

Bupa Care Services NZ Limited - Windsor Park Specialist Senior Care Centre

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

Legal entity: Bupa Care Services NZ Limited

Premises audited: Windsor Park Specialist Senior Care Centre

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

Dates of audit: Start date: 16 March 2023 End date: 17 March 2023

Proposed changes to current services (if any): The 20 dementia beds verified in the 2021 audit have been reduced back to 16. The remaining four beds (previously rest home) have been returned to rest home beds. The total beds remain at 79.

Total beds occupied across all premises included in the audit on the first day of the audit: 61

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō 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 haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

Key to the indicators

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

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

General overview of the audit

Bupa Windsor Park is certified to provide hospital (geriatric and medical), residential disabilities- physical, dementia and rest home levels of care for up to 79 residents. There were 61 residents on the days of audit.

This audit also verified the reconfiguration of the reduction of dementia beds from 20 to 16; the remaining four beds were verified as suitable for rest home beds (as previously).

This unannounced surveillance audit was conducted against a sub-set of the relevant Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Te Whatu Ora - Southern. The audit process included the review of policies and procedures, review of residents and staff files, observations, and interviews with families/whānau, management, staff, and the general practitioner.

The general manager is appropriately qualified and is supported by an experienced clinical nurse manager (RN). There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided.

The service has addressed one of three partial attainments from the previous audit around corrective actions. Shortfalls around internal audits and meeting minutes remain ongoing.

This audit identified improvements are required around: neurological observations; medication; hot water temperatures; and expired first aid certificates.

Ō tatou motika | Our rights

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| Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs. | | Subsections applicable to this service fully attained. |
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The rights of the resident and their family/whānau to make a complaint is understood, respected, and upheld by the service. There is evidence that residents and family/whānau are kept informed. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented. Bupa Windsor Park provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. Māori motuhake is respected and encouraged.

Hunga mahi me te hanganga | Workforce and structure

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| Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce. | | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk. |
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The business plan includes a mission statement and operational objectives. The service has documented quality and risk management systems. Quality improvement initiatives are implemented, which provide evidence of improved services for residents.

There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents.

Ngā huarahi ki te oranga | Pathways to wellbeing

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| <p>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.</p> | | <p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p> |
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Registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities calendar provides activities for all residents including younger residents. The programme includes opportunities for all residents to participate in te ao Māori.

Cultural and nutritional requirements are completed on admission to the service. The food services staff accommodate cultural preferences and requests. There are nutritious snacks available 24 hours per day.

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

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| <p>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.</p> | | <p>Some subsections applicable to this service partially attained and of low risk.</p> |
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The building holds a current warrant of fitness. All medical equipment and hoists have been serviced and calibrated.

There is an approved evacuation scheme and emergency supplies for at least three days.

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

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| <p>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.</p> | | <p>Subsections applicable to this service fully attained.</p> |
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The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. The pandemic plan and Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been two outbreaks since the previous audit, and these have been well documented.

Here taratahi | Restraint and seclusion

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| 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 fully attained. |
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The restraint coordinator is a registered nurse. There were six residents listed as using restraints. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only use an approved restraint as the last resort.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
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| Subsection | 0 | 16 | 0 | 3 | 2 | 0 | 0 |
| Criteria | 0 | 58 | 0 | 3 | 2 | 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) |
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| 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 |
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| <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> | FA | <p>The general manager confirmed that the service supports a Māori workforce, with staff identifying as Māori (or having whānau connections) at the time of the audit. The organisation has been actively recruiting Māori staff as part of the Bupa Māori health plan. Staff receive training on Māori health and awareness during orientation. Four caregivers interviewed confirmed that they feel well supported by management.</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> | Not Applicable | <p>Bupa plans to partner with a Pacific organisation and/or individual to provide guidance and to support the Pacific health plan development that focuses on achieving equity and effective provision of care for Pacific peoples.</p> |

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| <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | | |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p> | <p>FA</p> | <p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Staff interviewed (two registered nurse, one enrolled nurse, four caregivers, one maintenance, kitchen manager, one maintenance, one diversional therapist, and one restraint coordinator), understood the requirements of the Code and were observed supporting residents in accordance with their wishes. Enduring Power of Attorney (EPOA)/family/whānau/or representatives of choice are consulted in the assessment process to determine residents' wishes and support needs when required. The service is guided by the cultural policies and training sessions that outline cultural responsiveness to residents' who identify as Māori.</p> <p>An interview with the management (one general manager, one clinical nurse manager and one finance/administration manager (who has a role in resident welfare), and staff confirmed that Māori mana motuhake is recognised. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan.</p> |
| <p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p> | <p>FA</p> | <p>Interviews with staff and management confirmed their understanding of tikanga best practice, with examples provided in relation to their role. Te reo Māori is celebrated during Māori language week. Tikanga Māori and cultural awareness training is provided annually.</p> <p>Staff are supported to attend te reo Māori classes. The management and staff work in partnership with residents (including those with disabilities) and family/whānau to ensure residents who choose to, have the opportunity to participate in te ao Māori.</p> |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> | <p>FA</p> | <p>Bupa policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The Bupa care model encompasses an</p> |

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| <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>individualised, strength-based approach to ensure the best outcomes for all. A Māori health care plan has been developed and provides the foundation of care for Māori based on Te Whare Tapu Whā model of care. Key clinical staff are aware of this model and cultural training is taking place and is part of the annual education plan to ensure all staff understand the concepts of this.</p> <p>Residents interviewed expressed that they have not witnessed any abuse or neglect, they are treated fairly, and they feel safe and protected. There are monitoring systems in place, such as quarterly residents' and family/whānau satisfaction surveys and residents and family/whānau meetings, to monitor the effectiveness of the processes in place to safeguard residents. The 2022 resident survey results demonstrated 80% of the residents felt the staff were caring, supportive, and respectful. The 2023 information is currently being collated.</p> |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to 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 in relation to informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. Five residents and five relatives interviewed could describe what informed consent was, knew they had the right to choose, and were involved in the decision-making process and the planning of resident's care. All resident consents sighted were included in the residents' files. Resident consents are updated when the residents have a change in their level of care. This is an improvement from the previous audit (HDSS:2008 criteria 1.1.10.4).</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> | FA | <p>The complaints procedure is provided to residents and family/whānau on entry to the service. The policy ensures that the complaints process shall work equitably for Māori. The general manager maintains a record</p> |

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| <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. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p> | | <p>of all complaints, both verbal and written, by using the electronic complaint register. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Complaint forms are visible at the entrance to the care home, next to a suggestions box. To date, there has been one complaint since the last certification audit in 2021. This complaint was made within the past week and includes the investigation and follow up. The service was preparing the response at the time of the audit. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality, registered nurse, and staff meetings. Quality meeting minutes reflect evidence of corrective actions shared with staff.</p> <p>Residents and family/whānau making a complaint can involve an independent support person in the process if they choose.</p> |
| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>FA</p> | <p>Bupa Windsor Park is certified to provide rest home, hospital, dementia and residential disabilities- physical levels of care for up to 79 residents. Currently, there are 20 dementia beds and 59 dual purpose beds. On the day of the audit, there were 61 residents; 23 rest home residents, including two younger persons disabled (YPD); and 26 hospital residents, including two residents funded under an accident corporation contract (ACC). There were 12 dementia level of care residents.</p> <p>The service has reconfigured four beds currently used as dementia beds (previously rest home beds) back to rest home beds. This will decrease the dementia beds from 20 to 16. The four beds will be used as rest home beds. The number of dual-purpose beds will remain unchanged at 59.</p> <p>The Bupa leadership team is the governance body. The Bupa leadership team completed Te Kao Māori immerse training that ensures a cultural safe governance. An external consultant is in a cultural advisory capacity to undertake a gap analysis of policies to provide hui for Māori and assist with cultural workshops to ensure equity for Māori and tāngata whaikaha.</p> |

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| | | <p>Bupa strategies describe the vision, values, and objectives of Bupa aged care facilities. The overarching strategic plan has clear business goals to support their philosophy of a 'person first' approach and is inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The working practices at Bupa Windsor Park is holistic in nature. The activities team support residents to maintain links with the community.</p> <p>The Māori Health Strategy and Māori Health Equity policy reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Tāngata whaikaha have meaningful representation through bimonthly resident meetings and annual satisfaction surveys.</p> <p>The general manager (GM) is non-clinical and has been in the role for six months. The GM is supported by an experienced clinical nurse manager (RN) who has been in the role for five years. They both are supported by the operations manager, and a team of experienced long-standing staff. The management team report the turnover of staff has been relatively low.</p> <p>Both the GM and clinical nurse manager (CNM) have completed more than eight hours of training related to managing an aged care facility, including: Bupa regional managers' forums; Māori health strategy; 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</p> | <p>PA Moderate</p> | <p>Bupa Windsor Park has an established organisational quality and risk management programme. The quality and risk management systems includes performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>Bimonthly quality meetings and monthly 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. Meetings, and collation of data are documented as taking place, with corrective actions completed as indicated. Quality goals and progress towards attainment are</p> |

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| <p>meet the needs of people using the services and our health care and support workers.</p> | <p>discussed at meetings.</p> <p>Corrective actions following the internal audits completed have been identified and signed off as completed. These are discussed at meetings to ensure any outstanding matters are addressed with sign off when completed the previous shortfall (HDSS:2008 criteria 1.2.3.8) has been addressed. While this aspect of the criterion is an improvement from the audit; the previous shortfall (HDSS:2008 1.2.3.6) continues to require improvement because quality data and trends are not always evidenced as discussed at staff meetings.</p> <p>The internal audits are documented and aim to identify shortfalls in service delivery. Internal audits have not been completed as scheduled for 2022. The previous shortfall around internal audits (HDSS:2008 criteria 1.2.3.7) continues to be an area requiring improvement.</p> <p>Resident satisfaction surveys are completed quarterly, and indicate residents report high levels of satisfaction with the service provided. The 2023 results will be communicated to residents, family/whānau and staff when completed.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in ten accident/incident forms reviewed (unwitnessed falls, challenging behaviours, skin tears) and included in care plans. The previous finding related to identification of opportunities to minimise future occurrences (HDSS.2008:1.2.4.3) has been addressed. Incident and accident data is collated monthly and analysed. Benchmarking occurs on a national level against other Bupa facilities. The electronic system generates a report that goes to each operational team/governance team and generates alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by a RN.</p> <p>Discussions with the GM and CNM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two outbreaks of Covid-19 since the previous audit, both were appropriately notified.</p> <p>A staff cultural competency is available to ensure the service can deliver high quality care for Māori. Quality reviews at a local and organisational level ensure that a critical analysis of practice is</p> |
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| | | undertaken to improve health equity. |
| <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> | FA | <p>There is a staffing policy that describes rostering requirements. The documented rosters reviewed provided sufficient and appropriate coverage for the effective delivery of care and support, and all registered nursing shifts have been covered.</p> <p>Interviews with staff confirmed that their workload is overall manageable, and that management are very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews.</p> <p>The GM (non-clinical) and CNM are available Monday to Friday. On-call cover is covered by the clinical nurse manager and unit coordinator. The unit coordinator is based in the dementia unit 15 to 20 hours per week. All RN's and senior caregivers are required to have current first aid qualifications; however, not all staff working in charge roles evidenced current first aid qualifications. There is at least one RN rostered on each shift.</p> <p>There is an annual education and training schedule in place with compulsory training (learning essentials and clinical topics) programmes, including cultural awareness training. All required education training has been provided as scheduled. Staff attended cultural awareness training in February 2023. Further training in tikangi Māori and Te Tiriti o Waitangi culture is planned for 2023.</p> <p>Bupa Windsor supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 57 caregivers working across the service. The Bupa orientation programme qualifies new caregivers at a level two New Zealand Qualification Authority (NZQA) and there are 25 caregivers who have completed this qualification, with new caregivers starting this training. There are thirteen staff who have achieved the limited credit programme or are working to the dementia unit standards and work in the dementia unit. There are eleven staff with level 3 and eight with level four New Zealand Certificates in Health and Wellbeing.</p> <p>A competency assessment policy is being implemented. All staff are</p> |

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| | | <p>required to complete competency assessments as part of their orientation. Care staff complete competencies annually, including: manual handling; hoist training; chemical safety; emergency management, including (six-monthly) fire drills; and personal protective equipment (PPE) training. Level four caregivers complete many of the same competencies as the RN staff (eg, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, and wound management). Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessments. Five registered nurses, including the unit coordinators and the clinical nurse manager, are interRAI trained.</p> <p>All RNs attend the Bupa qualified staff forum each year and are encouraged to commence and complete 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 caregivers include training through the local hospital, and hospice.</p> <p>The collection and sharing of Māori health information is included in the KPI data collated, analysed, and shared with staff.</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> | FA | <p>Six staff files reviewed evidenced implementation of the recruitment process, employment agreements, police checking and completed orientation and appraisals. Staff sign an agreement with the Bupa code. This document includes (but is not limited to): Bupa values; responsibility to maintain safety; health and wellbeing; privacy; professional standards; celebration of diversity; ethical behaviour; and declaring conflicts of interest. There are job descriptions in place for all positions. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment for Māori.</p> |

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| | | Information held about staff is kept secure and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database. |
| <p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | FA | <p>There are policies and procedures in place to guide management around admission and declining processes, including required documentation. The general manager, and clinical nurse manager keep records of how many prospective residents and family/whānau have viewed the facility, admissions and declined referrals. These records capture ethnicity.</p> <p>The service has information available for Māori, in English and in te reo Māori. There were no residents identifying as Māori. There are staff members who identify as Māori. The service is engaging with the local marae and kaumātua in order to further develop meaningful partnerships with Māori communities and organisations, to benefit Māori individuals and whānau.</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> | PA Low | <p>Five resident files were reviewed: two hospital level, two rest home level care (including one on a YPD contract) and one dementia level. The registered nurses are responsible for conducting all assessments and for the development of care plans. Family/whānau are invited to attend a three-week review meeting after admission and six-monthly reviews. There is documented evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans and include their own goal setting. On interview, family members confirmed they were kept informed of matters relating to changes in health, including the recent Covid-19 outbreaks.</p> <p>The service uses the comprehensive Bupa assessment booklets and person-centred templates (My Day, My Way) for all residents. This and an initial support plan are completed within 24 hours of admission. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care</p> |

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| | <p>plan. The service supports residents (including future Māori residents) and whānau to identify their own pae ora outcomes in their care or support plan. This was evidenced through review of the Māori Health strategy and tikanga Māori and care home resident journey policy. The care home resident journey policy focuses on the importance of maintaining personal identity and meaning of significance to residents, including Māori taoka. The service has policies and procedures in place to support Māori access and choice.</p> <p>Initial interRAI assessments had been completed for all residents (including long-term residents not in the ARRC contract) within the required timeframes. Long-term care plans (including the activities care plan) had been completed within 21 days for long-term residents, and interRAI assessments sampled had been reviewed six-monthly. Evaluations are scheduled to be completed six-monthly. All residents who required review had care plans evaluated within the required six-month timeframe. Written evaluations reviewed identified if the resident goals had been met or unmet. The GP reviews the residents at least three-monthly or earlier if required and records their medical notes in the integrated resident file. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.</p> <p>Residents in the dementia unit with behaviours that challenge all had behaviour plans with triggers, strategies to de-escalate and a 24-hour support plan that documents their routine and habits to assist caregivers in their care. Behaviour monitoring documents are well utilised.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with a medical provider who visits twice-weekly and more if required. The local GP services provide out of hours cover on a rotational basis. The GP (interviewed) commented positively on the care, communication, stable nursing, and the timeliness of raising issues of concern.</p> <p>Allied health interventions were documented and integrated into care plans. The service is actively seeking a replacement physiotherapist. There are regular podiatrist visits and an organisational dietitian available. There is input from the older adult mental health service, and a psychogeriatrician into the care of residents in the dementia unit. A speech language therapist, wound care and continence specialist</p> |
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| | <p>nurses and hospice support are available as required.</p> <p>Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for five residents with seven wounds (skin tears, skin conditions, chronic ulcers, and one pressure injury (stage IV). Wound dressings were being changed appropriately, within the required frequency. A wound register is maintained in each community. Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a three-day urinary continence assessment.</p> <p>Caregivers and RNs complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime. Neurological observations are completed for unwitnessed falls, or where there is a head injury and are uploaded to the electronic incident and accident system; however, not all were completed according to the timeframes detailed in policy. The incident reports reviewed evidenced timely follow up of incidents by a registered nurse.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. This was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by caregivers. The RN further adds to the progress notes if there are any incidents or changes in health status. Progress notes give an accurate picture of the resident care journey.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical nurse manager, unit coordinator or an RN initiates a review with a GP. There is evidence that residents that had deteriorations in health, are rapidly assessed and reviewed in a timely manner by the GP. Family/whānau had been notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status. A family/whānau contact sheet records family notifications and discussions.</p> <p>Staff described how the care they deliver is based on the four</p> |
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| | | cornerstones of Māori health 'Te Whare Tapa Whā'. Care plans include the physical, spiritual, family, and mental health of the residents. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | FA | <p>The service facilitates opportunities for residents to participate in te ao Māori with visiting kapa haka groups, regular marae visits, and in activities, signage, and culturally focused food related activities.</p> <p>Community visitors include entertainers, church services and pet therapy visits. Themed days such as Matariki, Māori language week, Waitangi, and Anzac Day are celebrated with appropriate resources available.</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> | PA Moderate | <p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications using an electronic medication management system. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotic packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were stored appropriately in the three facility medication rooms and locked trolleys. The medication fridge and medication room temperatures are monitored daily. Temperatures were consistently recorded within acceptable ranges. All medications are checked weekly and signed on the checklist</p> |

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| | | <p>form. Eyedrops and other medications are required to be dated on opening and disposed of as per manufacturers guidelines; however, did not always adhere to guidelines.</p> <p>The medication charts reviewed evidenced resident allergies and current photo identification. The medication charts had been reviewed by the GP at least three-monthly. All 'as required' medications had indications for use and efficacy documented. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP. There are no standing orders used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The RN's described working in partnership with all residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>There are policies in place to facilitate a process for younger persons and other residents who wish and is competent to self-administer medications. There is a pharmacy contract in place supporting Māori and whānau to access medication.</p> |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | <p>FA</p> | <p>The lead cook oversees the on-site kitchen, and all cooking is undertaken on site. There is a seasonal four-week rotating menu, which has been reviewed by a registered Bupa dietitian. A resident nutritional profile, which includes cultural preferences, is developed for each resident on admission.</p> <p>The service adopts a holistic approach to menu development that ensures nutritional value, and respects and supports cultural beliefs, values, and protocols around food. The lead cook is familiar with Māori and cultural preferences. There are no Māori residents or residents with cultural preferences at Bupa Windsor Park; however, the cook is able to provide boil ups and other culturally specific menu options. The lead cook and care staff interviewed understood basic Māori practices in line with tapu and noa. Nutritious snacks and finger foods are available for</p> |

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| | | the residents at any time of the day or night. |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | FA | <p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</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> | PA Low | <p>The buildings, plant, and equipment are fit for purpose at Bupa Windsor Park. There are organisational preventative maintenance schedules which are maintained. All equipment has been tagged, tested, and calibrated annually as scheduled; however, hot water temperatures do not currently comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 14 June 2023. Essential contractors are available as required. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>There is secure entry to the current 20 bed dementia special care unit. There is a corridor leading to the dementia unit which has two sets of doors with four rooms in between. At the previous audit, these were verified as suitable to be dementia beds (from rest home level beds). The keypad on the set of doors (closest to the dementia unit) has been reactivated to be secure. The furthers away doors have been deactivated so these four rooms can be used for rest home level care. The corridor where these four rooms are, has locked access to the laundry, and a cleaning cupboard. The internal and external communal areas in the dual-purpose wings are large and spacious and will easily accommodate the extra four residents.</p> |

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| | | 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>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> | PA Low | <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. Staff are trained in management of emergency situations; however, not all shifts on the roster have a current first aider on duty.</p> <p>The building is secure after hours, and staff complete security checks at night. All visitors sign a visitors' book at reception as they enter the facility.</p> |
| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</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 service has a pandemic plan and a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur. There are outbreak kits readily available and sufficient supplies of personal protective equipment.</p> <p>The service has incorporated te reo Māori information around infection control for Māori residents. The staff who identify as Māori, utilise their links to provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The service has tikanga flip charts displayed and these are integrated into policy. The staff interviewed described implementing culturally safe practices in relation to infection control.</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> | FA | <p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Benchmarking occurs with other Bupa facilities and is on the shared drives for clinical staff to access. Infections are entered into an infection register and surveillance of all</p> |

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| <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>infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at clinical and quality meetings. There is an area for meeting minutes and graphs to be displayed for staff. There was infection prevention information visible on the day of audit. Ethnicity data is available through the electronic medication system and can be extracted for data collation.</p> <p>There have been two outbreaks since the previous audit (Covid-19 in March and June 2022). The facility followed their pandemic plan. All areas were kept separate, and staff were cohorted where possible. Staff wore PPE and residents and staff had rapid antigen (RAT) tests daily. Family/whānau were kept informed by phone or email. Visiting was restricted.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | <p>FA</p> | <p>The facility is committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with residents and family/whānau, to promote and ensure services are mana enhancing.</p> <p>There are six residents listed on the restraint register as using a restraint. The restraint register was maintained and current. The care plan interventions included risks and monitoring requirements. Monitoring charts were completed accordingly. The use of restraint is reviewed monthly and reported in the monthly clinical, staff and quality meetings and to the regional operations manager via the clinical nurse manager. The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. The service is working towards having a resident or relative representative on the restraint committee.</p> |

Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
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| <p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p> | <p>PA</p> <p>Moderate</p> | <p>The service has implemented a quality system which includes an internal audit schedule, meeting minutes, trend analysis and surveys. The 2022 and 2023 internal audit schedule and a selection of completed audits were sighted with corrective action plans completed and signed off; however, not all of 2022 planned audits have occurred as scheduled. A review of meeting minutes identified corrective actions being discussed; however quality data and trends was not always evidenced as being discussed.</p> | <p>(i).The schedule of 2022 audits were not completed as per schedule.</p> <p>(ii). Quality data is not discussed at meetings.</p> <p>(iii). The hazard/risk register has not been reviewed since 2021</p> | <p>(i). Ensure audits are completed according to the documented schedule.</p> <p>(ii). Ensure quality data is discussed at relevant meetings.</p> <p>(iii). Ensure the hazard register is reviewed and updated</p> <p>90 days</p> |
| <p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person</p> | <p>PA Low</p> | <p>There are a suite of monitoring charts for RNs to utilise; overall, these have been completed as per policy requirements.</p> <p>The policy documents that where</p> | <p>Neurological observations for three of four unwitnessed falls were not</p> | <p>Ensure all neurological observations are completed as per policy.</p> |

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| <p>receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p> | | <p>unwitnessed falls occur, staff are required to commence neurological observations for defined time intervals; however, this was not always evidenced on the days of audit.</p> | <p>completed according to policy.</p> | <p>90 days</p> |
| <p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p> | <p>PA Moderate</p> | <p>Registered nurses and medication competent caregivers are responsible for all aspects of medication storage and administration. Systems are in place to ensure staff competency and safe storage is monitored by regular checks and internal audits. However, not all items in current use reflected required standards.</p> | <p>(i). Two eyedrops in the medication trolley in current use, were past the manufacturer's guidelines. (ii). One eyedrop and one crème in use did not evidence an opening date.</p> | <p>(i)-(ii). Ensure all eyedrops are dated with opening dates and all date sensitive medications are discarded as per manufacturer's instructions. 60 days</p> |
| <p>Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples'</p> | <p>PA Low</p> | <p>There is an implemented preventative maintenance plan. All equipment is calibrated, tagged, and tested as scheduled. Essential contractors are available as required. Hot water temps are monitored weekly; however, temperatures recorded have consistently identified temps above 45</p> | <p>Hot water temperatures have been consistently between 46 and 48 in several resident areas for 2023.</p> | <p>Ensure hot water temperatures are maintained at 45 degrees or below.</p> |

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| cultures and supports cultural practices. | | degrees. This issue has been identified and a corrective action plan is in place. | | 90 days |
| <p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p> | PA Low | <p>The skills and knowledge of clinical staff and senior caregivers includes holding a first aid qualification. First aid certificates for clinical staff and senior caregivers are not all current. Therefore, there is not always a staff member with a current first aid certificate on duty at all times. This has been identified and a corrective action plan is in place for staff to attend first aid training when next available.</p> | <p>There are shifts where there are no members of staff with a current first aid certificate.</p> | <p>Ensure there is a member of staff with a current first aid certificate on duty at all times.</p> <p>90 days</p> |

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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End of the report.