

Bupa Care Services NZ Limited - Parkstone Care Home

Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Bupa Care Services NZ Limited

Premises audited: Parkstone Care Home

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

Dates of audit: Start date: 21 January 2025 End date: 21 January 2025

Proposed changes to current services (if any): Notification letter for change in reconfiguration of beds dated 20 December 2024 was received from HealthCERT. This partial provisional audit verified the provider as being prepared to provide dementia level of care across 21 bed unit; and the newly refurbished seven care suites were verified as suitable for dual purpose used.

The overall, dual purpose rooms across the facility has decreased from 99 (including three couple rooms) to 74 dual purpose rooms (including four couple rooms; (note this increase from three to four couple rooms [rooms 4, 23,24,71]) and a 21 bed dementia unit. The overall bed numbers have decreased from 99 to 95 beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 83

Executive summary of the audit

Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

General overview of the audit

Parkstone Care Home is part of the Bupa group of aged care facilities and situated in Ilam, Christchurch. The service is certified to provide rest home, hospital (geriatric and medical) and residential disability level care - physical across 99 beds (including three rooms suitable for couples). All rooms are dual purpose and designed to support younger people with a disability. On the day of the audit there were 83 residents.

This partial provisional audit was conducted to assess the service for preparedness to provide dementia level care across 21 beds and to verify the suitability of the refurbished seven care suites in Brodie wing as suitable for rest home and hospital level of care. The service plans to open the dementia unit on 12 February 2025.

Bupa is experienced in providing dementia level of care. There is a transition plan around incremental admissions to the dementia unit and moving the five residents currently occupying rooms in Peer wing to other suitable rooms.

The general manager and care home manager is suitable qualified to manage the aged care facility. They are supported by a clinical manager. A unit coordinator with experience in dementia care will oversee the dementia unit. The team is supported by a regional operations manager and quality partner.

The audit verified that the staff roster, equipment requirements, documented systems are appropriate for providing dementia level of care. There are clear procedures and responsibilities for the safe and smooth admission of new residents into the unit.

There are no improvements required related to the partial provisional audit.

Ō tātou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

The business plan and strategic plan includes a mission statement and operational objectives. The general manager and care home manager are closely involved in the day to day running of the organisation. They are supported by a Bupa organisational management team which provides support to the local facility management teams. There is a clinical manager that provides clinical oversight and they are supported by a unit coordinator. Advisors are engaged to provide advice on cultural safety, clinical issues and other areas of expertise as needed. There is a staffing and rostering policy. The service has a full complement of an experienced workforce staff who completed an induction programme. Human resources are managed in accordance with good employment practice. There is a 2025 training plan in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

There is a documented activity programme which will be implemented by the diversional therapist with support from two activities coordinators.

Medication policies reflect legislative requirements and guidelines. There is a secure medication room in Brodie and Peer wing. The registered nurses and medication competent caregivers will be responsible for administration of medications. Education and medication competencies are completed as part of induction and ongoing training.

All food and baking is to be prepared and cooked on site in the centrally located kitchen. Residents' food preferences and dietary requirements are identified at admission. The menu has been reviewed by a dietitian and meets the required nutritional values. Alternatives are available for residents. There is a current food control plan.

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

The facility has two wings on the ground floor off a central entrance and reception area, which was part of this audit. All refurbishments have been completed in Brodie wing. The dementia wing was purposely built in 2016 as a dementia wing and did not need any alterations.

There is preventative maintenance plan implemented. Hot water tests are completed weekly. There is a building warrant of fitness certificate.

Spaces within the unit can accommodate family/whānau, cultural and religious rituals, including visits by extended family/whānau.

All equipment/furniture is in place and suitable for dementia level of care. All resident rooms are single with ensuite bathrooms.

Peer wing is accessed via a keypad entrance. The wing has a spacious lounge with a large dining room, and kitchenette off the side of the lounge. The communal area is spacious and allows for groups or individual activities and space for mobility equipment.

The secure garden outdoor area also includes access from the lounge. There are sufficient seating and shade. There is plenty of places to wander.

There is an approved fire evacuation scheme. Staff will receive training around emergency management during the induction period. There is a call bell system linked to staff pagers. There are security procedures in place. There is plenty space for medical equipment, continence products and PPE storage with shelving.

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

A suite of infection control policies and procedures are documented. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level.

The infection control coordinator is a registered nurse. Education is provided to staff at induction to the service and is included in the education planner. Antimicrobial data is to be collated and monitored by the Bupa IPC lead. Surveillance processes are documented to ensure infection incidents will be collected and analysed for trends and the information used to identify opportunities for improvements.

There is a secure sluice in each area, and a secure laundry situated on the ground floor that includes a dirty to clean flow. Cleaning and laundry processes are reviewed for effectiveness as part of the internal audit system.

Here taratahi | Restraint and seclusion

The overall Bupa philosophy is to eliminate restraints within their aged care facilities. The restraint policy is in place and is supported by a Restraint committee. The restraint coordinator is a registered nurse and is supported in their role by the care home manager and clinical manager. Restraint minimisation education is part of the education planner and has been completed. Staff

have current restraint competencies on file. The policy considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. There is a restraint register and restraint data is benchmarked with other Bupa care facilities.

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	0	0	0	0
Criteria	0	92	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Parkstone is part of the Bupa group of aged care facilities. The service is certified for rest home, hospital (geriatric and medical) and residential disability level care (Physical). The care facility is certified for up to 99 residents, including three rooms which have been certified as couples. On the days of the audit, one had single occupancy and two were occupied with married couples. All rooms are dual purpose and designed to support younger people with a disability.</p> <p>The service has refurbished 11 dual purpose rooms in Brodie wing into seven care suites suitable for dual purpose and under occupation right agreements (ORA). One care suite (room 4) is verified as suitable for a couple. Twenty-one dual purpose rooms in Peer wing have been reconfigured to dementia only rooms. This wing was initially purposed built in 2016 as a dementia wing.</p> <p>The changes have resulted in a decrease in the dual purpose rooms with 25 beds. The overall dual purpose rooms across the facility decreased from 99 (including three couple rooms) to 74 dual purpose rooms including four couple rooms (note this increase from three to four couple rooms [rooms 4, 23,24,71]) and a 21 bed dementia unit. The overall bed numbers decreased from 99 to 95 beds.</p> <p>This partial provisional audit was conducted to assess the service for</p>

	<p>preparedness to provide dementia level care across 21 beds and to verify the suitability of the refurbished seven care suites as suitable for rest home and hospital level of care. The service plans to open 12 February 2024. Bupa is experienced in providing dementia level of care. There is a transition plan around incremental admissions to the dementia unit and moving the five residents currently occupying rooms in Peer wing to other suitable rooms.</p> <p>On the day of the audit there were 83 residents in total: 33 rest home residents including two residents on a long-term support - chronic health (LTS-CHC) contract and one resident on respite care. There were 50 hospital level residents, including seven residents on a younger person with a disability (YPD) contract, two residents on an Accident Compensation Corporation (ACC) contract, and two residents on an end of life (EOL) contract.</p> <p>The Leadership team of Bupa is the governing body and consists of Directors or heads of - Clinical, Operations, Finance, Legal, Property, Customer transformation, People, Risk, Corporate Affairs and Technology. This team is guided by Global Bupa strategy, purpose and values, and reports into the Bupa Care Services NZ Boards in New Zealand, and the Bupa Australia & New Zealand (ANZ) Board. There is a New Zealand based managing director that reports to a New Zealand based Board. The directors are knowledgeable around legislative and contractual requirements and are experienced in the aged care sector. The Bupa Board and executive team have attended cultural training to ensure they can demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is a cultural working group alongside the Bupa Leadership team.</p> <p>Bupa has a Clinical Governance committee (CGC), Risk and Governance committee (RGC), a learning and development governance committee and a work health safety governance committee where analysis and reporting of relevant clinical and quality indicators is discussed in order to continuously improve the service.</p> <p>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</p>
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	<p>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.</p> <p>Bupa NZ is committed to reduce barriers to services and achieve equity for Māori and tāngata whaikaha people with disabilities. Goals of the Māori strategy permeates through service delivery and measured as part of the quality programme. The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers. 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 Bupa Parkstone have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in each quarterly quality meeting. Goals for 2025 include dementia specific goals.</p> <p>Guidance in cultural safety for their employees is provided through training in cultural safety awareness around Māori health equity, barriers to care and disparities in health outcomes, as documented in the Towards Māori Health Equity policy. The Towards Māori Health Equity policy states that Bupa is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collective needs of residents who identify as Māori to ensure they live longer, healthier, happier lives.</p> <p>Tāngata whaikaha provide feedback around all aspects of the service through general feedback, including completion of satisfaction surveys. Feedback from surveys is collated, which provides the opportunity to identify barriers and improve health outcomes.</p> <p>The service has a general manager (GM), who has been with Bupa for 9 years and commenced in the GM role October 2022. The care home manager (CHM) who has been in the role for eight years and has worked for Bupa for 18 years. They are also supported by a clinical</p>
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		<p>manager that has been in the role since 2018 and a unit coordinator. The general manager and care home manager are supported by the wider Bupa management team that includes a regional operations manager and quality partner.</p> <p>The general manager, care home manager and clinical manager have completed the required eight hours of training related to managing an aged care facility including managers forums, infection control teleconferences and dementia specific training.</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>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. The GM, CHM and CM work 40 hours a week from 8am - 4pm, Monday to Friday, and are available as part of Bupa Southern on call roster.</p> <p>A current roster and draft roster were reviewed. Brodie and Peer wing is located on the ground floor of the facility.</p> <p>The current unit coordinator on the ground floor oversee Brodie and Peer wing (dementia wing) and works 8.30 to 5.00pm Monday to Friday. The unit coordinator had three years of previous experience in managing a dementia unit. They are supported by the RNs on the ground floor: a registered nurse (RN) on morning shift; two RNs on afternoon and one RN on night shift. There are two RNs allocated. On each shift overseeing the ground floor on weekends. The are sufficient number of caregivers allocated to Brodie wing. The RNs and caregivers from Brodie wing will provide support in Peer wing.</p> <p>Dementia wing: There is a staged approach documented for admissions to the dementia wing with a targeted 40 percent occupancy by March 2025 and targeted occupancy of 80% by May 2025. The target roster include 15 registered nurse hours allocated to the dementia unit with a minimum of two caregivers on each shift (including night shift). One of the caregivers is a senior caregiver that is medication competent. The roster reflects at least one caregiver with a first aid certificate on each shift. Depending on resident numbers and acuity this roster would be adjusted accordingly. Daily activities are rostered seven days a week</p>

	<p>provided by a full time diversional therapist is rostered 8.30am to 4.00pm and part-time activities assistant over weekends from 9.00 am to 4.30pm. Residents and family/whānau will be informed of any changes to staff through emails and newsletters.</p> <p>No further staff recruitment is necessary. There are 24 caregivers that are currently part of the workforce and working on the ground floor that will rotate through the dementia wing. Two have completed the appropriate dementia standards, 13 have already commenced the dementia standards through Careerforce and nine are enrolled to commence the training. Of the 24 caregivers 21 have completed level three and level 4 New Zealand Qualification Authority Health and Wellbeing certificate.</p> <p>There are six RNs working on the ground floor as part of a 13 team RN workforce. Eleven RNs including the unit coordinator is interRAI trained. Staff records were reviewed to confirm completion of the required training and competency assessments. Staff competencies include medication management competency, correct use of personal protective equipment (PPE), hand hygiene, control drug second checker, restraint, manual handling and fire safety. The Bupa NZ learning essentials education schedule for 2024 has been implemented and being implemented for 2025 on BupaLearn platform. Staff attendances were documented at above 90 percent for mandatory topics including is planned on an annual basis, including mandatory training requirements. Training for care staff and registered nurses included: safe moving and handling; Te Tiriti o Waitangi; health and safety; dementia and behaviours of concern; Bupa code of conduct, staying safe and well at Bupa, restraint, abuse and neglect medication management; chemical safety; information and privacy; risk management; fundamentals of palliative care; incident management; falls management; pressure injury prevention and identifying acute deterioration. Registered nurses are encouraged to participate in internal and external education programmes. A selection of staff have completed a three day training session in `Person First, Dementia Second` with the Bupa dementia specialist. Other programmes may be offered through Bupa, or through Health New Zealand, or via specialist services and staff are encouraged to attend.</p> <p>The GM and CHM reported that the model of care ensured that all</p>
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		<p>residents were treated equitably. Staff and management completed cultural training.</p> <p>The provider's environment encourages collecting and sharing quality Māori health information. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p> <p>There is an employee assistance programme in place to promote staff wellbeing. The staff engagement survey of 2024 evidenced a well-supported and safe workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member when first employed. Competencies are completed at orientation and then annually at appraisal. The sample of files include one RN (infection control coordinator), one unit coordinator, one diversional therapist, three caregivers).</p> <p>A three week induction programme has been completed by all new staff as evidence in a sample of files reviewed. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment for Māori. The organisation collects ethnicity data for employees and maintains an employee ethnicity database.</p> <p>Staff files are held securely. Reference checking, and police checks are obtained as part of the recruitment process and is completed by the Bupa People and Culture team. Qualifications, and annual practicing certificates for the registered nurses are maintained. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>There is an appraisal policy in place. Staff with less than one year of service receive an appraisal following completion of their orientation. The staff files reviewed had performance reviews on file.</p>

		<p>Staff will have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing as described in policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is a diversional therapist who has experience in working with residents who have dementia and has completed relevant training with the Bupa dementia specialist. Activities will be provided seven days a week with some group activities and entertainment will be shared with Brodie wing. The activities coordinator is supported by two activities assistants that work across the facility. The activity coordinator develops and coordinate with staff the delivery of the activity programme. There are resources available for caregivers to use after hours and when the activity coordinator is not on shift. This was sighted to be sufficient.</p> <p>There were resources in Peer wing (new dementia unit) that is suitable for facilitating a meaningful activities programme including doll therapy. The programme is planned monthly, and an example of the calendar includes themed cultural events. A monthly calendar and monthly newsletter will also be emailed to family/whanau.</p> <p>A copy of the programme which has the daily activities will be displayed and includes individual and group activities. Example of planned activities will meet the cognitive, physical, intellectual, and emotional needs of the residents with dementia. Residents who do not wish to participate regularly in group activities will be visited one-on-one. There is also a quiet room within the dementia wing.</p> <p>Residents' participation and attendance in activities will be recorded in the resident records. Residents will have an individualised activities assessment and activity care plan which will consider normal routines across 24/7. This will be completed by the registered nurses with support by the activity coordinator and integrated within the electronic care plan.</p> <p>Community visitors will include entertainers, and church services. Special events like birthdays, St Patricks day, Matariki, Easter, Father's/Mother's Day, ANZAC day, Christmas, and theme days are on the programme and will be celebrated with appropriate resources available. The service ensures that staff are trained to support Māori residents in meeting their cultural needs, aspirations in the community</p>

		<p>and facilitates opportunities for Māori to participate in te ao Māori.</p> <p>The service will facilitate opportunities to participate in te reo Māori through the use of Māori language on planners, on doors of key areas, and participation in Māori language week and Matariki. Māori phrases are incorporated into the activity's planner, and culturally focused activities are planned for.</p> <p>There is an opportunity to provide feedback on activities at the meetings and through annual surveys.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Bupa has organisational policies documented around safe medicine management that meet legislative requirements. The registered nurses and medication competent caregivers who administer medications are assessed annually for competency. Education around safe medication administration is provided at induction and annually Staff have completed the required training.</p> <p>The service is implementing an electronic medicine management system, training/competency are completed as part of the medication competency. A contract with a local pharmacy is in place. All medications once delivered by the pharmacy, and are reconciled against the medication chart. Any discrepancies are fed back to the supplying pharmacy. Medications are supplied in robotic rolls and any pro re nata medications are supplied in blister packs. The contracted GP is well aware of the new dementia service.</p> <p>There is a secure medication room in the new unit includes a central ventilation system, locked cupboards, handbasin, and area for medication trolley, wound management trolley and a fridge. The fridge and room temperatures were documented daily and within safe limits. Controlled medication is stored within a safe in a separate medication room in the neighbouring wing.</p> <p>Younger persons with disability are provided with opportunities to self-administer their own medications where required and where they are deemed to be competent to do so. Due to the nature of the service (dementia) there will be no residents self-administering medications. There are policies to provide guidance when other residents in other</p>

		<p>units that may want to self-administer their medications. Over-the-counter medication is considered during the prescribing process and these along with nutritional supplements, allergies and sensitivities will be documented on the medication chart as per policy. No standing orders are used.</p> <p>The unit coordinator described how they work in partnership with residents and family/whānau who identify as Māori across the organisation to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The main kitchen is situated on the ground floor between Peer and Brodie wing. The kitchen has recently been fully refurbished, is fully equipped and operational. The kitchen manager advised that the meals are transported to Peer and Brodie wing in a bain-marie where it is plated and served by caregivers and kitchen hands. There are working ovens, fridges, and freezer in the main kitchen. The kitchen manager is a qualified chef and stated the change in reconfiguration of services will not have an impact on the current operations of the kitchen.</p> <p>The menu has been approved by a dietitian. Food preferences, choices, optional meals and cultural preferences are encompassed into the menu, A food control plan expires in September 2025. There is documented process on all aspects of the food control plan including safe storage, delivery, temperature recording at each stage of the food service process and calibration of thermometers. Cleaning schedules are maintained, and chemicals are securely stored. The kitchen manager confirmed that all staff have completed safe food handling and food hygiene training.</p> <p>Kitchen fridge, food, and freezer temperatures are to be monitored and documented daily as per policy. Resident annual satisfaction survey includes food. The service has implemented an improvement project related to menu choices.</p> <p>The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes. Advised that any changes to residents' dietary needs are communicated to the kitchen as</p>

		<p>per policy.</p> <p>Special equipment such as 'lipped plates' and built-up spoons will be available as needs required. There is sufficient equipment in the Peer wing kitchenette and all appliances are fully functional. The kitchenette is enclosed that prevents resident's from entering. The dining area are sufficiently laid out with enough space to have a pleasurable dining experience. There will be fluid station and snacks available 24/4.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There is a full time maintenance person Monday to Fridays. A 52 week maintenance plan is documented, implemented, and include annual calibration of medical equipment (last done in December 2024) and testing and tagging of electrical equipment. Weekly hot water temperatures are completed across the facility and hot water temperatures for Peer and Brodie wing evidence to be within the appropriate parameters. A building Warrant of Fitness expires 1 October 2025. There was evidence that the code of compliance was amended 19 December 2024 to include the refurbishment of the kitchen and care suites. The physical environment is suitable for the residents' abilities and support cultural practices.</p> <p>The facility is owned by Bupa and purposely built in 2016 over two floors. The facility has two wings off a centre reception area on the ground floor Brodie and Peer wing.</p> <p>The second floor consists of dual purpose beds across Yaldhurst, Athol and Ilam wing.</p> <p>This audit included verifying one wing of 21 rooms which will be opened as a dementia unit on 12 February 2025. This wing previously was purpose built as a dementia unit; however, has been used since 2016 as a dual purpose wing. At the time of the audit there were five residents (three hospital and two rest home) waiting to be transferred elsewhere. Peer wing was verified as suitable for use as a dementia wing.</p> <p>In Brodie wing (previously 26 dual purpose beds), 11 beds had been reconfigured to seven care suites to be suitable for aged residential care under aged care funding or under occupation right agreements. This has resulted in a reduction of four dual purpose beds in the unit with one</p>

	<p>care suite suitable for a couple (room 4). Note that rooms 23 and 24 were previously certified as double rooms in Brodie wing.</p> <p>The care suites (room 1 to 7) are spacious with an ensuite, five have small kitchenettes with a basin (there are no stove hobs or microwaves). The rooms have wide door spaces for ease of mobility equipment. Flooring is appropriate.</p> <p>One room suitable for a couple has two call bells and two single beds with plenty of space for manoeuvring of mobility and transfer equipment. The ensuites have a shower and toilet with appropriate handrails and call bell point. There are two call bell points at each bed. There is individual dialled heating in the care suites. The care suites are fitted with ceiling hoists.</p> <p>There were no refurbishing or alterations required to Peer wing and the refurbishments required in Brodie wing did not result in structural changes that required a change to the evacuation plan. The dementia unit is off the reception area and there is a visitor entrance off the foyer.</p> <p>Spaces within the unit can accommodate family/whānau, cultural and religious rituals, including visits by extended family/whānau.</p> <p>There is sufficient equipment to support the dementia wing including a sling hoist and chair scale. Each room is fully furnished and has a high low bed, bedside furniture, seating, and an ensuite shower toilet. The wing is accessed via a keypad entrance. There is a spacious lounge with a large dining room and kitchenette off the side of the lounge. The communal area is spacious and allows for groups or individual activities and space for mobility equipment. The wing has a long corridor that leads to an external door which leads to paths and a spacious garden area. The garden area is well maintained with safe pathways and sufficient outdoor lighting. There is plenty of places to wander including a secure courtyard with two entrances leading back into the dementia unit. The secure garden outdoor area and courtyard also includes access from the lounge. There are plenty of seating and shade. There is shrubbery alongside the fence to distract residents from climbing; furniture and pots are not placed near the fence.</p> <p>All rooms and ensuites are spacious to ensure safe mobility or transfer of equipment. There are handrails placed in corridors, disability toilet near the lounge and in ensuites for the shower and toilet. Rooms are</p>
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		<p>carpeted and flooring in the shower is non-slip and easy to clean. Handbasins have easy to open tap with flowing soap. Toilet seats are blue in colour. There is a bed light above the bed. There is central building ventilation in the main areas and corridors with ceiling heaters in the resident rooms and a heat pump in the lounge area. Residents can personalise their rooms, all rooms are RCD protected.</p> <p>The dining area has vinyl flooring, and the lounge area is carpeted. There is one mobility bathroom with shower, toilet, handrails. Privacy can be ensured. There is another toilet that has enough room for staff to support the resident. Flowing soap, hand gel dispensers and paper towels were available throughout the wing. There is sufficient natural light and appropriate lighting throughout the wing.</p> <p>There is a visitor toilet in the foyer area outside the secure unit. There is a lockable nurse's station within the unit, overlooking the lounge and dining room that ease supervision. There is plenty space for medical equipment, continence products, personal protective equipment, linen and storage with shelving.</p> <p>The business case provided to Bupa NZ for approval include consideration of the environments to ensure it reflects the aspirations and identity of Māori</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>There has been no refurbishing or alterations required to Peer wing, and the refurbishments required in Brodie wing did not result in structural changes that required a change to the evacuation plans reviewed by the fire service. The approved evacuation plan dated 1 October 2016 is still in use with amendments made to the evacuation floorplan to include the changes in room numbers. Emergency management policies that include a pandemic plan outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures (Civil Defence and Emergency Disaster Management) guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. There is an up to date resident's fire evacuation list that documents each resident's mobility requirements. A fire drill was completed for all staff in November 2024. There are civil defence kits within the facility that is</p>

		<p>checked monthly. There is bottled water for emergency use and a 5000 litre water tank. All staff have completed a fire safety and emergency training. There is a first aider on each shift in Brodie and Peer wing.</p> <p>Smoke alarms, sprinkler system and exit signs are in place throughout the building. The facility can access a Bupa generator (stationed at Bupa Ballarat) and the regional property asset manager has also agreements in place with two suppliers.</p> <p>There are call bells in the residents' rooms, communal bathrooms, and lounge/dining room areas. The call bell includes a nurse assist emergency button. The call bell system is operational and connected. Sensor mats can be connected to the call bell. There is access to chair and bed alarms. The system software can be monitored. Caregivers wear pagers.</p> <p>Staff are identifiable. There is a visitor and contractor sign in book at reception. All external doors outside the wing are automatically locked. The keypad at the dementia unit entrance is functional.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention and antimicrobial stewardship (AMS) programmes are appropriate to the service's size and complexity. The governance body have approved these programmes, which are linked to the quality improvement system, health, and safety and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports reporting progress, issues, and/or significant events to management.</p> <p>An emergency pandemic plan is documented and has been reviewed. There are sufficient resources and personal protective equipment (PPE) readily available and accessible to staff. All staff have received training and updates for managing infection outbreaks. Training records are well maintained.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	FA	<p>The governance body has approved the IPC and AMS programme that is linked to the quality improvement system and reflects the strategic direction of the organisation. Expertise and advice are sought following a</p>

<p>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.</p>	<p>defined process, is reviewed and reported on annually. A registered nurse is the infection prevention and control coordinator (IPCC), and the position description for IPCC is well-defined and in place. The IPCC has input when infection control policies and procedures are reviewed.</p> <p>The service has a pandemic plan and guidelines to manage and prevent infection exposure. Infection prevention and control training is provided to staff, residents, and visitors. Adequate supplies of personal protective equipment (PPE) and hand sanitisers were in stock. Hand hygiene audits were completed as per schedule. Information and resources to support staff in managing outbreaks are regularly updated and tested.</p> <p>The service has documented policies and procedures that reflect current best practices. These policies and procedures are accessible and available for staff. Policies include work practices related to care delivery, cleaning, laundry services, and food management processes. Training includes appropriate use of hand sanitisers, good hand hygiene techniques, and the use of disposable aprons and gloves.</p> <p>Staff training on infection prevention and control is provided as part of the orientation and annual in-service education. Records evidence education and competencies were completed. The IPCC has completed various infection prevention and control training online.</p> <p>The IPCC and CM work in consultation with Health New Zealand infection control specialists and Bupa infection control lead in procurement processes for equipment, devices, and consumables. The infection prevention personnel were involved in the reconfiguration of the dementia unit and the refurbishment of the care suites. Policies include guidance around single-use medical devices and decontamination of equipment between use. The service completed cleaning and environmental audits to safely assess and evidence that these procedures are carried out.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. No changes are required with the reconfiguration of rooms and the addition of residents with dementia.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the resident cohort's size, scope, and complexity. Infection rates are monitored monthly, reported in a monthly quality report, and presented at meetings. The Bupa infection control lead with the support from the consultant geriatrician oversee the antimicrobial use. No changes are required with the addition of residents with dementia and the reconfiguration of the care suites.</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>	<p>FA</p>	<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 infection definitions. Infections are entered into the register on the electronic database, and surveillance of all infections (including organisms) is collated into a monthly infection summary. Data is monitored and analysed for trends monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed during infection control, clinical/RN, quarterly quality and staff meetings. The IPCC creates improvement plans should this be required.</p> <p>Benchmarking graphs are displayed for staff. Action plans are required for any infection rates of concern. All infection data is reported to the governing body.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required and to keep family/whānau up to date on any infections.</p> <p>Education for residents regarding infections occurs on a one-to-one</p>

		<p>basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation.</p> <p>There have been four Covid-19 outbreaks (November 2023, December 2023, July 2024 and November 2024), a respiratory tract outbreak (October 2023 and June 2024), a norovirus outbreak (June 2024) and viral gastroenteritis outbreak (August 2024). All have been appropriately notified. There was evidence of regular communication with the Bupa infection control lead. Toolbox meetings (sighted) were held, and staff were debriefed with 'lessons learned' captured and discussed to prevent, prepare for, and respond to future infectious disease outbreaks. Outbreak logs were completed. Residents and family/whānau were updated regularly through the outbreaks.</p> <p>Hand sanitisers are available for staff, residents, and visitors to the facility. Visitors to the facility signs in at entry to the building. There are no changes required to the surveillance program.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are sluice rooms (with sanitisers) in Brodie and Peer wing and personal protective equipment, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on-site by dedicated staff seven days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident. The washing machines and dryers are checked and serviced regularly. Kitchen linen and mop heads are also done on-site. There are sufficient commercial washing machines and dryers. Material safety data sheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys.</p>

		<p>Cleaners' trolleys are attended to at all times and locked away in the cleaners' cupboard in Peer and Brodie wing. All chemicals on the cleaner's trolley were labelled. Appropriate personal protective clothing was readily available. The numerous linen cupboards were well stocked with good-quality linen.</p> <p>The staff interviewed demonstrated a good knowledge about cleaning processes and infection prevention and control requirements. There were kitchen and laundry audits completed that evidence compliance.</p> <p>The IPCC provided support to maintain a safe environment during the renovation, and maintenance activities. Infection control internal audits are completed by the IPCC. There are no changes required to the cleaning and laundry services.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The governance body demonstrate a commitment to eliminating restraint. The facility maintains a focus on ensuring care is provided in the least restrictive way possible. There was one hospital level resident using a bedrail. The restraint policy confirms that restraint consideration and application must be made in partnership with families/whānau, and the choice of the device must be the least restrictive possible.</p> <p>A registered nurse undertakes the restraint portfolio and drives the ongoing Bupa philosophy of eliminating restraint. The restraint committee is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability; all restraints have been approved, and the overall use of restraint is being monitored and analysed.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.