

Bupa Care Services NZ Limited - Glenburn Rest Home & Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Glenburn Rest Home & Hospital
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 10 February 2025 End date: 11 February 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	93

Executive summary of the audit

Introduction

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

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

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Glenburn Rest Home & Hospital is part of the Bupa group of facilities. The service is certified to provide psychogeriatric, hospital (medical and geriatric), rest home and dementia levels of care. On the day of the audit, there were 93 residents.

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

The general manager is appropriately qualified and experienced and is supported by the regional operations manager and a team of registered nurses. There are quality systems and processes documented. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction programme in place.

This audit identified shortfalls related to full implementation of the quality initiative plan, essential notifications, care interventions, monitoring charts, and restraint.

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.

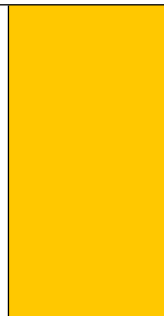
Glenburn Rest Home & Hospital provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place.

Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their independence. The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



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

The business plan includes a mission statement and operational objectives. The service has quality and risk management systems documented that take a risk-based approach.

There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme documented covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Residents are assessed before entry to the service to confirm their level of care. There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Resident files included medical notes by the general practitioner and visiting allied health professionals.

The activity coordinator and caregivers provide and implement the activities programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Te ao Māori is facilitated through all activities. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a medicine management system in place. The organisation uses an electronic system for prescribing and administration of medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours.

Residents are referred or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current certificate of public use in place. Clinical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. The facility vehicle has a current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. There is an approved evacuation scheme and fire drills are conducted six monthly. There is a staff member on duty on each shift who holds a current first aid certificate.

Both secure units are safe and appropriate for the level of care. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents reported that staff respond appropriately to call bells. Security is maintained.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on. The service has robust Covid-19 screening in place for residents, visitors, and staff. Pandemic response plans are in place and the service has access to personal protective equipment supplies. There have been outbreaks since the previous audit.

Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff receive training and education to ensure safe and appropriate

handling of waste and hazardous substances. Chemicals are stored securely and safely. Fixtures, fittings, and flooring are appropriate for cleaning.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Policies and procedures for restraint minimisation and safe practice align with the standard. The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. On the days of the audit there was one resident using restraint. The restraint coordinator is a registered nurse. Staff have ongoing training in the least restrictive practice and in safe use of restraint.

Restraint minimisation is overseen by the restraint coordinator. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	26	0	0	3	0	0
Criteria	0	171	0	1	5	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Bupa NZ recognises Māori as tāngata whenua of Aotearoa New Zealand and its obligations and responsibilities that arise from Te Tiriti o Waitangi (the Treaty of Waitangi) as the founding document of Aotearoa/New Zealand. It describes: Kaitohutohu (advisory), Haututanga (leadership), Tatari kaute (audit), Tikanga (practises), Te Reo (language) Whakatairanga (materials and marketing) and Pia (internship). The Bupa NZ Māori Health Strategy aligns with the Ngā Paerewa Health and Disability Standard (HDSS) 2021.</p> <p>The service currently has residents and staff who identify as Māori. The service has linkages with the local iwi; Te Kawerau a Maki and Support is available for residents if required. A list of Māori groups and healthcare providers is available to staff, residents and family/whanau. A staff member acts as a Māori community liaison who connects with the community groups.</p> <p>The Māori Health strategy supports increased recruitment of Māori employees, by embedding recruitment processes that utilise te reo and engage with local iwi for recruitment strategies at a local level. Ethnicity data is reported in individual’s dashboards to monitor success. The service demonstrates they support increasing Māori capacity by employing Māori applicants when they do apply for</p>

		<p>employment opportunities.</p> <p>Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and authority in decision-making that supports their health and wellbeing. The Towards Māori health equity policy reflects Bupa NZ's commitment to supporting the best health outcomes for Māori and guidance for their employees on developing cultural safety and Māori health equity.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, evidenced in interviews with five residents (two hospital, three rest home) and seven family/whānau members (two hospital, one rest home, three dementia level and one psychogeriatric), management (one quality partner, one general manager, one business coordinator and one acting unit coordinator) and fifteen staff interviewed (seven caregivers, one activities coordinator, one kitchen manager, four registered nurses, a physiotherapist assistant and a maintenance person) described how the delivery of care is based on each resident's values and beliefs.</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.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>During the admission process, the resident's whānau are encouraged to be present to assist with identification of all needs including cultural beliefs. On admission all residents' ethnicities are captured. Individual cultural beliefs are documented for all residents in their care plan and activities plan. Cultural awareness training introduced the staff to components of the Fonofale of Pacific health mode of care. There are both residents and staff of Pasifika descent.</p> <p>The Bupa organisation developed of a comprehensive Te Mana Ola: Pathways to Pacific Peoples Health Equity plan that sets the key direction and long-term priorities to achieve equity in Pacific health and wellbeing outcomes. Bupa partners with a Pasifika organisation and/or individual to provide guidance. The service links with Pasifika groups in the local community facilitated by current staff members. The service is able to access pamphlets and information on the</p>

		<p>service in most Pasifika languages, and these are displayed at the entrance to the facility. The acting unit coordinator and regional operations manager confirmed how they encourage and support any staff that identify as Pasifika through the employment process. On interview, a Pasifika staff member confirmed they are welcomed and supported by management to attain qualifications, including dementia unit standards.</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>	<p>FA</p>	<p>Bupa policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families/whānau. The Code is displayed in multiple locations in English and te reo Māori. The acting unit coordinator, the general manager or registered nurses (RNs) discuss aspects of the Code with residents (where appropriate) and their family/whānau on admission. Information about the Nationwide Health and Disability Advocacy is available on the noticeboards in each wing and in the information packs provided. Other formats are available such as information in te reo Māori, and Pacific languages.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive education in relation to the Code at orientation and through the annual education and training programme. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in</p>	<p>FA</p>	<p>Caregivers and registered nurses (RNs) interviewed described how they support residents to choose what they want to do and provided examples. Residents and family/ whānau interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice</p>

<p>a way that is inclusive and respects their identity and their experiences.</p>	<p>over what activities they wished to participate in. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Residents are encouraged to have control and choice over activities they participate in, as evidenced in resident care plans.</p> <p>The Bupa annual training plan includes dignity and respect, the Bupa code of conduct, privacy, and also person first training. A sexuality and intimacy policy is in place. Staff receive training on sexuality and intimacy as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, church services are available according to resident need, and spiritual support is available.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented.</p> <p>Residents' files and care plans identified resident's preferred names.</p> <p>Caregivers interviewed described how they use common te reo Māori phrases when speaking with Māori residents and for everyday greetings. Te reo Māori signage was evident in a range of locations. Cultural training sessions which incorporate Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living & non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.</p>
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<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Bupa Glenburn policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of ethnicities. Cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff received Code of Conduct training through Bupa Learn platform. There is a safe anonymous pathway for staff to report issues related to racism and harassment, and the Māori Health Equity policy addresses institutional racism.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds through an external agency. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The service promotes a strengths-based and holistic model 'Person First Care' to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes. On interview care staff confirmed an understanding of holistic care for all residents. includes recognition of explicit and non- explicit bias and supports the recognition and reduction of bias in health care.</p>
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<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Resident/family meeting minutes identifies feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). Ten accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through interviews. The activity team send regular newsletters to keep them informed of what has been happening around the facility and what is planned.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English; however, staff interviewed advised they have used hand and facial gestures in addition to word cards, and family members acting as translators when required with previous residents.</p> <p>Non-subsidised residents (or their appointed representative) are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services. The management team holds one to two weekly head of department meetings to enhance internal communication and facilitate a holistic approach to care. There are also weekly clinical review meetings to ensure the needs of all residents are discussed and communicated between the RNs and the management team. The registered nurses described an implemented process around providing residents and families/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
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<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent which are implemented. Resident files reviewed included appropriately signed general consent forms. The resident and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. The advance directive policy is understood and implemented.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines and welcoming the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files and were activated for all residents deemed no longer competent, residents receiving dementia level care and psychogeriatric care.</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 equitable and is provided to residents and family/whānau on entry to the service. The acting unit coordinator maintains a record of all complaints and logs all negative feedback as a complaint to ensure that there is a documented follow up to the complainant's satisfaction, by using an electronic complaint register. The service logs all negative feedback (including those received through survey) as complaints and follow each complaint / negative feedback individually.</p> <p>There were 32 complaints / negative feedback year to date since the previous audit. The complaints included an investigation, follow up, and reply to the complainant. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted). Documentation demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>One complaint was received through HDC in August 2021 which was closed in August 2024. None of the complaints/ negative feedback received were related to the HDC complaint, and there were no</p>

		<p>issues identified in relation to the complaint in this audit. Training has been provided following the HDC complaint and is ongoing as part of the education plan.</p> <p>The welcome pack includes comprehensive information on the process for making a complaint. Interviews with residents and family/whānau confirmed they have been provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility.</p> <p>A suggestions box is adjacent to where the complaints forms are held. The contact details for a resident advocate from advocacy services is posted in large print on resident noticeboards. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The general manager is aware of the preference for face-to-face communication with people who identify as Māori. Residents and whānau interviewed confirm the management are open and transparent in their communications.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Glenburn Rest Home & Hospital is part of the Bupa group of facilities. The service is certified to provide psychogeriatric, hospital (medical and geriatric), rest home care and dementia levels of care. There are 26 rest home beds, 52 hospital level beds, 12 secure dementia unit beds and 13 secure psychogeriatric beds.</p> <p>On the day of the audit, there were 93 residents: twelve in the psychogeriatric (PG) service. All residents in the PG unit were on the age related hospital specialised service (ARHSS) contract. There were eleven residents at dementia level of care: 48 hospital residents including three residents on a younger person with a disability (YPD) contract and four residents on a long term support-chronic health conditions (LTS-CHC) and 22 rest home residents. All residents apart from the LTS-CHC and YPD residents were under the age-related residential care contract (ARRC).</p> <p>Bupa has an overarching strategic plan in place with clear business goals to support their person-centred philosophy of ‘Helping people live longer, healthier, happier lives and making a better world. We take pride in endeavouring to delivering quality care with a personal</p>

	<p>touch.’ The business plan includes a mission statement and operational objectives with site specific goals. The Bupa executive team reports to Asia Bupa based in Melbourne. There is a New Zealand based managing director that reports to a New Zealand based Board. The operations manager reports to the national operations director. The Bupa Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The governing body of Bupa consists of directors of clinical, operations, finance, legal, property, customer transformation, people, risk, corporate affairs, and technology. This team is governed by Bupa strategy, purpose, and values. Each director has an orientation to their specific role and to the senior leadership team. The directors are knowledgeable around legislative and contractual requirements and are experienced in the age care sector.</p> <p>The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with the vision of the Ministry of Health for Healthy futures for Māori, which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. Bupa NZ is committed to supporting the best health outcomes for Māori and guidance for their employees by developing cultural safety awareness around Māori health equity, and disparities in health outcomes, including in aged residential care. The Towards Māori Health Equity policy states Bupa is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collective needs of residents who identify as Māori, to ensure they live longer, healthier, happier lives.</p> <p>Bupa has engaged with a cultural advisor to work alongside the Bupa Leadership team. Bupa leadership team has undertaken the Te Kaa Māori immersion training programme. Additional training has been undertaken by the leadership team to ensure competence with Te Tiriti, health equity, and cultural safety through shared learning, presentations at leadership team meetings and completion of online modules. The cultural advisor collaborates with the Boards and senior management in business planning and service development to improve Māori and tāngata whaikaha health outcomes. Tāngata whaikaha provide feedback around all aspects of the service, through</p>
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		<p>resident meetings and satisfaction surveys, which provides the opportunity to identify barriers and improve health outcomes.</p> <p>Bupa has a clinical governance committee (CGC), risk and governance committee (RGC), a learning and development governance committee and a work health safety governance committee where analysis and reporting of relevant clinical and quality indicators is discussed in order to improve. The clinical services director chairs the clinical governance committee (CGC) with oversight from Bupa's second line clinical governance and compliance team and the chief medical officer. The clinical support improvement team (CSI) includes clinical specialists in restraint, infections and adverse event investigations and a customer engagement advisor, based in head office. The organisation benchmarks quality data with other New Zealand aged care providers. Each region has a clinical quality partner who support the on-site clinical team with education, trend review and management.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in the bi-monthly quality meetings, and there are quality action forms that are completed for any quality improvements/initiatives during the year.</p> <p>The service is in the process of recruiting for a clinical manager and at the time of audit clinical governance was provided by a relieving unit coordinator and the experienced quality partner. The GM is also supporting this role from management perspective as she is a non-practicing RN.</p> <p>The general manager and quality partner (an RN) has completed more than eight hours of training related to managing an aged care facility and includes Bupa regional managers forums, the Māori health plan, pandemic and infectious disease planning and infection control teleconferences.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe,</p>	<p>PA Moderate</p>	<p>Glenburn Rest Home & Hospital is not consistently implementing the Bupa quality and risk management programme. The quality and risk management systems include performance monitoring through</p>

<p>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>internal audits and through the collection of clinical indicator data. The 2024 have been reviewed and 2025 quality goals are documented the previous year's goals of reducing restraint and falls reduction have been continued and new goals include reduction of antipsychotic medication and development of cultural champions. All staff have completed cultural safety training to ensure a high-quality service is provided for Māori. The management team reported that high-quality care for Māori is embedded and achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff (including a senior RN). Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity.</p> <p>A range of meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education and meetings have consistently taken place. Internal audits, meetings, and collation of data were documented as taking place; however, corrective actions were not consistently documented where indicated to address service improvements.</p> <p>Quality goals and progress towards attainment are discussed at monthly management reports. Benchmarking occurs on a national level against other Bupa facilities.</p> <p>Resident family satisfaction surveys are managed by head office who rings and surveys families/whānau. The 2024 quarter one resident/family satisfaction surveys have been correlated and analysed at head office and indicate that residents have reported variable levels of satisfaction with the service provided examples include: improvements from 2023 around meals activities and friendly staff, culture has scored less than 2023 good quality care, meals, and activities. Results have been communicated to residents in the quarterly resident/family meetings, and monthly newsletter (sighted). A 'you said – we did' summary for each survey is prominently displayed in the facility, to ensure resident and family wishes are acted upon. An action plan has been documented and in progress at time of report.</p> <p>There are procedures to guide staff in managing clinical and non-</p>
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	<p>clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. New policies or changes to policy are communicated and staff sign as acknowledgement.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. The Bupa overarching health and safety goals document evaluation and progress towards goals. Glenburn Rest Home & Hospital health and safety goals are linked the overarching Bupa goals are documented and evaluation/ progress towards meeting goals has been documented. The elected health and safety representatives have achieved relevant unit standards via external training. An up-to-date hazard register was sighted. Health and safety policies are implemented and monitored by the health and safety committee. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented. There were no serious work-related staff injuries.</p> <p>Electronic reports are completed for incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. Incident and accident data is collated monthly and analysed; however, not all incidents have been evidenced as reported. The system generates a report that goes to each operational team/governance team, with automatic alerts depending on the risk level. Results were evidenced in the available quality and staff meetings and at handover.</p> <p>Discussions with the general manger evidenced awareness of Bupa's requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications submitted appropriately for missing residents and a coroner's inquest. A new secure fence has been erected in the secure unit for the absconding resident with good results. An internal investigation for the coroner's notification included additional training for staff around management of medical emergencies (November 2024, and management of choking October 2024). Notifications to the Health Quality and Safety Commission include two pressure injuries for 2024, and four pressure</p>
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		<p>injuries for 2023; however, not all notifications have been documented as taking place.</p> <p>There have been three covid outbreaks since the previous audit which were appropriately notified and one in progress at the time of audit.</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 staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The service is currently recruiting for a clinical manager and a unit coordinator is acting in the role in the interim. At the time of audit, the acting clinical manager was on leave and another acting unit coordinator was leading clinical governance for the service. She is well supported in the role by an experienced RN who was previously a unit coordinator at the service. This RN is supernumerary whilst the clinical manager position is vacant. The quality partner is also on site in a supportive role. All on call is managed by the general manager and the acting clinical team.</p> <p>There is an annual education and training schedule documented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. Training around Te Tiriti/ cultural safety, code of rights and privacy have been provided as per schedule. Training has been provided in April 2024 in relation to pressure injury prevention and management, assessing and understanding skin and staging of pressure injuries.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. The Bupa orientation programme qualifies new caregivers at a level two NZQA. Of the 13 caregivers who work in the dementia and PG unit 13 have all unit standards, the remainder are enrolled and in progress. All have been in employment at the service for less than 12 months. All</p>

		<p>RNs are also enrolled for the unit standards. Person first, managing behaviours that challenge and dementia training has all been provided during 2024 to ensure staff have a good grounding in dementia care.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to) restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Additional RN specific competencies include (but are not limited to) syringe driver, and interRAI assessment competency. There are 12 RNs and one EN including the acting unit coordinator. All registered nurses are interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year and to commence and complete a professional development recognition programme (PDRP). External training opportunities for care staff include training through hospice. A record of completion is maintained on an electronic register.</p> <p>A 'management of agency staff' policy is documented for the organisation. If the agency nurse has never worked in the care home before, a 'bureau staff information booklet' is provided to them. Orientation including health and safety and emergency procedures are the responsibility of the delegated person on duty. Agency contracts indicate the requirements to be met by the agency regarding meeting specific competencies. Staff wellness is encouraged through participation in health and wellbeing activities of the 'take five' Bupa wellness programme. Staff welfare is promoted through provision of regular cultural themes and shared meals at staff meetings. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations.</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. The Bupa recruitment team advertise for and screen potential staff, including collection of ethnicity data. Bupa has commenced the process of formally collecting ethnicity data on existing staff. Once applicants pass screening, suitable applicants are interviewed by the general manager. Eleven staff files reviewed evidenced implementation of the</p>

<p>capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>recruitment process, employment contracts, police checking and completed orientation. Staff sign an agreement with the Bupa code of conduct. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. All staff who have been employed for over one year have an annual appraisal completed.</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.</p> <p>The service has no volunteers currently; however, an orientation programme and policy for volunteers is in place. Information held about staff is kept secure and confidential. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained electronically and in hard copy. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Bupa business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be</p>

		viewed by other residents or members of the public. The service is not responsible for National Health Index registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There is a policy for managing inquiries and entry into the service. Entry criteria include a requirement to be needs assessed for rest home, hospital, psychogeriatric or dementia level care. Authority from the needs assessment and service coordination (NASC) team were sighted in residents' files. There is accurate information about the facility and services available on the Bupa Glenburn website and in an information pack. Entry criteria are communicated to referrers, prospective residents and their family/whānau and to local communities and health care providers.</p> <p>Prospective residents and their family/whānau can visit or call any time and the care home manager will complete an enquiry form and discuss their needs, including cultural, physical, psychosocial and spiritual. Prospective residents and their family/whānau are given a tour of the facility and meet the staff on duty and where possible are able to choose their room. Residents and families/whānau interviewed confirmed the entry process was well explained, went smoothly and feel they are treated with respect and dignity at all times. Where there are delays to entry such as waiting for an available bed, they are kept updated. If the prospective resident does not meet the entry criteria, they are informed of the reason, advised of other options and referred back to the referrer.</p> <p>Enquiry and admission information includes ethnicity and is entered into the electronic system where Bupa monitors entry and decline rates. The service has existing engagements with local Māori communities, Māori leaders, health practitioners, and organisations to support Māori individuals and whānau. Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know</p>	PA Moderate	Ten resident files were reviewed including two rest home level, four hospital level (one resident on a YPD contract and one on a LTS

<p>what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>CHC contract), two psychogeriatric level residents and two dementia level residents. Registered nurses are responsible for all assessments including interRAI assessments and care planning. A physiotherapist is contracted for eight hours per week and has input into mobility and falls prevention and a physiotherapy assistant is employed to assist in implementation of the physiotherapist’s mobility or exercise plan. The activities coordinator develops the activities plan which is informed by residents and family/whānau and a “map of life” which identifies the resident’s life experiences and significant people. Resident files have evidence of resident and family/whānau input in assessments and care planning and those interviewed confirmed they are involved at each stage from assessment to care planning to evaluation. Initial assessments, interim care plans, interRAI assessments and long-term care planning are completed within the timeframes required by the ARRC and ARHSS contracts.</p> <p>Medical assessments are completed by either the contracted general or nurse practitioner within the required timeframes. Residents then have a three-monthly review by the general or nurse practitioner as a routine, or if their needs change, they are seen when needed. The general practice provides 24-hour and seven day per week on call services. The general practitioner confirmed staff work collaboratively and inform them in a timely manner when there are changes. Māori and Pasifika residents undergo a cultural assessment and residents and family/whānau interviewed confirmed their extensive input into this. The service facilitates access to traditional Māori health practitioners as needed. Residents have access to a visiting podiatrist.</p> <p>Review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system. All residents are assessed on the interRAI system including residents on the YPD and LTS-CHC contracts. Where interRAI shows a trigger for a specific need, this is included in care plans. Care plans are comprehensive, holistic and cover all assessed medical, social cultural and religious preferences. Māori and Pasifika have specific cultural care plans that outline their cultural preferences and needs. Care plans include the goals and aspirations of residents and describe the interventions required to achieve these. Where there is a potential for a risk for a resident, such as a change in mood, challenging behaviour or</p>
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	<p>hypoglycaemia, the early warning signs are documented and communicated to staff. Care plans, assessments and progress notes are recorded on an electronic system.</p> <p>Registered nurses and caregivers described how they involve residents and families/whānau in implementing care plans. Residents and families/whānau interviewed confirmed they feel staff involve them and communicate well with them and are supported to achieve their own pae ora outcomes. They stated staff are respectful, caring and respond to their needs in a timely manner.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of resident's change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Families and whānau are invited to either attend care plan reviews or to email any suggestions if they are unable to attend. Care plan reviews include a review of the residents' goals and aspirations and if the supports given are helping to achieve these. Where a resident's progress is different from expected, the family/whānau is informed and the care plan is updated. Short-term care plans are developed for short-term needs such as wounds and infections.</p> <p>At the time of the audit there were 12 wounds being treated including three pressure injuries (one stage four, one stage three and one unstageable). The wound register does not accurately identify the type of wound or the category as one wound identified as a sacral split is a stage four pressure injury and one was listed as a stage one pressure injury; however, photographic evidence shows the wound is unstageable. Wound management is according to acceptable practice. The wound nurse specialist has had input into the management of the stage four pressure injury and a specialised dressing and equipment are in use. Photographs are taken showing how the wounds are tracking, and wound care is planned. Evaluations occur at every dressing change.</p> <p>Staff reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes are completed each shift by the caregivers and daily by the registered nurse. If there is a change in the condition of a resident, the</p>
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		<p>registered nurse is informed, undertakes an assessment and updates the care plan if needed. A multidisciplinary approach promotes continuity in service delivery, including the general and nurse practitioner, registered nurses, physiotherapist, activities staff, kitchen staff, and other allied health team members, residents, and family/whānau.</p> <p>The following monitoring charts are mainly completed: weight, monthly as a routine or more often if indicated; blood glucose; behaviour; positioning; bowels; and food and fluids (see tracer methodology rest home level resident). A policy guides staff in completing neurological observations for unwitnessed falls or head injuries; however, review of resident files evidenced neurological observations are not always completed according to the policy. Incident reports reviewed evidenced timely nursing follow up.</p> <p>The Māori health plan supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the care plan for Māori. The acting unit coordinator reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. Staff confirmed they understood the process to support residents and family/whānau. Residents who identify as Māori confirm their cultural identity is respected and their needs are met. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. 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>	FA	<p>The activities programme is delivered by a registered diversional therapist, who is assisted by three activities assistants. Activities are provided seven days per week. Review of resident files shows activities plans are informed by using information from the map of life (significant people and life events for each resident, cultural preferences, previous employment, interests and hobbies, and input from family and whānau. Bi-monthly resident meetings provide an opportunity for residents to have a say in the activities programme and the activities coordinator gets ongoing feedback from residents in</p>

		<p>conversation.</p> <p>Review of the activities schedule shows a broad range of activities are provided including physical exercises to enhance strength and balance, chair exercises and floor and table games. Cognitive activities include simple word games, quizzes, newspaper reading and board games. Social activities include happy hour, outings in the community and activities themed each month including Easter, Christmas, Matariki, and Te Wiki o Te Reo Māori as examples. Cultural events such as Samoan and Māori language weeks, Chinese New Year and Diwali are celebrated, and residents are provided with cultural food such as chop suey and dumplings as examples. A catholic priest visits monthly, a seventh day Adventist church visits every two weeks and the Legion of Mary visit two weekly to provide church services. Residents (where able) are taken out to church and other venues by family and whānau. Residents prepare a range of food including toasted sandwiches and cakes as examples. Photographic evidence was sighted of the range of activities provided.</p> <p>Outings occur weekly in the van; examples of venues visited include parks, cafes, mall for shopping, Costco, strawberry picking, butterfly park, Herald Island, Mission Bay, the Parnell rose garden, Auckland Museum and domain, airport and Cornwall Park. During the school term school groups, kindergarten groups and kapa haka groups visit. Pet therapists visit weekly and sometimes residents are taken out to Ambury farm and the bird sanctuary. Residents who identify as Māori are supported to participate in te ao Māori by maintaining connections with whānau and hapū. Specific Māori activities are provided including weaving, Matariki stars for remembrance, simple Māori words, waiata singing and provision of fried bread.</p> <p>Individual activities include reminiscing, pampering, exercises, hand massage and listening to the resident's preferred music. A record of individual activities is recorded in the progress notes. Photographic evidence of the range of activities was sighted.</p> <p>Activities in the dementia and psychogeriatric units are tailored to individual residents and include walks, doll therapy, calming music, console and ball games and mindful colouring. Residents in the dementia and psychogeriatric units are able to attend when there are</p>
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		<p>entertainers if appropriate. They are accompanied by staff. During the audit both units were observed to be calm and residents were engaged in activities and conversations. Residents interviewed expressed they enjoyed the activities programme and were observed to be participating during the audit.</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>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic packs. The general or nurse practitioner completes three-monthly medication reviews. A medication round was observed in each area and seen to be safe. Medications are administered by registered and enrolled nurses and caregivers who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported in the electronic resident file and appropriate investigation and follow up is done.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy including checking against prescriptions. The effectiveness of pro re nata (prn) medications was consistently documented in the electronic medication management system and progress notes. Medicines were seen to be stored securely in the three medication rooms, locked medication trolleys and controlled drug safes. The medication refrigerators and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy. The controlled drug registers show compliance with the requirements.</p> <p>Twenty medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents so they understood what they</p>

		<p>were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>There are no residents who self-medicate; however, there is a process if required. There are no standing orders.</p> <p>Over-the-counter medications and supplements are considered by the general and nurse practitioner and where possible prescribed on the medication chart. Māori residents and whānau confirm they have access to their medications and are aware of the indications and potential side effects.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All food is prepared and cooked onsite by a trained chef and a total of seven kitchen assistants. The food services manual was reviewed and kept in the kitchen. Meals are plated in the kitchen transported by hotbox to each dining room. The temperatures of hot food are recorded. The kitchen was observed to be clean, well-organised and well equipped. There is an approved food control plan in place that is current until 22 September 2025. Dry food is stored in a walk-in pantry in closed containers labelled with the date of opening. The four-weekly seasonal menus have been reviewed by a dietitian. There are two options for meals.</p> <p>Dietary needs, preferences, dislikes, allergies, food textural requirements and food intolerances are identified on admission and reviewed six-monthly as part of the care plan review (or more often if the needs of a resident change). This information is communicated to the chef. Food is fortified as needed and nutritional supplements prescribed are provided. Food focus meetings with residents are held to obtain feedback on the food service. The kitchen manager meets with individual residents to discuss their personal preferences and dislikes. Modified plates and utensils are available. Nutritious morning and afternoon tea and supper is provided along with beverages. Additional snacks and beverages are available particularly in the dementia and psychogeriatric units.</p> <p>The chef on interview demonstrated their understanding of tikanga and confirmed they had been trained in cultural safety on orientation. Staff were observed wearing correct personal protective clothing in</p>

		<p>the kitchen. Residents participate in food preparation as part of the activities programme. Cultural food is provided including Māori kai, chop suey, Chinese dumplings and Indian food.</p> <p>Refrigerator and freezer temperatures are recorded daily and seen to be maintained within an acceptable range. Residents interviewed confirmed they have a variety of meals which they enjoy. Alternatives are available if they don't like what is on the menu. Feedback is obtained at residents meetings and residents and whānau are able to speak with the chef directly. During the audit the meal service was observed in each area. Residents are seated at tables with other residents having similar nutritional needs such as minced and moist. Staff were observed discreetly assisting residents as needed. Feedback from 2022 and 2023 showed 73% satisfaction with the meal service. The 2024 survey showed 86% satisfaction.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transition to another facility or hospital or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. If a resident becomes acutely unwell the registered nurse can call the general or nurse practitioner for advice. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Staff confirmed when a resident is transferred to hospital they send a summary of care needs, medication chart, legal documents and shared goals of care in a yellow envelope (Health New Zealand transfer documentation system) with ambulance staff.</p> <p>Residents and family/whānau interviewed confirmed staff facilitate their access to other healthcare providers including Māori health practitioners as needed. Records were sighted of attendance at clinic appointments at the public hospital, nurse specialist appointments and allied health appointments and. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with residents.</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>The building current warrant of fitness is current to 23 September 2025. Two maintenance people are employed to carry out planned and reactive maintenance who report to the regional asset manager. Compliance for the building warrant of fitness is contracted out. Testing and tagging of electrical equipment was last completed on 30 October 2024, and calibration and servicing of clinical equipment and hoists was last completed on 31 October 2024. The maintenance people undertake testing of the call bell system, hot water checks and maintenance of the building and grounds. Records of hot water checks show temperatures are maintained within an acceptable range.</p> <p>There are maintenance log books in each area for repair and maintenance requests located in the nurses' stations. This is checked daily and signed off when repairs have been completed. Essential contractors such as plumbers, boilers, refrigeration service people and electricians are available 24 hours a day as required. Staff interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, psychogeriatric and dementia level of care residents.</p> <p>A tour of the facility was conducted. The facility is on three levels. The sloping section mean that both the ground floor and first floor are at ground level. On the ground level is kōwhai and manuka wings for rest home and hospital. Residents can easily access the outdoor gardens which are well maintained. There are covered dining tables outside if residents chose to eat outside. Aroha is on the first level and have separate wings for dementia and psychogeriatric. These wings are secure, requiring passcode access and exit. Each area has a secure outside area with circular walking path, pleasant gardens, seating and shade. The second floor is titled rata and is for hospital level residents. There is a large deck outside with seating, shade, dining tables and gardens. All rooms throughout the facility have a handbasin and there are rooms in the hospital areas have an ensuite toilet. There are sufficient communal showers in each area. Each wing has a lounge, dining area and kitchenette. There are resident rooms which have a door to access the garden.</p>

		<p>The psychogeriatric and dementia units are secure and decorated in a homely manner with brightly coloured artwork. There are water coolers in each area for residents to access drinking water. Each unit has two lounging areas and a dining room. Showers and toilets have signs in words and pictures. Residents' rooms are individually identifiable to residents. Calming music was heard in each unit.</p> <p>The environment and setting were observed to be culturally safe for Māori and family/whānau, and Māori residents had their artwork displayed inside their rooms. All bedrooms and communal areas have ample natural light and ventilation. There is underfloor heating and fans placed throughout to enhance ventilation from windows. Corridors are wide in hospital, psychogeriatric and dementia areas. Safety rails are in all hallways and the facility allows safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>All rooms are single and spacious. The rest home rooms are smaller but sufficient for safe mobility and storage of residents' belongings. There is ample space in hospital areas to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have plenty of space to provide care to residents. Residents are encouraged to personalise their bedrooms with personal, cultural and spiritual belongings as viewed on the day of audit. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs if required. There are signs on all shower/toilet doors. The visitor's toilet is situated beside the reception. The facility is non-smoking inside and there is a dedicated smoking area outside for residents who smoke.</p> <p>There is a process in place to consult with Māori should any changes to the facility be planned.</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</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, dated 30 August 2001. A fire evacuation drill is repeated six-monthly with the last one being held on 2 October 2024. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The maintenance person checks the civil defence supplies three-monthly. In the event of a power outage Bupa have generators that can be delivered. The facility also has an agreement with a local company to hire a generator if needed. There are gas barbeques. There are sufficient food stocks for three days if needed.</p> <p>There are adequate supplies in the event of an emergency including a 3000-litre water tank. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. The registered nurses, enrolled nurses and a selection of caregivers hold current first aid certificates, ensuring there is a first aid trained staff member on duty 24/7. The call bell system is monitored for response times. Call bells are in each bedroom, ensuite and communal toilets and showers. Indicator lights are displayed above resident doors and on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, staff complete security checks at night and a security company does checks each night. There is closed circuit television in six external areas.</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</p>	<p>FA</p>	<p>A registered nurse with 16 years of experience in the role undertakes the role of infection control officer to oversee infection control and prevention across the service. The job description outlines the responsibility of the role. The organisational infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually by the infection</p>

<p>the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>control and prevention specialist at Bupa head office, who reports to and can escalate any significant issues to board level. Documentation review evidenced recent outbreaks were escalated to the executive team within 24 hours. Bupa has monthly and sometimes weekly infection control teleconferences for information, education and discussion and updates, should matters arise in between scheduled meeting times. Infection rates are presented and discussed at infection control meetings. Infection prevention and control are part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Health New Zealand, in addition to expertise at Bupa head office. Residents and staff are offered influenza and Covid-19 vaccinations. Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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>FA</p>	<p>The designated infection officer is supported by the clinical team and Bupa infection control lead. The service has a Covid-19 and pandemic response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and Covid-19 positive tests. There are outbreak kits readily available, and a personal protective equipment (PPE) cupboard and trolleys set up ready to be used. The PPE stock is regularly checked against expiry dates. There are supplies of extra PPE equipment available and accessible. The Bupa infection control lead and the infection control officer have input into the procurement of good quality PPE, medical and wound care products.</p> <p>The infection control officer has completed courses in the basics of infection control, Ministry of Health online learning, and other training through Health New Zealand. There is good external support from the GP, laboratory, and the Bupa infection control lead.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed quarterly by Bupa in consultation with infection control</p>

		<p>coordinators/officers. Policies are available to staff. Aseptic techniques are promoted through handwashing, and sterile single use packs for catheterisation and wound care, to create an environment to prevent contamination from pathogens to prevent healthcare-associated infections. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. Infection control is included in the internal audit schedule and evidenced full compliance. Hospital acquired infections are collated along with infection control data.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic response (including Covid-19) and staff were informed of any changes by noticeboards, handovers, toolbox talks, text message and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau are kept informed and updated on Covid-19 policies and procedures through emails.</p> <p>The service incorporates te reo information around infection control for Māori. Posters in te reo are in evidence throughout the facility and additional information in te reo Māori is readily available. The Māori health strategy includes the importance of ensuring culturally safe practices in infection prevention. The infection control officer has access to a Māori health advisor as needed as well as a team leader who is fluent in te-reo Māori. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi. There are no plans to change the current environment; however, the organisation will consult with the infection control coordinator if this occurs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</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, prescriptions, and medical notes. Antibiotic use</p>

<p>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>and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort.</p> <p>The service has implemented plans to reduce the use of antimicrobial in association with the nurse practitioner. Monthly reports document that the use of antimicrobials has steadily reduced over the last three months to nil in January.</p> <p>Infection rates are monitored monthly and reported in a monthly quality report and presented at meetings. The Bupa infection control lead is responsible for collating and analysing the electronic medication management system with pharmacy support.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Monotherapy and narrow spectrum antibiotics are preferred when prescribed.</p>
<p>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 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. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand.</p> <p>There has been three covid outbreaks since the previous audit and one covid out break at the time of audit. Appropriate management was in place, with Health New Zealand, and Public Health being appropriately notified. There was evidence of regular communication with the Bupa infection control lead, clinical director, aged care portfolio manager Health New Zealand infection control nurse</p>

		specialist. Daily outbreak management meetings and toolbox meetings (sighted) capture `lessons learned` to prevent, prepare for and respond to future infectious disease outbreaks. Outbreak logs are completed. Staff confirmed resources, including PPE, are plentiful.
<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>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms (with sanitisers) in each wing with personal protective equipment available, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There is a laundry in the service area of the facility. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. There are two commercial washing machines and two dryers. Material safety datasheets are available, and all chemicals are within closed systems. All laundry is processed on site by dedicated laundry assistants seven days per week.</p> <p>Cleaners' trolleys are attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The numerous linen cupboards were well stocked. The washing machines and dryers are checked and serviced regularly. Laundry staff have also completed chemical safety training.</p> <p>The staff interviewed had good knowledge about cleaning processes and requirements relating to infection prevention and control.</p>
Subsection 6.1: A process of restraint	FA	The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to providing a restraint-free

<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>environment. This is supported by the governing body and management staff. At the time of the audit there was one hospital level resident using a bedrail restraint.</p> <p>A registered nurse is the delegated restraint coordinator. A job description is in place. The manager reports monthly to the board on restraint minimisation and the latest restraint reports for 2024 were sighted. There is a restraint committee consisting of the restraint coordinator, registered nurse and caregiver. The committee meets monthly and meeting minutes were sighted for January 2025 and November and December 2024.</p> <p>The policy requires staff to explore all alternatives prior to the use of restraint and any decisions must be in consultation with families/whānau. There is a documented approval process in the policy. When restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for residents using restraint, included processes and resources for assessment, authorisation and consent, monitoring, and evaluation. The restraint approval process includes the resident, enduring power of attorney/welfare guardian, general or nurse practitioner and restraint coordinator.</p> <p>Restraint related training which includes policies and procedures related to restraint, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation. Staff have completed the annual restraint competency. A restraint audit is completed six-monthly, and any corrective actions are completed.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions,</p>	<p>PA Moderate</p>	<p>The policy outlines the process for approval of restraint that meets the requirements of the standard. The restraint minimisation and safe practice policy specifies where a resident is considered incompetent to give consent, the enduring power of attorney is required to sign their consent for the use of restraint. Review of the resident's file shows there is insufficient evidence to show the required approval and consent processes were followed as per policy. Care plans include the use of restraint and interventions required for monitoring</p>

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

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	<p>PA</p> <p>Moderate</p>	<p>Bupa works to ensure clinical safety and adherence to quality systems and goals with a robust audit system and additional reviews and actions plans from the quality partner. A range of meetings provide an avenue for discussions and meetings have consistently taken place. Internal audits, meetings, and collation of data were documented as taking place; however, corrective actions were not consistently documented where indicated to address service improvements. Discussion with the quality partner and review of emails documents that senior clinical governance is aware of and has communicated issues such as an action plan needed to address concerns around pressure injuries and</p>	<p>Senior clinical governance action plans to address to address concerns around pressure injuries and information provided during handover have not been documented as taking place by the service.</p>	<p>Ensure that concerns and issues raised are documented as acted upon.</p> <p>60 days</p>

		information provided during handover; however, this is not always documented as taking place by the service.		
<p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	PA Low	<p>Electronic reports are completed for incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. Incident and accident data is collated monthly and analysed; however, a review of individual resident files evidenced that not all incidents have been evidenced as reported.</p>	<p>Two pressure injuries have deteriorated to stage four and unstageable respectively were not evidenced as being reported to the HQSC.</p>	<p>Ensure that all incidents are reported according to policy and that HQSC is informed as appropriate.</p> <p>60 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all</p>	PA Moderate	<p>Care plans are comprehensive and developed on partnership with residents and family/whānau. Māori and Pasifika have specific cultural care plans that outline their cultural preferences and needs. Care plans include the goals and aspirations of residents and describe the interventions required to achieve these. Where there is a potential for a risk for a resident, such as a change in mood, challenging behaviour or hypoglycaemia, the early warning signs are documented and communicated to staff.</p> <p>Residents and families/whānau interviewed confirmed they feel staff involve them and communicate well with them and are supported to</p>	<p>i). There was no evidence of interventions documented for management of a resident with Covid 19.</p> <p>ii). There were no individualised pressure injury prevention interventions documented for a resident who has an unstageable pressure injury. This resident has a history of facility acquired pressure injuries.</p>	<p>i). Ensure care interventions are documented to guide staff on the management of Covid-19.</p> <p>ii). Ensure individualised pressure injury prevention and management interventions are documented for all residents who have pressure injuries and are at risk of developing pressure injuries.</p> <p>60 days</p>

<p>settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>		<p>achieve their own pae ora outcomes. Residents and family/whānau stated staff are respectful, caring and respond to their needs in a timely manner; however, not all interventions documented in the residents care plans were detailed and current to meet residents current needs.</p>		
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p>	<p>PA Moderate</p>	<p>Staff reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident’s condition. Progress notes are completed each shift by the caregivers and daily by the registered nurse. If there is a change in the condition of a resident, the registered nurse is informed. A multidisciplinary approach promotes continuity in service delivery, including the general and nurse practitioner, registered nurses, physiotherapist, activities staff, kitchen staff, and other allied health team members, residents, and</p>	<p>i). Three of three residents with an unwitnessed fall did not have neurological observations taken according to the frequency and duration required in the policy.</p> <p>ii). Review of event reports and wound assessments for one resident with an unstageable pressure injury show different dates the wound was first identified so it was unclear when the pressure injury developed. This resident had had multiple pressure injuries in the time they had been in the facility.</p> <p>iii). Review of wound</p>	<p>i). Ensure neurological observations are recorded as per policy.</p> <p>ii).- iii). Ensure all wound documentation is accurately recorded, wounds are classified accurately and pressure injuries are identified and correctly staged.</p> <p>iv). Ensure the wound register is maintained and is reflective of the wounds being treated.</p>

<p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>family/whānau.</p> <p>A suite of monitoring charts are available for staff to utilise including (but not limited to) weight, monthly as a routine or more often if indicated; blood glucose; behaviour; positioning; bowels; and food and fluids. A policy guides staff in completing neurological observations for unwitnessed falls or head injuries, however review of resident files show neurological observations are not always completed according to the policy. Incident reports reviewed evidenced timely nursing follow up.</p> <p>A wound register is documented; however, this is not always reflective of the wounds being treated. Not all wounds are identified accurately, and not all pressure injuries are identified or staged accurately.</p>	<p>assessments show inconsistency in assessment and categorisation of wounds. One resident had an ulcer which in other assessments were identified as a venous ulcer and in others an arterial ulcer.</p> <p>iv). The wound register is inaccurate. One wound is listed as a sacral split; however, was identified as a stage four pressure injury and another wound was listed as a stage one pressure injury; however, photographic evidence shows it is an unstageable pressure injury.</p>	<p>60 days</p>
<p>Criterion 6.2.1</p> <p>The decision to approve restraint for a person receiving services shall be made:</p> <p>(a) As a last resort, after all other interventions or de-escalation strategies have been tried or implemented;</p> <p>(b) After adequate time has been given for cultural assessment;</p> <p>(c) Following assessment, planning, and preparation, which includes available resources able</p>	<p>PA Moderate</p>	<p>Review of the resident file in restraint did not have a record of approval of use of the restraint. The file did include a review of restraint that included the use of sensor mats and using a bed that can be positioned close to the floor. Staff stated consent was obtained from the family/whānau; however, this was not sighted in the resident's file.</p>	<p>There was no record of restraint approval in the resident's file and no evidence of consent being obtained from family/whānau.</p>	<p>Ensure restraint approval is according to the policy and a record is maintained in the resident's file.</p> <p>60 days</p>

<p>to be put in place; (d) By the most appropriate health professional; (e) When the environment is appropriate and safe.</p>				
<p>Criterion 6.2.2 The frequency and extent of monitoring of people during restraint shall be determined by a registered health professional and implemented according to this determination.</p>	<p>PA Moderate</p>	<p>The restraint coordinator determines the frequency and extent of monitoring which is two-hourly for bedrails. Monitoring is to include physical cares such as toileting, change of position and provision of food and fluids, and monitoring the psychological, and wairuatanga of the resident. Staff are required to document the times restraint is applied and released and the cares given in the electronic system.</p>	<p>Review of monitoring records show monitoring frequency is not always recorded according to the care plan with up to four-hourly intervals.</p>	<p>Ensure monitoring frequency is according to the care plan. 30 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.