

# Bupa Care Services NZ Limited - Remuera Care Home

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## 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 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	Remuera Care Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 3 April 2023      End date: 4 April 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	40

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

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are partially attained and of low risk

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

## General overview of the audit

Remuera Care Home is a Bupa facility and provides hospital (geriatric and medical), rest home levels of care for up to 43 residents. There were 40 residents on the days of audit.

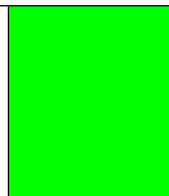
This certification audit was conducted against the Nga Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand -Te Toka Tumai Auckland. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a general practitioner.

The general manager is appropriately qualified and experienced and is supported by a clinical manager (RN). There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified the service meets the intent of the standards.

## Ō tatou 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.



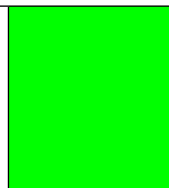
Subsections applicable to this service are fully attained.

Remuera Care Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Remuera Care Home provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service are fully attained.

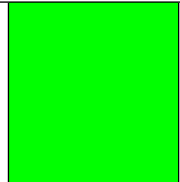
The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality

improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme 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 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 8 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.		Subsections applicable to this service are fully attained.
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Remuera Care Home has an admission package available prior to, or on entry to the service. The clinical manager/registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with family/whānau input. The care plans reviewed demonstrate service integration. Resident files included medical notes by the general practitioner and other allied health professionals.

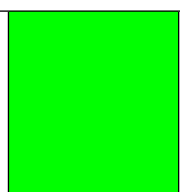
Medication policies reflect legislative requirements and guidelines. The clinical manager/registered nurses, and caregivers responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed meet prescribing requirements and are reviewed at least three-monthly by the general practitioner.

There is an interesting and varied activities programme which the diversional therapist implements. The programme includes meaningful activities, including outings and entertainment, as detailed in each resident's individual activity plans.

Registered nurses identify residents' food preferences and dietary requirements at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Transfers and discharges are coordinated between services.

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

Includes 2 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 are fully attained.
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The building holds a current warrant of fitness. Maintenance is completed as per the preventative schedule. Rooms are spacious to provide personal cares. Residents freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including Covid-19. There are emergency supplies for at least three days. There is always a first aid/CPR trained staff member on duty. Appropriate security checks and measures are completed by staff.

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

Includes 5 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 are fully attained.

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 and as part of the ongoing in-service education programme. 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 (including Covid-19) are in place and the service has access to personal protective equipment supplies.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored securely. 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.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The restraint coordinator is the clinical manager. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. There were no residents using restraint at the time of the audit.

## 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	27	0	0	0	0	0
Criteria	0	167	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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next 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>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has no residents who identify as Māori.</p> <p>Bupa in partnership with a Māori health consultant has developed a te ao Māori health strategy. Bupa care home managers have attended a workshop (Mauri Tu, Mauri Ora) designed to identify problems in relation to Te Tiriti o Waitangi and scoping of opportunities to improve health equity for Māori. The most recent workshop for managers relating to Māori health, tikanga Māori and equity in Māori health outcomes was held In March of this year.</p> <p>The general manager stated that they support increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at Bupa Remuera. At the time of the audit there were no Māori staff members; however, management and staff related having previous Māori staff members and would welcome any future applicants. Caregivers interviewed described a supportive and equitable employment experience. Remuera Care Home has links to</p>

		<p>the local Ngāti Whatua iwi - Auckland City, and local kaumātua for community support.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Clinical staff described their commitment to supporting past and any future 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.</p> <p>Interviews with the management team (one general manager, and one clinical manager) identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service provided training on cultural safety as part of a mandatory education day in March 2023. Training encompassed Te Tiriti o Waitangi based on the guidelines of cultural safety in nursing education and practice.</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 state their ethnicity. Individual cultural beliefs are documented for all residents in their care plan and activities plan. There were no residents at Bupa Remuera who identify as Pasifika.</p> <p>The Bupa organisation is working towards the development of a comprehensive Pacific health plan. Bupa plans to partner with a Pasifika organisation and/or individual to provide guidance. The service is able to link with Pasifika groups in the local community facilitated by current staff members. If required, the service is able to access pamphlets and information on the service in most Pasifika languages. The care home manager described how they encourage and support any staff that identified as Pasifika through the employment process. There are currently staff that identify as Pasifika. On interview, Pasifika staff members confirmed they were welcomed and supported by management to progress in their roles.</p> <p>Interviews with the management team, nine staff members (three</p>

		<p>caregivers, two registered nurses, one diversional therapist, one head cook, one kitchen assistant and one maintenance personnel), eight residents (five hospital and three rest home), three relatives (hospital level), and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</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. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. The general manager, clinical manager, or registered nurse (RN) discusses aspects of the Code with residents and their relatives on admission. Information about the Nationwide Health and Disability Advocacy is available to residents on noticeboards and in their information packs provided. Other formats are available such as information in te reo Māori. Resident and relative meetings provide a forum for residents to discuss any concerns.</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 Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The residents and relatives interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The Māori Health plan recognises Māori mana motuhake and staff understood the importance of this. Interactions observed between staff and residents were respectful. Care plans reflected residents were encouraged to make choices and be as independent as possible. Care staff confirmed this to be the case when</p>

		interviewed.
<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 a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Caregivers and RNs interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Residents 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 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 have control and choice over activities they participate in as evidenced in resident care plans.</p> <p>The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service provided training on cultural safety which included Te Tiriti as part of a mandatory education day in March 2023. 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 held, and spiritual support is available.</p> <p>It was observed that residents are treated with dignity and respect. 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. Orientation and ongoing education for staff covers the</p>

		<p>concepts of personal privacy and dignity. The 2022, and most recent March 2023 resident survey identified a high level of satisfaction around privacy, dignity, and respect (including meeting cultural needs).</p> <p>Residents' files and care plans identified residents' preferred names.</p> <p>Matariki and Māori language week are celebrated at Remuera Care Home. Caregivers interviewed advised they are encouraged to use common te reo phrases for greetings and common phrases. Dual language signage was evident throughout the facility.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Bupa Remuera policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new 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.</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 families 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 to ensure wellbeing outcomes for residents are 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</p>

		residents and how they would apply these principles should Māori enter the service.
<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>	FA	<p>Information is provided to residents/relatives on admission. Bi-monthly resident meetings identify 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) of an accident/incident. This is also documented on the family communication sheet that is held in the front of the resident's file. Twelve accident/incident forms reviewed identified relatives are kept informed; this was confirmed through the interviews with relatives.</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 three residents who did not speak English. Staff on interview advised they have used hand and facial gestures, word cards, and translation services to assist with communication where residents require that level of assistance.</p> <p>Non-subsidised residents 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 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 Te Whatu Ora- Te Toka Tumai Auckland specialist services (eg, geriatric nurse specialist, mental health services for older people team, wound nurse specialist). The management team attend weekly multi-agency meetings at the local hospital to facilitate a holistic approach to care for the local community. The registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if</p>

		required.
<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>	FA	<p>There are policies around informed consent. Seven resident files reviewed (four at hospital level; including one younger person with a disability [YPD], and one funded by ACC, and three at rest home level) included signed general consent forms. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</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 whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives 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 where available.</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>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The general manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy and electronically. There have been three complaints year to date for 2023, three in 2022, and two in 2021 since the previous audit. No complaints from external parties had been received. The complaints included an investigation, follow up, and reply to the complainants. 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 Commission (HDC).</p> <p>The general manager advised complaints logged were classified into themes (operational issues, quality of care, communication, customer rights) in the electronic complaint register.</p> <p>The welcome pack included comprehensive information on the</p>

		<p>process for making a complaint. Interviews with residents and relatives confirmed they were 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. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held bi-monthly, chaired by the general manager. The contact details for a resident advocate from advocacy services is posted in large print on resident noticeboards. Residents/relatives making a complaint can involve an independent support person in the process if they choose. The complaint procedure can be made available in te reo Māori.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Remuera Care Home is located in Remuera, Auckland and is a purpose-built facility across two floors. The service is certified to provide rest home and hospital levels of care for up to 43 residents. All beds are certified as dual purpose.</p> <p>On the day of the audit there were 40 residents: 18 rest home, and 22 hospital residents including one resident on a young person with disability (YPD) and one on an ACC contract. All residents apart from the two on a YPD and ACC contract 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 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 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 for the Northern 1 district 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,</p>



		<p>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.</p> <p>Bupa has developed a te ao Māori health strategy to introduce and implement te ao Māori related standards with a Māori cultural adviser. Bupa has engaged with a cultural advisor to work alongside the Bupa Leadership team. The 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.</p> <p>Bupa has a clinical governance committee (CGC) with terms of reference. There is a quarterly CGC meeting and a CGC pack produced and distributed to the committee members prior to meetings, which includes review of quality and risk management systems. There is a risk governance committee (RGC) which aligns and interfaces with the CGC to manage quality and risk systems. The customer service improvement team (CSI) includes clinical specialists in restraint, infection control and adverse event investigations and a customer engagement advisor. The organisation benchmarks quality data across Bupa and with other NZ aged care providers. Each region has a clinical quality partner who supports the on-site clinical team with education, trend review and management.</p> <p>Tāngata whaikaha are supported to provide feedback through surveys and resident meetings as evidenced in meeting minutes.</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 each monthly meeting.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings, quality meetings and quality action forms that are completed for any quality improvements/initiatives during the year.</p> <p>The general manager has been employed at Remuera since October</p>
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		<p>2022 and has held previous management and nursing roles within community and aged care over a number of years. The general manager has completed a Bupa course on management essentials and holds business qualifications. The general manager is supported by a clinical manager who has worked for Bupa for over 10 years, registered nurses, experienced care staff team, operations manager, and regional quality partner.</p> <p>The general manager and the clinical manager have both completed more than eight hours of training related to managing an aged care facility and includes Bupa regional managers forums, 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, 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>FA</p>	<p>Remuera Care Home is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>Monthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and held in folders in the staffroom. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Benchmarking occurs on a national level against other Bupa facilities.</p> <p>Resident and family satisfaction surveys are managed by head office. An independent contractor is sent to survey residents using direct questioning and a tablet. The 2022, and March 2023 resident satisfaction surveys have been correlated and analysed at head office and indicate that residents have reported high levels of satisfaction</p>

	<p>with the service provided. Results have been communicated to residents in the bi-monthly resident meetings and resident newsletter (sighted).</p> <p>There are procedures to guide staff in managing clinical and non-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. A document control system is in place. 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 goal for 2022 was to reduce and eliminate where possible the risk of musculoskeletal harm to staff. The goals for 2023 are due to be set this month. A health and safety team meets bi-monthly. All have attended external health and safety training. Hazard identification forms and an up-to-date hazard register were reviewed (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 on the accident/incident form. There were no serious work-related staff injuries have occurred since the previous audit.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted to attend two days per week and when required. Strategies implemented to reduce the frequency of falls included: assigning lounge carers to supervise residents; high falls indicators on resident walkers; provision of non-slip socks for high-risk residents; intentional rounding; and the regular toileting of residents who require assistance. Transfer plans are assessed and evaluated by the physiotherapist and placed in the resident's room. Hip protectors are available for at-risk residents who consent to wearing them. Residents are encouraged to attend daily exercises.</p> <p>Electronic reports using RiskMan are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms</p>
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		<p>reviewed (witnessed and unwitnessed falls, challenging behaviours, bruises, and skin tears). Incident and accident data is collated monthly and analysed. The RiskMan system generates a report that goes to each operational team/governance team and generates alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Neurological observations were consistently recorded as per policy. Opportunities to minimise future risks are identified by the clinical manager and unit coordinator.</p> <p>Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed appropriately. There have been three outbreaks since the previous audit which were appropriately notified.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p> <p>A quarterly and annual review of the quality programme at a facility and organisational level provides a critical analysis of practice to improve health equity.</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. There is 24/7 registered nurse cover. The registered nurses and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Interviews with staff confirmed that their workload is manageable, and that management are very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The general manager and clinical manager are available Monday to Friday. On-call cover for other Bupa facilities in the region is covered by a six-week rotation of one care home and one clinical manager</p>

		<p>each week.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. Staff last attended cultural awareness training in March 2023 which included Te Tiriti O Waitangi and how this applies to everyday practice.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-three caregivers are employed. The Bupa orientation programme qualifies new caregivers at a level two NZQA. Of the 23 caregivers at Bupa Remuera, 22 have achieved a level 3 NZQA qualification or higher.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Registered nurses' complete competencies including (but not limited to), restraint, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, wound management, and management of nebuliser therapy. Additional RN specific competencies include subcutaneous fluids, syringe driver, catheterisation, and interRAI assessment competency. Four registered nurses, and the relieving clinical manager are all 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). All RNs attend relevant quality, staff, RN, restraint, health and safety and infection control meetings when possible. External training opportunities for care staff include training through Te Whatu Ora- Te Toka Tumai Auckland, and the hospice. A record of completion is maintained on an electronic register.</p> <p>Agency staff are not regularly used. 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</p>
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		<p>by the agency in regard to 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 participation in regular cultural days and shared lunches. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations.</p> <p>Facility meetings provide a forum to share quality health information.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource 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 they pass screening, suitable applicants are interviewed by the Bupa Remuera general manager. Six staff files reviewed (two caregivers, two RNs, one lead cook, and one kitchen assistant) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Staff sign an agreement with the Bupa code of conduct. This document includes (but is not limited to): the Bupa values; responsibility to maintain safety; health and wellbeing; privacy; professional standards; celebration of diversity; ethical behaviour; and declaring conflicts of interest.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff who had 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 programmes support RNs and caregivers to provide a culturally safe</p>

		<p>environment for Māori.</p> <p>Volunteers have not been utilised over the past two years due to Covid-19. 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.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>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>	FA	<p>Resident files and the information associated with residents and staff are retained in hard copy. Electronic information is regularly backed-up using cloud-based technology and password protected. Plans are in place to implement the VCare electronic resident management system later in the year. 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. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<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>	FA	<p>Residents who are admitted to Remuera Care Home are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The general and clinical managers screen prospective residents prior to admission.</p> <p>In cases where entry is declined, there is liaison between the general manager and clinical manager and the referral team. The prospective resident would be referred back to the referrer. The service maintains</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>		<p>data around the reason for declining. The clinical manager described reasons for declining entry would only occur if there were no beds available or Remuera Care Home is unable to provide the service the prospective resident requires, after considering staffing and resident needs.</p> <p>The admission and enquiry policy and procedure, guide staff around admission and declining processes, including required documentation. The general manager keeps records of how many prospective residents and family/whānau have viewed the facility, admissions and declined referrals. The facility routinely analyses ethnicity data.</p> <p>There is an information pack relating to the services provided at Remuera Care Home, which is available for families/whānau prior to admission or on entry to the service. The admission agreements reviewed were signed and aligned with the requirements of Te Whatu Ora - Te Toka Tumai Auckland service agreements. Items that are not provided by Remuera Care Home are included in the admission agreement.</p> <p>Remuera Care Home identifies supports that would benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. The service has access to Māori health providers to benefit Māori individuals and whānau if required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven resident files were reviewed: three rest home and four hospital, one including a young person with a disability (YPD) in for respite care. The registered nurses (RN) conduct all assessments and develop the care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed. The Remuera Care Home provides equitable opportunities for all residents and would support Māori and whānau to identify their own pae ora outcomes in their care plans.</p> <p>The Remuera Care Home uses the Bupa admission booklet which has a range of assessment tools alongside the interRAI care plan process. The initial support plan is completed within 24 hours of admission. InterRAI assessments and reassessments have been completed within expected timeframes. Outcomes of risk</p>



		<p>assessments formulate the long-term care plan.</p> <p>Long-term care plans had been completed within 21 days. Care plan interventions were holistic, resident centred and provided guidance to staff around all medical and non- medical requirements. Evaluations were completed six-monthly for four residents. The respite resident had an interRAI assessment from Te Whatu Ora - Te Toka Tumai Auckland. Short-term care plans are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan.</p> <p>All residents are assessed by the general practitioner (GP) within five working days of admission. The GP visits twice weekly and is available 24 hours, seven days a week. The GP stated that Remuera provides a high standard of care, RN response to issues was timely and provided the information needed. Allied health interventions are documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented. A physiotherapist is available for ten hours a week. Specialist services (eg, mental health, dietitian, speech language therapist, wound care, and continence specialist nurses) are available as required through the local public hospital.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written (paper based) by caregivers and/or RNs on every shift and the RNs record progress against identified goals each week or as required.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the clinical manager/registered nurses who then initiate a review with a GP. Family stated they were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status and this was consistently documented in the resident's file.</p> <p>There is a paper-based wound register. Wound assessments, and wound management plans with body map, photos and wound</p>
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		<p>measurements were reviewed. Wound records were reviewed for residents with current wounds, including a stage one sacral pressure injury (non-facility acquired). Wound nurse specialist involvement was well documented in the clinical records of those residents with chronic wounds.</p> <p>Incontinence products are available and resident files include a continence assessment, with toileting regimes and continence products identified for day and night use.</p> <p>Monitoring charts are completed by caregivers and the RNs, including bowel charts; vital signs; weight; food and fluid charts; blood sugar levels; and behaviour. It is policy to complete neurological observations where there is a head injury or an unwitnessed fall and this was observed to be carried out</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>	<p>FA</p>	<p>Remuera Care Home employs a diversional therapist (DT) 40 hours a week and an activities assistant for 32 hours a week. The assistant covers Saturdays. The DT develops and delivers the activity programme. A weekly activities calendar is posted on the noticeboards and residents may have one in their room if requested.</p> <p>There are a range of activities appropriate to the resident's cognitive and physical capabilities. Activities include physical, cognitive, creative, and social activities. Residents who do not participate regularly in group activities are visited one-on-one. The interactions observed on the day of the audit showed engagement between residents and the activity team. Residents' participation and attendance in activities are recorded and filed in their clinical file. Residents have an individualised activities care plan which is integrated in the long-term care plan, and these are reviewed at least six-monthly.</p> <p>There are a range of activities, including: crafts; poetry and Shakespeare readings; art appreciation; exercises; bingo; quizzes; sing-alongs; and movies. Residents are encouraged to maintain their community links and go on outings. Community visitors include pet therapy, entertainers, and church services. Themed days/weeks such as Matariki, Waitangi, Māori language week and ANZAC Day are on</p>

		<p>the programme and celebrated with appropriate resources available. The Remuera Care Home has embedded culturally themed activities into the activities programme, such as learning te reo Māori words and songs.</p> <p>Families/whānau interviewed spoke positively of the activities programme with feedback and suggestions for activities made via resident meetings and surveys.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Remuera Care Home has policies available for safe medicine management that meet legislative requirements. The clinical manager, registered nurses and medication competent caregivers who administer medications are assessed annually for competency. Education around safe medication administration is provided. The clinical manager and RNs have completed syringe driver training.</p> <p>There is an electronic management system. On the day of the audit, a RN was observed to be safely administering medications. The clinical manager, registered nurse and caregivers interviewed could describe their roles regarding medication administration. Remuera Care Home uses robotic packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication trolley and medication room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening.</p> <p>Fourteen electronic medication charts were reviewed. There is a GP review of all the residents' medication charts three-monthly, and each drug chart has photo identification and allergy status identified. There is a policy in place for residents who request to self-administer medications. At the time of audit, five residents were self-administering medications. The appropriate documentation was in place and medications were stored safely. Over-the-counter medication is considered during the prescribing process and these along with nutritional supplements, are documented on the medication chart. No standing orders were in use and no vaccines are kept on</p>

		<p>site.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The clinical manager and RNs described how they would work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>There is a head cook, a part time cook, and three kitchen assistants who work rostered days. All meals are cooked on site, with meals being served from the kitchen into the adjacent dining room. There is a seasonal four-week rotating menu, which has been reviewed by the Bupa dietitian. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen</p> <p>The kitchen meets the needs of residents who require special diets. The cooks work closely with the clinical manager and RNs with residents’ dietary profiles and any allergies. Modified utensils and plates are available as required. Residents who require supplements for identified weight loss have them supplied. There is a food control plan expiring 28 September 2023. Kitchen staff are trained in safe food handling. Staff were observed wearing correct personal protective clothing. Serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Family/whānau meetings, and one-to-one interaction with care staff in the dining room allows the opportunity for feedback on the meals and food services generally. The kitchen provides food for the cultural themed days in line with the theme. The cook stated that they are able to accommodate cultural requests. Currently there are two Chinese residents for whom the cook provides congee, fried rice and stir fries.</p> <p>Residents and family/whānau members interviewed indicated satisfaction with the food.</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>	<p>FA</p>	<p>Documented policies and procedures ensure exit, discharge or transfer of residents are undertaken in a timely and safe manner. Planned exits, discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. The residents (if appropriate) and families/whānau are involved for all exits or discharges to and from the service, including being given options to access other health and disability services – tāngata whaikaha, social support or kaupapa Māori agencies if requested. Discharge notes are kept in residents' files and any instructions integrated into the care plan. The clinical manager and RNs advised a comprehensive handover occurs between services.</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 buildings, plant, and equipment are fit for purpose at Remuera Care Home and comply with all legislation. The current building warrant of fitness expires 25 June 2023. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The service has no plans to expand or alter the building but will consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future.</p> <p>There is a reactive and preventative maintenance schedule in place. This includes the monthly testing of hot water temperatures. The reactive maintenance is written up by staff in a log book which the maintenance person checks daily and signs off when tasks are completed. Electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment has been completed. Essential contractors/tradespeople are available as required. Gardeners maintain gardens and grounds. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>The corridors are sufficient to allow for safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is safe access to all</p>

		<p>communal areas.</p> <p>Downstairs all but four rooms have their own ensuites. The remaining four share an ensuite. Upstairs all but four rooms have their own ensuite. The remaining four share an ensuite. There are communal toilets near lounges and the dining room. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit.</p> <p>All but one room have kitchenettes with tea making facilities and a fridge. There is also a tea making facility for visitors upstairs off the lounge. There is a library and a hairdressing salon.</p> <p>The large dining room is adjacent to the kitchen and open plan with doors that open out to a garden with outdoor seating and shade. There is safe access to the outside areas and gardens.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. Heating is by heat pumps or ceiling radiators.</p> <p>Since the last audit the service has upgraded their service lift. A library area has been installed and new lounge furniture with lighter furnishings for the upstairs lounge to has been purchased. They have purchased more hospital beds, air mattresses, perimeter guards, shower chairs, bariatric beds, sensor mats, hoists, wireless pendants to ensure safety of residents. The manager advised they are continually assessing their equipment to meet the needs of the residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies that include a pandemic plan outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>The fire evacuation plan has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance</p>

		<p>with the facility's building warrant of fitness, with the most recent drill taking place on 8 December 2022. There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence supplies are in place. In the event of a power outage, gas cooking is available. There are adequate supplies in the event of a civil defence emergency, including bottled water and food supplies for at least three days. A civil defence room has been created specifically.</p> <p>Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is always available.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in proximity to their current position. Residents and family interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secured after hours. Staff complete regular security checks at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The clinical manager (registered nurse) undertakes the role of infection control coordinator 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 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 Covid-19 updates should matters arise in between scheduled meeting times. Infection rates are presented and discussed at quality and staff meetings. Infection prevention and control are part</p>

		<p>of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from the local Te Whatu Ora - Te Toka Tumai Auckland in addition to expertise at Bupa head office.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening, and health declaration continues for visitors and contractors, and all are required to wear masks. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid vaccinations (logs sighted), with all staff and the majority of residents being fully vaccinated against Covid-19.</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.</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>	<p>FA</p>	<p>The designated infection control coordinator is supported by the team of nurses and Bupa infection control lead. During Covid-19 lockdown there were regular zoom meetings with Te Whatu Ora- Te Toka Tumai Auckland, and the Bupa infection control lead which provided a forum for discussion and support related to the Covid response framework for aged residential care services. 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 positive tests.</p> <p>The infection control coordinator has completed an online training with Te Whatu Ora -Te Toka Tumai Auckland and Ko Awatea infection prevention and control training. There is good external support from the GP, laboratory, and the Bupa infection control lead. 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 coordinator has input into the procurement of good quality PPE, medical and wound care products.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed quarterly by Bupa in consultation with infection control coordinators. Policies</p>



		<p>are available to staff. Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens to prevent healthcare-associated infections.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service infection control policies acknowledge importance of te reo Maori information around infection control. The IC coordinator advised they will provide educational resources in te reo Māori for Māori residents if requested. Staff interviewed could describe safe cultural practice guidelines in relation to infection prevention and control. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Residents requiring hoisting have their own slings. Cleaning and environmental audits are completed four monthly and the cleaning audits reviewed for this audit include evidence that these procedures are carried out.</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 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 were kept informed and updated on Covid-19 policies and procedures through emails.</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</p>	<p>FA</p>	<p>The service has an anti-microbial 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 and prescribing follow the New Zealand antimicrobial stewardship guidelines. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported in a monthly quality report and presented at meetings. The infection control Bupa lead is responsible for collating</p>

<p>to the needs, size, and scope of our services.</p>		<p>and analysing the electronic medication management system with pharmacy support. The monitoring and analysis of the quality and quantity of antimicrobial prescribing occurs annually.</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 electronic RiskMan register on the electronic data base 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 is in the early stages of incorporating ethnicity data into surveillance methods and data captured around infections. However, this will be further extended with the electronic resident management system being implemented later in the year. Infection control surveillance is discussed at infection control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora - Te Toka Tumai Auckland.</p> <p>There have been two Covid-19 outbreaks (July and October 2022), and one RSV (August 2021) since the previous audit in April 2021. All were appropriately managed with Te Whatu Ora - Te Toka Tumai Auckland and Public Health were appropriately notified. There was daily communication with Bupa infection control lead, clinical director, aged care portfolio manager and the local Te Whatu Ora - Te Toka Tumai Auckland IPC nurse specialist. Daily outbreak management meetings and toolbox meetings (sighted) captured 'lessons learned' to prevent, prepare for and respond to future infectious disease outbreaks. Outbreak logs were completed. Staff confirmed resources</p>

		including PPE were 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. Sharps 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>All laundry is outsourced and managed offsite; however, effectiveness and standards are maintained through the internal audit process. 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.</p> <p>All staff interviewed had good knowledge about cleaning processes and requirements related to infection prevention and control. The linen cupboards on each level were well stocked. Cleaning and laundry services are monitored through the internal auditing schedule and are reviewed by the infection control coordinator.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of</p>	FA	<p>Remuera Care Home is committed to providing safe services to residents without the use of restraint. At the time of the audit, there were no residents using restraint. The Bupa organisation is committed to remaining restraint free, and this is reflected in policy, clinical indicators, and benchmarking reports. The designated restraint coordinator is the clinical manager. Systems are in place to ensure restraint use (if any) will be reported to staff meetings, the general</p>

<p>restraint in the context of aiming for elimination.</p>		<p>manager and Bupa head office. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. Restraint is included as part of the orientation for staff and is completed annually through the education plan. Staff also complete restraint competencies.</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 of this audit.

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End of the report.