

# Bupa Care Services NZ Limited - Te Puke Country Lodge

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Bupa Care Services NZ Limited

**Premises audited:** Te Puke Country Lodge

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

**Dates of audit:** Start date: 21 July 2025 End date: 21 July 2025

**Proposed changes to current services (if any):** The service has decommissioned the building housing 38 dedicated rest home beds. All residents have transitioned out of the building to other Bupa facilities. This partial provisional audit verified that the remaining building with 34 hospital beds is suitable for dual purpose (hospital or rest home level of care), with bedrooms currently being refurbished to premium dual-purpose rooms. One lounge has been converted to a dual-purpose bedroom. As a result of the reconfiguration, the total bed numbers changed from 72 to 35, with all now dual-purpose rooms.

**Total beds occupied across all premises included in the audit on the first day of the audit: 21**

# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

Bupa Te Puke Country Lodge Care Home (hereafter Bupa Te Puke) is in Te Puke, Bay of Plenty. The service is certified to provide care for hospital (geriatric and medical) and rest home levels of care. The service has decommissioned the building housing 38 dedicated rest home beds. All residents have transitioned out of the building to other Bupa facilities. There are currently 21 residents in the remaining 34 bed building, with rooms now verified as dual-purpose (hospital or rest home level of care), with bedrooms currently being refurbished to premium dual-purpose rooms. One lounge has also been converted to a dual-purpose bedroom (verified at this audit). As a result of the reconfiguration, the total bed number has changed from 72 to 35 with dual-purpose rooms (previously certified for hospital level of care).

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included a review of relevant policies and procedures; a review of documentation related to the ongoing refurbishment; observations; and interviews with managers.

This partial provisional audit identified no shortfalls.

## **Ō tātou motika | Our rights**

Not Audited.

## **Hunga mahi me te hanganga | Workforce and structure**

The general manager and the clinical manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives. The partial provisional audit verified the reconfiguration and the service's ability as being suitable to provide rest home and hospital (geriatric and medical) level of care in the dual-purpose rooms.

There is a vision, values, and objectives relevant to the aged care facility operations and quality objectives.

There is a staffing and rostering policy. Some staff have been redeployed to the village, leaving the remaining staff at the facility. All staff employed have a comprehensive orientation and training plan documented. A transition plan is already being implemented.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

All meals are to be prepared on site. There are seasonal menus in place which have been reviewed by a dietitian, and a qualified chef provides oversight of food services. All kitchen equipment is operational. There are spacious dining areas to support rest home and hospital level residents. The menu has been reviewed by a dietitian and meets the required nutritional values. Alternatives are available for residents. A current food control plan is documented and registered.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are required to administer medications. Secure storage for medications is in place. An electronic medication system is used. There are no changes to management or administration of medication because of the verification of dual-purpose beds. There are no changes to food services as a result of the verification of dual-purpose beds.

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

The hospital wing is verified as suitable for dual purpose wings. All rooms are for single occupancy. There are communal spaces with access to the outdoors. All rooms have ensuites. Eleven of the verified dual-purpose rooms have been refurbished to offer as premium care rooms to date.

There is sufficient space to allow the movement of residents around the facility using mobility aids. Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are safe and easily accessible.

Documented systems are in place for essential, emergency and security services.

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

There is a suite of infection prevention and control policies and guidelines available electronically to support practice. This includes an antimicrobial stewardship programme, with responsibilities clearly defined. The infection prevention and control coordinator are responsible for surveillance of infections and to determine infection control activities, resources, and education needs within the facility. Orientation and training programmes include infection prevention and control.

There are documented processes for the management of waste and hazardous substances in place, with spaces to store chemicals safely throughout the facility. Documented policies and procedures for cleaning and laundry services are in place, with the managers interviewed confirming application and ongoing monitoring systems in place to evaluate the effectiveness of these services. There are no changes to the infection control or antimicrobial programmes as a result of the verification of dual-purpose beds.

## Here taratahi | Restraint and seclusion

Not Audited.

### 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	12	0	0	0	0	0
Criteria	0	86	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Bupa Te Puke Country Lodge Care Home (referred to in this report as Bupa Te Puke) is located in Te Puke, Bay of Plenty. The service has been certified to provide care for hospital (geriatric and medical) and rest home levels of care for up to 72 residents. Thirty-eight rooms were certified as rest home level, and thirty-four as hospital level of care. On the day of the audit there were 21 hospital level residents. All residents were on the age-related residential care (ARRC) agreement.</p> <p>The service has decommissioned 38 dedicated rest home beds. All residents have transitioned out of this building to other Bupa care homes and other providers. This partial provisional audit verified that the remaining building with 34 hospital beds is suitable for dual purpose (hospital or rest home level of care), with bedrooms currently being refurbished to premium dual-purpose rooms. One lounge has also been converted to a dual-purpose bedroom.</p> <p>The Leadership team of Bupa is the governing body and consists of directors or heads of Clinical, Operations, Finance, Legal, Property, Customer transformation, People, Risk, Corporate Affairs and Technology. This team is guided by Global Bupa strategy, purpose and values and reports to the Bupa Care Services NZ Boards in New Zealand and the Bupa Australia &amp; New Zealand (ANZ) Board. A New</p>

	<p>Zealand-based managing director reports to a New Zealand-based Board. Each director has an induction to their specific role and the senior leadership team. The directors are knowledgeable about legislative and contractual requirements and are experienced in the aged care sector. The Bupa Board and executive team have attended cultural training to ensure they can demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is a cultural working group alongside the Bupa Leadership team.</p> <p>Bupa has a Clinical Governance Committee (CGC), a 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 are discussed to improve services offered. There is a clinical support improvement team (CSI) that includes clinical specialists in restraint, infections and adverse event investigations, and a customer engagement advisor based in the head office to support their facilities, with improvements to their service. Furthermore, Bupa undertakes national and regional forums, as well as local and online training, national quality alerts, use of benchmarking quality indicators, learning from complaints (open casebooks) as ways to share learning, and improve the quality of care for Māori and tāngata whaikaha.</p> <p>The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori), which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. Bupa NZ is committed to supporting outcomes for Māori and equitable service delivery. The goals of the Māori strategy permeate through service delivery and are measured as part of the quality programme. The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers.</p> <p>Bupa has an overarching strategic plan with clear business goals to support its person-centred philosophy. The Bupa leadership team annually reviews the business and operational plan for strategy and planning. Guidance in cultural safety for their employees is provided through training in cultural safety awareness around Māori health equity, barriers to care, and disparities in health outcomes, as documented in the Towards Māori Health Equity policy. The Towards Māori Health</p>
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		<p>Equity policy states that Bupa is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collective needs of residents who identify as Māori, to ensure they live longer, healthier, happier lives. The cultural advisor collaborates with the Boards and Bupa leadership team in business planning and service development to improve Māori and tāngata whaikaha health outcomes.</p> <p>Bupa Te Puke business plan for 2025 includes a mission statement and operational objectives with site-specific goals related to business and quality outcomes and support the transition phase of the reconfiguration. The 2024 business plan was reviewed prior to the documentation of the 2025 plan. The goals are reviewed as required and annually. The regional operations manager reports to the national operations director. Tāngata whaikaha provide feedback around all aspects of the service through general feedback, including completion of satisfaction surveys. Feedback from surveys is collated and provides the opportunity to identify barriers and improve health outcomes.</p> <p>The service is managed by a general manager, who has been in the role for three and a half years, and previously managed another Bupa facility for a year. The general manager is supported by a clinical manager (who has been in their role for three years) and a business coordinator. They are supported by the regional operations manager and a team of experienced, long-standing staff. The management team reports that staff turnover has been low.</p> <p>The GM has completed over eight hours of training in managing an aged care facility, including Bupa regional managers' forums, health and safety, and privacy and risk training.</p> <p>There is a transition plan in place that is already being implemented to ensure that residents have and continue to be informed around progress relating to the decommissioning of the rest home beds and the refurbishment of the hospital (now dual-purpose) bedrooms. There are no changes to governance or management as a result of the verification of dual-purpose beds, or as a result of the refurbishment of rooms.</p>
Subsection 2.3: Service management	FA	There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care

<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>24 hours a day, seven days a week. The general manager (GM), clinical manager (CM) and BC work full time, Monday to Friday, and are available on-call 24/7 a week, supported by the clinical team. Bupa Te Puke has not made any significant changes to the roster since the decommissioning of the rest home facility, except to redeploy some staff to work in other Bupa care homes. There are sufficient number of staff across the service and all work areas (eg, recreation, household, kitchen, and maintenance tasks). Rosters remain the same, with six caregivers on each shift, along with at least one registered nurse. The facility adjusts staffing levels to meet the changing needs of residents. Care staff and residents and family/whānau interviewed reported there are sufficient staff to support them in daily cares. Residents and family/whānau interviewed stated they are informed of any changes to staff. There are no staff vacancies.</p> <p>Ongoing education is planned on an annual basis, with mandatory training requirements detailed. Competency assessments include hand hygiene; donning and doffing of personal protective clothing; medication administration; percutaneous endoscopic gastrostomy (PEG); restraint use; fire safety; moving and handling; male catheterisations; syringe driver; and first aid competencies. Training for care staff and registered nurses included: safe moving and handling; Te Tiriti o Waitangi; abuse prevention; health and safety; challenging behaviour; medication management; sluice training for caregivers, chemical safety; information and privacy; risk management; fundamentals of palliative care; incident management; falls management; scabies outbreak management; pressure injury prevention; and identifying acute deterioration. Care staff have either completed, commenced or are due to commence a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements. There are 27 of 34 caregivers with level 3 and 4 recognised qualifications working across the service.</p> <p>Six of eight registered nurses are accredited and maintain competencies to conduct interRAI assessments. The staff records sampled demonstrated completion of the required training and competency assessments.</p> <p>Staff records were reviewed to confirm completion of the required training and competency assessments. Staff members interviewed</p>
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		<p>reported feeling well-supported and safe in the workplace. The GM reported that the model of care ensured that all residents were treated equitably. Staff and management completed cultural training.</p> <p>The provider's environment encourages collecting and sharing of quality Māori health information. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p> <p>There is an employee assistance programme in place to promote staff wellbeing. Staff participated in an annual employee satisfaction survey and staff interviewed reported a positive workplace.</p> <p>There are no changes to staffing or staff education as a result of the verification of dual-purpose beds, or as a result of the refurbishment of rooms.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police-checked, and referees are contacted before an offer of employment occurs. A sample of nine staff records (three RNs [including the clinical manager], four caregivers, one activities coordinator, and one maintenance person) reviewed confirmed that the organisation's policies are being consistently implemented. Each manager or staff member has a job description relevant to the role they are in.</p> <p>Records confirmed that all regulated staff and contracted providers had proof of current registration with their regulatory bodies. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and orientation to the environment, including emergency management. Staff performance was reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted.</p> <p>Each staff member's ethnic origin is documented on their personnel records and is used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data is in place and reported to the Board at Board meetings. Following incidents, the GM, CM, and support office staff are available for any required</p>

		<p>debriefing and discussion. Staff stated they feel supported following any incidents.</p> <p>There are no changes to the human resource processes or to the orientation programme as a result of the reconfiguration of services.</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. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. An electronic system is in place for prescribing and documenting administration. Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic packs. The general practitioner completes three-monthly medication reviews. The clinical manager keeps a schedule of reviews. Medications are administered by registered 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. There are processes in place to ensure that medication reconciliation occurs. A medication round was observed and seen to be safe.</p> <p>The clinical manager describes 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, as reviewed in five charts.</p> <p>There is one medication room as part of the hospital wing (now verified as dual purpose), with bench space for medication preparation, hand hygiene facilities, and sufficient shelving for the storage of medication. The medication room is secure with keypad access, and air temperatures are kept below 25 degrees. There are two lockable medication trolleys stored in the medication room when not in use. Stored medications are checked monthly by a registered nurse for expiry dates. Medications with a short shelf life are labelled with the date of opening and discarded before they expire. Any expired medications are returned to the pharmacy. The medication fridge has sufficient space for</p>

		<p>the storage of medications, and medications are kept at temperatures as per policy.</p> <p>Five medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. The clinical manager stated that medications are explained to residents, and this was confirmed by residents interviewed. The clinical manager stated that residents and family/whānau are consulted about medication changes.</p> <p>There are policies in place to guide the management of residents, who wish to self-administer their medications. There is one resident who self-administers their medications, and the medications were seen to be stored in a locked drawer in the resident's room. The resident is assessed three-monthly (or as required) to ensure that they are competent to self-administer medication. There are no standing orders.</p> <p>Over-the-counter medications and supplements are considered by the general practitioner and where possible, prescribed on the medication chart. Māori residents and whānau continue to have access to their medications and are made aware of the indications and potential side effects. The CM stated that appropriate support, advice, and treatment for Māori is available.</p> <p>There are no changes to management or administration of medication as a result of the verification of dual-purpose beds.</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>	FA	<p>The kitchen is fully equipped with appliances and functional for the delivering of all food services. The kitchen service complies with current food safety legislation and guidelines. The chef (kitchen manager) works full time Monday to Friday and has oversight of the kitchen. They are supported by a weekend cook and a team of kitchen hands, who are assigned to the areas to assist with plating and serving of meals. All food and baking are prepared and cooked on site. Food is prepared in line with recognised nutritional guidelines for older people. There is a verified food control plan. The four-week seasonal menu has been reviewed by a registered dietitian. Kitchen staff have all completed safe food handling training.</p>

		<p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. There are optional menu choices available. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice from the menu, including specific menu options for Māori residents.</p> <p>The kitchen manager stated the residents have a nutrition profile developed on admission, which identifies dietary requirements, likes, and dislikes. The profile is updated as the resident needs change and a copy is provided to the kitchen; copies were sighted. All alternatives are catered for as required. Resident weights are monitored regularly, and supplements are provided to residents with identified weight loss issues, as confirmed by the clinical manager. Snacks and drinks are available for residents throughout the day and overnight when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. There are cleaning schedules in place. Labels and dates were on all containers, including the fridges in the satellite kitchenettes. Thermometer calibrations were completed at least every three months. Records of temperature monitoring of food, fridges, and freezers are maintained. Meals are transported and served from a pre-heated hot box to the two dining rooms. Residents known to have their meals in their rooms are provided with a tray service and food is kept warm in hot boxes. All decanted food had records of use by dates recorded on the containers and no expired items were sighted.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes culturally specific menu options that reflect te ao Māori, including 'boil ups,' hāngi, Māori bread, and these are offered to residents who identify as Māori when required. Residents will have the opportunity to feedback around satisfaction with food services through the planned resident and family/whānau meetings, satisfaction surveys and through discussions with the chef. The two dining rooms provide plenty of space to promote a pleasurable dining experience.</p> <p>There are no changes to food services as a result of the verification of dual-purpose beds.</p>
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<p><b>Subsection 4.1: The facility</b></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 environment including artwork is inclusive of peoples' cultures and supports cultural practices. There is a current building warrant of fitness. There is no requirement to change the current building warrant of fitness, as there have not been any structural changes made.</p> <p>The service has a full-time maintenance officer who is available Monday to Friday. Maintenance requests are logged through an electronic system and followed up in a timely manner. An annual maintenance plan includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment, and appropriate pest control management. All refurbished rooms have ceiling hoists installed as part of the refurbishment of rooms, and these are checked as part of the maintenance programme. The maintenance officer checks hot water temperatures, with temperatures within range as per policy. Essential contractors such as plumbers and electricians are available across seven days if required. Checking and calibration of medical equipment, hoists and scales is completed annually. The clinical manager interviewed stated they have adequate equipment to safely deliver care for residents using rest home or hospital level of care.</p> <p>The 38 rest home beds have been decommissioned and are separated from the 35-bed dual purpose area, as verified at this audit. Any further changes to the 38-bed area will not affect the remaining dual-purpose beds. The transition plan states that the decommissioned beds will be demolished in October 2025.</p> <p>The 35 dual purpose beds (including the lounge converted into a dual-purpose room) are located in the main building, with direct level access from the carpark. All rooms are for single occupancy. There is a central reception, library, and offices on the ground floor. The laundry is situated on a level below the dual-purpose beds, with 12 serviced apartments.</p> <p>Eleven of the 35 dual purpose beds verified at this audit have been refurbished to offer premium dual-purpose rooms. Refurbished rooms have sliding doors to a balcony, safeguarded by a wooden balustrade. There is a heat pump in the room that can be individually controlled. The rooms now have a small kitchenette, with a basin, small bench space, cupboard, and fridge (there are no stovetops). Resident rooms can be</p>

		<p>personalised and have their own full shower/toilet ensuites. The ensuite facilities have handrails, flowing soap, and hand towel dispensers. Rooms are fitted with a ceiling hoist and all rooms have hospital beds with controls. The doors, ensuites and bedrooms are spacious to accommodate transfer of equipment. There is plenty of natural light and ventilation.</p> <p>The remainder of the rooms yet to be refurbished have ensuites, apart from one room that currently has a separate shower and toilet. All ensuite facilities have handrails, flowing soap, and hand towel dispensers. There are adequate visitor and staff toilet facilities available. Communal toilets and bathrooms have appropriate signage. Rooms have wide doors, and spacious floor surfaces to accommodate transfer equipment. Fixtures, fittings, and flooring are appropriate and have surfaces that are easy to clean. Rooms have either ceiling heaters or heat pumps. The environment was maintained at a comfortable temperature on the day of audit.</p> <p>All corridors are wide and promote safe use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids. There are seats available for resting to be placed around the hallways. Activities occur throughout the facility, in addition to a dedicated activities lounge. There are quiet areas if residents wish to have quiet time or speak privately with friends or family/whānau. The service has a library room in addition to frequently located, smaller reading areas. Resident rooms are personalised.</p> <p>There is a nurse's station centrally placed. There are several lounges throughout the facility and two combined lounge/dining rooms suitable for rest home and hospital level residents.</p> <p>There is outdoor furniture and seating with shade in place and there is wheelchair access to all areas. The external areas are mostly paved with raised beds, water features and decorative items of interest. All outdoor areas and gardens were well maintained and are accessible and safe for residents' use.</p> <p>The service has established relationships with the local iwi, who have also blessed the land and will provide a blessing to the building.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<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 complete a safe and timely evacuation of the facility in the case of an emergency. The reconfiguration of the service has not changed the floor design of the facility, nor change to any existing fire exits. Fire drills are completed six-monthly as per policy. There is an up-to-date residents list for evacuation purposes, that document the mobility assistance required in an event of an emergency.</p> <p>The fire exits and signage is in place. There are manual call points throughout the facility. The fire evacuation scheme has been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The service also has a generator available in the event of a power failure for emergency power supply. A water tank is available with sufficient supplies, and sufficient supplies of bottled water that meets the requirements of the local civil defence guidelines. Civil defence kits are in place for the facility.</p> <p>First aid is included in the mandatory in-service training programme every two years. There is at least one staff with a first aid certificate always on duty.</p> <p>The call bells are audible, with a visual light above the door and displayed on call bell screens in hallways. There are call bells and emergency bells in communal areas, bedrooms, and ensuites. Sensor mats are in use when required. Three rooms currently being refurbished, do not have a functional call bell. There are procedures in place as part of the maintenance plan to test call bells regularly. Call bell response times are monitored.</p> <p>Staff wear uniforms and are identifiable. There is sufficient light outside the main door. Visitors and contractors sign in at reception. A security firm checks twice during the night.</p> <p>There are no changes required to security of people and the workforce as a result of the reconfiguration of the service. There are no changes to security of people and the workforce as a result of the verification of</p>
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		dual-purpose beds.
<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention and antimicrobial stewardship (AMS) programmes are appropriate to the service's size and complexity. The governance body approved these programmes, which are linked to the quality improvement system, health and safety and are reviewed and reported on yearly. Expertise and advice are sought following a defined process with the governance. The management, and leadership team at Bupa can provide expert advice and support. A documented pathway supports reporting progress, issues, and/or significant events to management.</p> <p>There is a stepwise approach to the management of infection risks. An emergency pandemic plan is documented and has been reviewed. There are sufficient resources and personal protective equipment (PPE) readily available and accessible to staff. All staff, residents and family/whānau have received training and updates for managing infection outbreaks. Training records are well maintained.</p> <p>There are no changes to governance of the infection control programme or antimicrobial programme as a result of the verification of dual-purpose beds.</p>
<p><b>Subsection 5.2: The infection prevention programme and implementation</b></p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The governance body approved the IPC and AMS programme, that is linked to the quality improvement system and reflects the strategic direction of the organisation. Expertise and advice are sought following a defined process, is reviewed and reported on annually. The unit coordinator (registered nurse) is the infection prevention and control coordinator (IPCC), and the position description for IPCC is well-defined and in place. The IPCC has input when infection control policies and procedures are reviewed.</p> <p>The service has a pandemic plan and guidelines to manage and prevent infection exposure. Infection prevention and control training is provided to staff, residents, and visitors. At the time of the audit, the facility had a respiratory outbreak. Adequate supplies of personal protective equipment (PPE) and hand sanitisers were in stock. Hand hygiene</p>

	<p>audits were completed as per schedule. It was observed that the clinical manager was doing a debrief meeting with staff. Staff were advised not to attend work if they are unwell. Information and resources to support staff in managing Covid-19 and other outbreaks were regularly updated and tested.</p> <p>The service has documented policies and procedures that reflect current best practices. These policies and procedures are accessible and available for staff. Staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand hygiene techniques, and the use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Staff training in infection prevention and control is routinely provided during orientation and annual in-service education. The training includes hand hygiene procedures, and donning and doffing of protective equipment. Records of staff education were maintained. The IPCC has completed various infection prevention and control training online.</p> <p>The CM reported they work in consultation with Health New Zealand infection control specialists in procurement processes for equipment, devices, and consumables. The CM and registered nurses reported that there were processes in place for early consultation with the infection prevention personnel, in case of any new building or when significant changes are proposed to an existing facility. In an interview, the IPCC reported that single-use medical devices are not re-used at the service. Shared equipment is appropriately cleaned between use. The service completed cleaning and environmental audits to safely assess and to provide evidence that these procedures are carried out.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention.</p> <p>The partial provisional audit verified that the infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. The infection prevention programme is developed and implemented to support the needs of residents at rest home and hospital level of care</p>
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		<p>and is appropriate to the needs, size, and scope of the new reconfigured services.</p> <p>There are no changes to the infection control programme as a result of the verification of dual-purpose beds.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial stewardship policy which monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the clinical, quality, and staff meetings, and all significant events are to the clinical quality specialist. Laboratory diagnostic testing reports are reviewed, and the GP supports appropriate antibiotic prescribing. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p> <p>There are no changes to the antimicrobial programme as a result of the verification of dual-purpose beds.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and infection definitions. Infections are entered into the register on the electronic database, and surveillance of all infections (including organisms) is collated into a monthly infection summary. Data is monitored and analysed for trends monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed during infection control, clinical and staff meetings. The IPCC interviewed confirmed the process of creating improvement plans, should this be required.</p> <p>Benchmarking graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand. All infection data is reported to the governing body.</p>

		<p>Staff are made aware of new infections at handovers on each shift, through progress notes, and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required and to keep family/whānau up to date on any infections. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements (if appropriate) for isolation.</p> <p>There was a current outbreak at the time of the audit. The CM confirmed that an outbreak log is kept that includes ethnicity data. Any infections of concern are discussed and reported to the Bupa infection control lead. There were plenty of resources, including PPE. The CM confirmed a process of residents and family/whānau being kept up to date with the progression of infections or outbreaks.</p> <p>There are no changes to the surveillance of the infection control programme as a result of the verification of dual-purpose beds.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals currently on site were clearly labelled with manufacturer's labels and stored in locked areas. There are secure areas to store cleaning chemicals, with a secure trolley able to be taken to specific areas. Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms. Equipment including a sanitiser is available in the sluice room. Training and education in waste management and infection control is completed as part of orientation and the mandatory training programme.</p> <p>All PPE has been purchased and include aprons, gloves and masks. Sharp's containers are available and meet the hazardous substances regulations for containers. There are policies for cleaning and infection prevention, and linen handling and processing. There are documented systems for monitoring the effectiveness and compliance with the service's policies and procedures. Laundry and cleaning audits are</p>

		<p>conducted as per the quality assurance programme.</p> <p>Sinks and separate hand washing facilities are in place.</p> <p>Cleaners are employed to perform cleaning services over seven days a week.</p> <p>The laundry is fully functional; the laundry processes are overseen by laundry assistants seven days a week. The laundry is divided into clean and dirty areas and is situated in the basement. There is a laundry chute from the sluice above to the laundry area.</p> <p>The laundry area is very well ventilated; there is a separate folding and sorting area. Laundry is distributed back on 'clean' covered trolleys. Personal laundry is labelled and placed in named baskets for distribution. There are large linen storage areas in the verified dual-purpose unit.</p> <p>The IPCC and the maintenance officer provide oversight of the facility testing and monitoring programme for the built environment. They report to management and in the quality meeting. Shelves are well stocked with linen.</p> <p>There are no changes to governance of the environment as a result of the verification of dual-purpose beds.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.