	The service ensures staff are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service. There is a first aid trained member of staff on each shift. The partial attainment identified at the previous audit related to HDSS.2021 # 4.2.4 has been addressed.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	PA Low	There is an infection, prevention, and antimicrobial programme and procedure that has been developed by Bupa and their in-house infection control specialists, which includes the pandemic plan. 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. This links to the overarching quality programme and the infection control programme is reviewed, evaluated, and reported on annually but there are no documented meetings evidenced at service level where in depth analysis occur. The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; donning and doffing personal protective equipment (PPE); monitoring of antimicrobial medication; infection control and cultural safety aseptic technique, and transmission-based precautions.
Subsection 5.4: Surveillance of health care-associated	FA	Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly

infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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.		infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is not reported at service level (link 5.2.2.). Bupa incorporates ethnicity data into surveillance methods and data captured around infections. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Health New Zealand. Infections, including outbreaks, are reported and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). There have been six outbreaks documented since the previous audit in 2023. These were well documented, managed and reported to Public Health, where appropriate. Daily outbreak meetings occurred with hand hygiene and food safety/hygiene refreshers occurred.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Maintaining a restraint free environment is the aim of the service and Bupa clinical governance team. Policies and procedures meet the requirements of the standards. The regional restraint group is responsible for the Bupa restraint elimination strategy and for monitoring restraint use in the organisation. Restraint is discussed at the clinical governance and board level. The designated restraint coordinator is a registered nurse. Systems are in place to ensure restraint use is reported to staff meetings, the management team, and Bupa head office. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. Restraint is included as part of the orientation for staff and is completed annually through the education plan. Staff also complete annual restraint competencies.
Subsection 6.2: Safe restraint The people: I have options that enable my freedom and ensure my care and support adapts when my needs	PA Moderate	Restraint assessment process has been completed by the restraint coordinator for a hospital level resident reviewed, frequency of monitoring is detailed in the assessment; however, restraint use is not detailed in the

change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.		resident's care plan, and monitoring had not occurred in line with the restraint assessment. Monitoring of restraint use is mainly completed by the caregivers. This is a continuation of the partial attainment identified at the previous audit.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.2.4 Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.	PA Low	The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The internal audit schedule is documented as being undertaken according to (or close to) schedule; however, not all audits have been documented as signed off or followed up where issues were identified. The meeting minutes reviewed did not document that issues raised were followed up at subsequent meetings and / or closed off. External and internal risks were identified. It was noted that health and safety issues brought up at meetings other than the health and safety meeting were not always linked	(i). Shortfalls identified through internal audits are not always documented as followed up and/ or closed off. (ii). Meeting minutes do not always document that issues raised in meetings are followed up/ closed off in subsequent meetings. (iii). Health and safety issues are not fully documented and followed at health and safety meetings.	(i)-(iii). Ensure that there is a plan to respond to identified internal and external risks. 90 days

		through to the health and safety meeting and followed up according to the Bupa process. For example, a broken window (which had caused staff harm and had been subsequently made safe) was documented in the head of department meeting, but not documented in the health and safety meeting. A security breach involving an intruder was documented in the staff meeting and the health and safety meeting, but there was no documented follow up at either meeting.		
Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Low	There is policies that guide the monitoring of staff`s performance. Not all staff who have been employed for a year or more have a current performance appraisal on file.	(i). Four of five staff files reviewed did not have a current staff appraisal in file.	(i). Ensure that all staff who have been employed for a year or more have a current performance appraisal on file. 90 days
Criterion 3.2.1 Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.	PA Moderate	The registered nurses are responsible for the completion of risk assessment tools, the development of the long term care plan and evaluation of care. There is a sufficient number of registered nurses that are interRAI trained. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes. However, not all documentation was	(i). Five of six interRAI assessments (three hospital, two PG level) had not been completed within the required timeframes. (ii). Long-term care plans had not been completed within 21 days for one PG level, and two long-term hospital residents. (iii). InterRAI assessments sampled had not been reviewed six-monthly and evaluations were not completed	(i). -(ii) Ensure an interRAI assessment and long-term care plan are completed within 21 days of admission. (iii). Ensure interRAI reassessments are completed at least six-monthly or earlier when there are significant change in a resident`s

		completed within expected timeframes.	six-monthly or sooner for a change in health condition for two hospital level residents.	heath. 60 days
Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and	PA Moderate	The service employs suitable qualified, and experienced registered nurses to develop residents' care plans. Cultural assessments are completed in all files reviewed. Long term care plans evidence individual goal setting. Outcome of assessments inform the long-term care plans; however, the care plans were not always updated to reflect the changes in residents' health conditions. The service seeks multidisciplinary input as appropriate to the needs of the resident. Care or support plan evaluations identify progress to meeting goals. Short term care plans were used for weight loss, wounds, and medication changes. Not all short term care plans were evaluated and signed off.	(i). One hospital resident required oxygen therapy which was prescribed appropriately; however, the care plan was not updated to reflect the needs and required interventions and monitoring required. The same resident had no interventions recorded in the long term care plan following frequent behaviours of concern. (ii). One hospital resident did not have detailed interventions documented in relation to PEG and catheter changes or recognition and interventions should a blockage occur. (iii). The interventions in the short-term care plan (STCP) for one hospital resident with a UTI had not been evaluated and signed off as resolved.	(i)-(ii). Ensure care plans have detailed interventions to provide guidance to staff in the management of care and interventions are updated to reflect changes to a resident`s needs. (iii). Ensure short term acute issues documented in a short term care plan is signed of when resolved. 60 days

risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.				
Criterion 3.4.3 Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.	PA Moderate	There are policies documented around safe medicine management that meet legislative requirements; however, the policy requirements were not being consistently implemented regarding controlled medication stock levels.	(i). Checks of controlled medications documented in the register had not been consistently completed over a five-month period.	(i). Ensure medication checks are consistently carried out as per policy and best practice requirements. 60 days
Criterion 5.2.2 Service providers shall have a clearly defined and documented IP programme that shall be: (a) Developed by those with IP expertise; (b) Approved by the governance body; (c) Linked to the quality improvement programme; and (d) Reviewed and reported on annually.	PA Low	The infection, prevention, and antimicrobial programme links to the overarching quality programme and is reviewed, evaluated, and reported on annually. There were no infection control meetings documented for 2024 to evidence in-depth data analysis at service level.	(i). Infection control is discussed at staff meetings; however, this audit was unable to evidence any infection control meetings occurred where in-depth data analysis at service level occurred.	(ii). Ensure there is a forum dedicated to the review and discussion of infection control at service level. 90 days
Criterion 6.2.4	PA	There is a restraint policy to guide staff	(i). One hospital level resident did	(i). Ensure care plans

Each episode of restraint shall be documented on a restraint register and in people's records in sufficient detail to provide an accurate rationale for use, intervention, duration, and outcome of the restraint, and shall include: (a) The type of restraint used; (b) Details of the reasons for initiating the restraint; (c) The decision-making process, including details of de-escalation techniques and alternative interventions that were attempted or considered prior to the use of restraint; (d) If required, details of any advocacy and support offered, provided, or facilitated; NOTE – An advocate may be: whānau, friend, Māori services, Pacific services, interpreter, personal or family advisor, or independent advocate. (e) The outcome of the restraint; (f) Any impact, injury, and trauma on the person as a result of the use of restraint; (g) Observations and monitoring of the person during the restraint; (h) Comments resulting from the evaluation of the restraint; (i) If relevant to the service: a record of the person-centred debrief, including a debrief	Moderate	in the use of restraint. Bedrails and handholding are approved restraints. There is an up-to-date restraint register. Three residents were assessed as requiring restraint at the time of audit. Restraint assessment process has been completed by the restraint coordinator for a hospital level resident reviewed, frequency of monitoring is detailed in the assessment; however, restraint use is not documented in detail in the resident's care plan.	not have a care plan updated following the implementation of restraint use, and (ii). Monitoring had not been carried out as per the frequency detailed in the restraint assessment	have detailed interventions to provide guidance to staff on care management and are updated to reflect changes to resident needs and management plan. (ii). Ensure that monitoring occurs as per policy requirements. 60 days

by someone with lived experience (if appropriate and agreed to by the person). This shall document any support offered after the restraint, particularly where trauma has occurred (for example, psychological or cultural trauma).				

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.