

# Bupa Care Services NZ Limited - Crofton Downs 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:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	Crofton Downs Care Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 16 October 2024      End date: 16 October 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	48

# 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 haumaruru | 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

Crofton Downs Care Home provides hospital (medical and geriatric) and rest home (excluding dementia care) levels of care for up to 49 residents. At the time of the audit there were 48 residents.

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, families, management, staff, and the nurse practitioner.

The general manager is supported by a clinical manager, and a team of experienced staff.

There are quality systems and processes being implemented. 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 had no shortfalls to address from the previous audit.

This audit identified areas of improvement related to implementation of quality and risk management systems; staff training; building; and infection surveillance.

## 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.

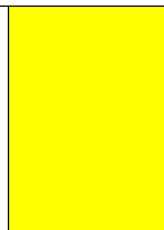
There is a Māori health plan in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Crofton Downs 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.

Crofton Downs 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 2024 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.

The service has effective quality and risk management systems in place that take a risk-based approach. There is a process for following the National Adverse Event Reporting Policy, and management have an understanding of statutory and regulatory obligations in relation to essential notification reporting.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme, regular staff education, training, and competencies are in place to support staff in delivering safe, quality care.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Subsections applicable to this service fully attained.</p>
--	--	---

The RNs assess, plan and review residents' needs, outcomes, and goals with the resident and/or families/whānau input. Care plans demonstrate service integration. Resident records 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.

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 resident's transfers and referrals are coordinated with residents and families/whānau.

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

The environment is inclusive of people's cultures and supports cultural practices. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated. There is no current building warrant of fitness.

There have been no changes made to the facility since the last audit.


## **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. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There have been three outbreaks (one gastroenteritis and two Covid -19) 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.		Subsections applicable to this service fully attained.
---	---	--

The restraint coordinator was a registered nurse. The facility had two 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	4	0	0	0
Criteria	0	43	0	6	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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service, which Crofton Downs utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At the time of the audit there were staff who identified as Māori and no residents who identified as Māori. Staff have completed training related to Te Tiriti o Waitangi and cultural awareness (link 2.3.4) and confirmed in interview that mana motuhake is recognised. The service is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and families/whānau and these would be documented in the resident care plan where required.</p> <p>The service has signage throughout in te reo Māori and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in te reo Māori and English.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	FA	<p>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 who could confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Crofton Downs. There were no residents who identified as Pasifika.</p>

<p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>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>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The general manager (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.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Crofton Downs' policies prevent 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.</p> <p>Staff at Crofton Downs are trained in, and aware of professional boundaries, as evidenced in orientation documents and ongoing education records (link 2.3.4). Staff (five caregivers, one registered nurse (RN), business administrator, maintenance, housekeeper, cook, laundry, and management (general manager, clinical manager, and regional property manager) demonstrated an understanding of professional boundaries when interviewed.</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</p>	FA	<p>There are policies around informed consent. Staff and management have a good understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). There were appropriately signed consent forms in all resident files reviewed. Interviews with five families/whānau (three hospital, two rest home), and four residents (three hospital level, and one rest home level), confirmed their choices regarding decisions and their</p>

<p>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>		<p>wellbeing is respected.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the care home or on request from staff. Residents or families/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained, which includes all complaints, dates and actions taken. There have been seven internal complaints since previous audit in March 2023. There have been no external complaints.</p> <p>Documentation including follow-up letters and resolution, demonstrate that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The general manager interviewed, acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include whānau participation (where required).</p>

<p><b>Subsection 2.1: Governance</b></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>Crofton Downs is a Bupa facility which provides hospital and rest home levels of care for up to 49 beds. Occupancy on the day of audit was 48 residents. All the beds in the care home are dual purpose beds. At the time of audit there were 18 rest home level residents, including two on respite care and 30 hospital level residents, including two on respite care. All residents, other than those with respite contracts, were under the age-related residential care (ARRC) contract.</p> <p>Crofton Downs is owned and operated by Bupa Care Services NZ Limited, a company registered with Companies Office in compliance with New Zealand legislative, contractual, and regulatory requirements. Bupa has a clinical governance committee (CGC) with terms of reference. There is a quarterly CGC meeting and a CGC pack produced and distributed to the committee members prior to meetings, that includes review of quality and risk management systems. Bupa also has a risk and governance committee (RGC), and a learning and development governance committee where analysis and quality indicator data is discussed in order to improve outcomes for residents. These align and interface with the CGC to manage quality and risk systems. The customer service improvement team (CSI) includes clinical specialists in restraint, infections and adverse event investigations and a customer engagement advisor, based in head office. The organisation benchmarks quality data with other NZ aged care providers. Each region has a clinical quality partner who supports the on-site clinical team with education, trend review and management.</p> <p>Bupa has engaged with a cultural advisor to work alongside the Bupa Leadership team. The cultural advisor collaborates with the Board and senior management in business planning and service development to improve Māori and tāngata whaikaha health outcomes. Tāngata whaikaha provide feedback around all aspects of the service, through resident meetings and satisfaction surveys, which provides the opportunity to identify barriers and improve health outcomes.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the care home have been determined, which link to the overarching Bupa strategic plan. Goals have not been regularly reviewed in the monthly meetings (link 2.2.3).</p> <p>The quality programme includes a quality programme policy, and quality goals (including site specific business goals) that are to be reviewed in</p>
---	-----------	--

		<p>meetings (link 2.2.3). Quality meetings and quality action forms are completed for any quality improvements/initiatives during the year.</p> <p>The general manager (non-clinical) has been with Bupa for five years and managing Crofton Downs since it opened in April 2022. They have an extensive background working in aged care, including management roles. The general manager is supported by a clinical manager who has been in the role since June 2023 (with prior clinical management experience in health care) and the wider Bupa management team, that includes an operations manager and regional quality partner.</p> <p>The general manager and the clinical manager have completed professional development activities in excess of eight hours in the last year, related to managing an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Crofton Downs 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.</p> <p>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; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements; however, evidence of progress and sign off when achieved was not always documented. The care home has three identified quality goals; however, progress towards attainment has not been routinely measured and documented. Quality data and trends are added to meeting minutes and available for staff to view. 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. However, there is no evidence to demonstrate link of benchmarking to quality and risk systems at Crofton Downs.</p> <p>Resident families/whānau satisfaction surveys are managed by head office who rings and surveys families/whānau. An independent contractor is sent to survey residents using direct questioning and an electronic tablet. The 2024 March and May resident, families/whānau satisfaction surveys had been collated and analysed at head office and indicate that residents have</p>

	<p>reported high levels of satisfaction with the service provided, with a net promoter score (NPS) of 60 from residents and 72 from families/whānau in March 2024. The NPS for families/whānau dropped to 30.8 in May 2024, with food service being a concern. The service has since implemented quality improvements to improve food service. Results have been communicated to residents in the resident and families/whānau meetings (sighted). Residents, families/whānau meetings provide an avenue for feedback to the service delivery. However, review of meeting minutes shows lack of evidence of actions being followed up and signed off when completed.</p> <p>Crofton Downs has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard. New policies or changes to a policy are communicated to staff. A health and safety system is in place. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, meetings, and via toolbox talks.</p> <p>Electronic entries are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in 12 accident/incident records reviewed. This included timely notification to the residents' families/whānau or primary contact. Incident and accident data is collated monthly and analysed. The RiskMan 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 staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by a RN.</p> <p>Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT of historical RN shortage (July and August 2023), gastro enteritis outbreak (December 2023) and change in clinical manager (June 2023). However, the service has not completed the required Health Quality and Safety Commission (HQSC) reporting for a stage IV pressure injury. There have been one gastroenteritis and two Covid-19 outbreaks since the previous audit, which were appropriately notified, well managed, and staff debriefed.</p>
--	--

<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The RNs, activities staff, and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The general manager, and 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 manager and one clinical manager each week.</p> <p>There is an annual education and training schedule completed for 2023 and being implemented for 2024. The education and training schedule lists compulsory training, which includes Māori health, tikanga, and Te Tiriti o Waitangi. Cultural awareness training is part of orientation and provided annually to all staff. However, the completion of training has had low staff numbers. External training opportunities for care staff include training through Health New Zealand – Te Whatu Ora and hospice. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. These resources create opportunities for the workforce to learn about and address inequities.</p> <p>All care staff are encouraged to complete Careerforce training. Of the twenty-four caregivers employed, 15 had attained New Zealand Qualification Authority (NZQA) level three or above. All staff are required to complete competency assessments as part of their orientation. Annual competencies include restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 and undertaken extra training (classed as clinical assistants), complete many of the same competencies as the RNs (eg, restraint, medication administration, controlled drug administration, nebuliser use, blood sugar levels and insulin administration, oxygen administration, wound management). Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. Six RNs are interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year and to commence and complete a professional</p>

		development recognition programme (PDRP). A record of completion is maintained on an electronic register.
<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>	FA	<p>Five staff files (two caregivers, one kitchen assistant, one RN and one clinical manager) 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.</p> <p>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 programme supports RNs and caregivers to provide a culturally safe environment for Māori. All staff who have been employed for a year or more have a current performance appraisal on file.</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>Five resident records were reviewed: two rest home, two hospital and one respite (hospital). The RNs are responsible for all resident's assessments, care planning and evaluation of care.</p> <p>Apart from the respite resident, initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. A range of risk assessments are completed and all LTCP and interRAIs sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs (EWS) meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. 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.</p> <p>Short-term care plans are developed for acute problems, for example</p>

	<p>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. Evaluations are documented by RNs and include the degree of achievement towards meeting the desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of families/whānau involvement in care planning and documented ongoing communication of health status updates. Families/whānau interviews and resident records evidenced that families/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 timeframes following admission. Residents have ongoing reviews by the GP/NP within required timeframes and when their health status changes. There are two GP/NP clinics each week. Medical documentation and records reviewed were current. When interviewed, the NP was complimentary regarding the standard of care and clinical leadership. After-hours care is provided by the contracted medical practice and the local public hospital when needed. A contracted physiotherapist provides a weekly on-site clinic. A podiatrist visits regularly and a dietitian, speech language therapist, palliative care, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>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. Photographs were taken when this was required. Where wounds require additional specialist input, a wound nurse specialist is consulted. At the time of audit there was one pressure injury.</p> <p>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 monthly blood pressure and weight monitoring, bowel records and repositioning charts. Staff interviews</p>
--	---

		confirmed they are familiar with the needs of all residents in the facility and that they have access to the resources they require to meet those needs.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. 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. The clinical manager and all RNs have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The RNs and medication competent healthcare assistants 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.</p> <p>Medications were appropriately stored in locked cupboards in the two medication rooms. The medication fridge and medication room temperatures are monitored daily, and all stored medications are checked weekly. Eyedrops are dated on opening.</p> <p>Ten medication charts were reviewed. Each chart sampled had photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, and the effectiveness of PRN medication was consistently documented in the electronic medication system and progress notes. There were no residents self-administering medications.</p> <p>Policy and procedure are available to guide staff in the event a resident wish to self-manage their medications. No vaccines are kept on site. There are no standing orders in use. There was documented evidence in the clinical files that residents and families/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs</p>	FA	<p>The four-week seasonal menu is reviewed by a registered dietitian. Food preferences and cultural preferences are encompassed into the menu. The</p>

<p>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.</p>		<p>kitchen receives resident dietary information and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. Residents and families/whānau interviewed confirmed the kitchen team accommodate residents’ requests.</p> <p>There is a verified food control plan current to 22 September 2025. The residents and families/whānau interviewed were complimentary regarding the standard of the meals served. Nutritious snacks were available 24/7.</p>
<p>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.</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs, and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident, families/whānau and other service providers to ensure continuity of care.</p>
<p>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 function.</p>	PA Low	<p>The facility comprises of two floors, with lift and stair well access. The environment is inclusive of people’s culture and supports cultural practices; bedrooms can be personalised as the residents wish. Bedrooms have an ensuite, with some having their own kitchenette. Residents and family/whānau were complimentary regarding the quality, and space of the bedrooms and amenities provided. At time of audit, the facility was yet to obtain a building warrant off fitness (BWOF).</p> <p>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 per day as required. The hot water temperature recordings reviewed had corrective actions</p>

		undertaken when outside of expected ranges.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an infection, prevention, and antimicrobial programme and procedure that has been developed by Bupa and their in-house infection control specialists, including the pandemic plan.</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. This links to the overarching quality programme and the infection control programme is reviewed, evaluated, and reported on annually.</p> <p>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; and donning and doffing personal protective equipment (PPE).</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>	PA Low	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually.</p> <p>Crofton Downs does not always incorporate ethnicity data into surveillance. Infection control surveillance is discussed at infection control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Health New Zealand.</p> <p>Infections, including outbreaks, are reported, and reviewed, so</p>

		<p>improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There has been one gastroenteritis (December 2023), and two Covid-19 (October 2023 and July 2024) outbreaks since the previous audit. These were well documented, managed, and reported appropriately.</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>Maintaining a restraint-free environment is the aim of the organisation. Policies and procedures meet the requirements of the standards. An RN takes responsibility for the restraint minimisation portfolio. The restraint coordinator was unavailable during the audit for interview. The clinical manager provided the required information in their absence. Restraint is included within the report and made available to clinical governance. Systems are in place to ensure restraint use will be reported to staff meetings.</p> <p>Restraint policy confirms that restraint consideration and application must be done in partnership with residents and family/whānau and the choice of device must be the least restrictive possible. There are currently two residents using restraint (one bed rail and one lap belt). Both have been at the request of the residents for safety and security reasons. All documentation including assessments, monitoring and reviews were in place for the records reviewed. Restraint is included as part of the orientation for staff and completed annually through the education plan (link 2.3.4).</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>Residents, families/whānau meetings provide an avenue for feedback to the service delivery. However, the review of meeting minutes shows lack of evidence of actions related to call bells and food service being followed up and signed off when completed or comments on progress.</p> <p>Electronic entries are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in 12 accident/incident records reviewed. This included timely notification to the residents, families/whānau or primary contact. Incident and accident data is collated monthly and analysed.</p> <p>Benchmarking occurs on a national level against other Bupa facilities. However, there is no evidence to demonstrate link of</p>	<p>(i)The resident meeting minutes reviewed do not evidence follow up and sign off of actions.</p> <p>(ii)External benchmarking is completed; however, there is no evidence to demonstrate a link to quality and risk systems at Crofton Downs.</p>	<p>(i)Ensure that there is evidence of follow up and sign off of actions when completed.</p> <p>(ii)Ensure evidence of link of benchmarking data to quality and risk systems.</p> <p>90 days</p>

		benchmarking to quality and risk systems at Crofton Downs.		
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	<p>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; staffing; and education. Internal audits have been completed as scheduled, with corrective actions documented where indicated to address service improvements; however, evidence of progress and sign off when achieved was not always documented.</p> <p>The care home has three identified quality goals which are related to palliative care, resident rooms, and laundry service; however, progress towards attainment has not been routinely measured and documented.</p>	<p>(i)There is no evidence to demonstrate progress or sign off of corrective actions from internal audits.</p> <p>(ii)Review of the progress on facility quality goals has not been measured and documented.</p>	<p>(i)Ensure follow up and sign off of corrective actions.</p> <p>(ii)Ensure quality goals are reviewed.</p> <p>90 days</p>
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	PA Low	<p>Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. However, for a resident who presented initially with a grade II pressure injury, which deteriorated to grade III and at the time of the audit, was classified as grade IV; the service has not completed the required Health Quality and Safety Commission SAC notification.</p>	<p>Health Quality and Safety Commission notification has not been completed for a pressure injury that has deteriorated over the past months and is now a stage IV.</p>	<p>Ensure that reporting is completed in line with the National Adverse Event Policy.</p> <p>90 days</p>
Criterion 2.3.4	PA Low	There is an annual education and training	Core training has been	Ensure all staff

<p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>		<p>schedule completed for 2023 and being implemented for 2024. The education and training schedule lists compulsory training, which includes Māori health, tikanga, and Te Tiriti O Waitangi. Cultural awareness training is part of orientation and provided annually to all staff. Review of the staff attendance and completion records evidence that for some of the training, the numbers were as low as six staff having completed the required training. There was only one training which registered completion rate of more than 40 staff. The rest of the records indicated compliance of between 6 and 28 staff completion.</p> <p>Interview with the general manager and clinical manager confirmed their awareness of low training completion rates and have a plan in place going forward to ensure all staff have completed required training. However, at the time of audit there was no evidence of the plan having been implemented yet.</p> <p>There are external training opportunities for care staff and include training through Health New Zealand – Te Whatu Ora and hospice.</p>	<p>completed; however, the attendance registers evidence low completion rates of the required training. There is no evidence to demonstrate that staff who missed initial training had caught up with the required training.</p>	<p>attend the required training.</p> <p>90 days</p>
<p>Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Low</p>	<p>The environment is inclusive of people's culture and supports cultural practices. Discussion with the general manager, maintenance manager and the regional maintenance manager, plus observation and review of the building warrant of fitness report and declaration, evidenced that the facility does not have a current BWOF.</p>	<p>The facility did not meet all requirements of compliance when assessed for renewal of the BWOF. The team have been proactive in addressing the issues that did not meet compliance; however, at time of audit the facility was yet to obtain a current BWOF.</p>	<p>Ensure the facility obtains and displays a current BWOF.</p> <p>60 days</p>

<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	<p>PA Low</p>	<p>Crofton Downs does not always incorporate ethnicity data into surveillance. Infection control surveillance is discussed at infection control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff.</p>	<p>Review of infection data in meeting minutes and graphs displayed for staff does not evidence that infection surveillance includes ethnicity data.</p>	<p>Ensure surveillance includes ethnicity data.</p> <p>90 days</p>
---	---------------	---	--	--

## Specific results for criterion where a continuous improvement has been recorded

---

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

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

If, instead of a table, there 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.