

# CHT Healthcare Trust - Hillsborough Care Home

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	CHT Healthcare Trust	
<b>Premises audited:</b>	Hillsborough 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: 19 October 2023	End date: 20 October 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>	45	

# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

Hillsborough care home is part of the Bupa group. The service provides rest home and hospital (geriatric and medical) levels of care for up to 47 residents. On the day of the audit there were 45 residents.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Service Standard 2021 and the service's contract with Te Whatu Ora Health New Zealand - Te Toka Tumai Auckland. The audit process included a review of policies and procedures, a review of residents and staff records, observations, and interviews with management, residents, family/whānau, staff, and the general practitioner.

A care home manager is responsible for the management of the facility and is supported by a clinical nurse manager. The residents and family/whānau spoke positively about the care provided. An induction and in-service training programme is provided.

This provisional audit identified improvements required around internal audits, care plan interventions, medicine management and infection surveillance.

The prospective buyer CHT Healthcare Trust, is an experienced aged care provider with 16 care facilities on the North Island. CHT has a documented plan for Hillsborough care home to transition to the CHT quality system, policies, procedures, and electronic client management system. CHT provide administrative, human resource management, quality oversight and training support.

## **Ō tātou motika | Our rights**

Bupa Hillsborough 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 and a Pacific 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. Hillsborough 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/whānau are kept informed. The rights of the resident and/or their family/whānau 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**

The 2023 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. The quality and risk management systems include performance monitoring through the collection of clinical indicator data. There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation, and staff training and development. The service have 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 whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

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

Residents are assessed before entry to the service to confirm their level of care. The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans were developed and reviewed within expected timeframes. Monitoring charts are completed as expected.

There are planned activities that are developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme in place.

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

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met.

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

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

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 trained staff member on duty. Appropriate security checks and measures are completed by staff. 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. Security is maintained.

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

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 appropriately. Pandemic plans are in place and the service has access to personal protective equipment supplies. There have been three Covid -19 outbreaks since the last audit.

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**

The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. There were two residents using restraints at the time of audit. A comprehensive assessment, approval, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	3	1	0	0
Criteria	0	172	0	3	1	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>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 residents who identify as Māori.</p> <p>Bupa has developed a te ao Māori strategy to introduce and implement the te ao Māori related standards with a Māori health consultant. Materials and care programmes that address the 2021 Health and Disability Services Standard have been put in place. Bupa care home managers have attended workshops (Mauri Tū, 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 2023.</p> <p>The 'Māori Health Strategy and Towards Māori health equity policy' described business processes to ensure equal opportunities for all applicants that do apply for jobs. At the time of the audit there were Māori staff members in various roles throughout the facility. Bupa Hillsborough has links to the local Iwi/Hapu Waipareira Trust and the Māori Wardens Trust.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p>

		<p>Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and authority in decision-making that supports their health and wellbeing. At the time of the audit there were no staff who identify as Māori.</p> <p>Interviews with the care home manager identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service has provided several training sessions on cultural safety. Training encompassed Te Tiriti o Waitangi based on the guidelines of cultural safety in nursing education and practice.</p> <p>The prospective owner knows and understands the consumer rights and has a good understanding of Te Tiriti o Waitangi, recognising barriers for Māori and supporting Māori. The owner has completed cultural training.</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>	FA	<p>During the admission process, the resident's whānau are encouraged to be present to assist with identification of all needs including cultural beliefs. On admission all residents' ethnicities are captured. Individual cultural beliefs are documented for all residents in their care plan and activities plan. At the time of the audit there were residents at Bupa Hillsborough who identify as Pasifika.</p> <p>The Bupa organisation developed of a comprehensive Te Mana Ola: Pathways to Pacific Peoples Health Equity plan that sets the key direction and long-term priorities to achieve equity in Pacific health and wellbeing outcomes. Bupa partners with a Pasifika organisation and/or individual to provide guidance. The service links with Pasifika groups (i.e. St Peters Anglican Church) in the local community facilitated by current staff members.</p> <p>The service is able to access pamphlets and information on the service in most Pasifika languages, and these are displayed at the entrance to the facility. Te Mana Ola: Pathways to Pacific Peoples Health Equity described business processes to help shape their Pacific workforce, the workplace culture. There are currently staff that identify as Pasifika. On interview Pasifika staff members confirmed</p>



		<p>they were welcomed and supported by management to attain qualifications.</p> <p>Interviews with the care home manager and eleven staff members including: four caregivers, one registered nurse (RN), one enrolled nurse (EN), one activities coordinator, one cook, two housekeepers and one maintenance officer identified that the service puts people using the services first.</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 whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>The care home manager or clinical manager discuss aspects of the Code with residents (where appropriate) and their whānau on admission. Information about the Nationwide Health and Disability Advocacy is available on the noticeboards in each floor and in the information packs provided. Other formats are available such as information in te reo Māori, and Pacific languages. 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>Four residents (three hospital and one rest home) and three family/whānau (all hospital) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The service recognises Māori mana motuhake as reflected</p>

		<p>in the care plans. Care plans reflected residents were encouraged to make choices and be as independent as possible. Care staff confirmed this to be the case when interviewed. Interactions observed between staff and residents were respectful.</p> <p>The prospective owner knows and understands The Code and their responsibilities as a provider of health and disability services, evidenced through interview and reflective in the large number of policies that the purchaser have available around resident rights.</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>Caregivers 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 are encouraged to have control and choice over activities they participate in as evidenced in resident care plans.</p> <p>The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. 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. 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.</p> <p>Spiritual needs are identified, church services are held, and spiritual support is available. It was observed during the audit that residents are treated with dignity and respect. Staff were observed to use</p>

		<p>person-centred and respectful language with residents. Residents and whānau 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 concepts of personal privacy and dignity. Residents' files and care plans identified resident's preferred names.</p> <p>Matariki and Māori language week are celebrated at Bupa Hillsborough. Caregivers interviewed advised they are encouraged to use common te reo Māori phrases when speaking with Māori residents and for everyday greetings. Caregivers received cultural training that includes Te Tiriti o Waitangi training, the Bupa staff contract booklet includes information on Bupa's commitment to reflect the principles of Te Tiriti in day-to-day service delivery.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Bupa Hillsborough policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff received Code of Conduct training through Bupa Learn platform. The staff engagement survey of 2023 evidence staff are participating in creating a positive workplace.</p> <p>Towards Māori Health Equity policy address institutional racism. There is a safe anonymous pathway for staff to report issues related to racism and harassment. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds</p>

		<p>through an external agency. Professional boundaries are defined in job descriptions.</p> <p>Interviews with the RN, EN and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The service promotes a strengths-based and holistic model ` Person First Care` to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes. On interview care staff confirmed an understanding of holistic care for all residents. Cultural awareness training completed in March and August 2023 includes recognition of explicit and non-explicit bias and supports the recognition and reduction of bias in health care.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and whānau on admission. Six weekly resident and whānau meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau 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 adverse event. This is also documented on the family/whānau communication sheet that is held in the front of the resident's file. Twelve accident/incident forms reviewed identified whānau are kept informed; this was confirmed through the interviews with whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Some residents are not fluent in English. Staff on interview advised they have communication resources available when required and the resident use an iPad to help with communication.</p> <p>Non-subsidised residents (or their appointed representative) are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and</p>

		<p>family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora – Te Toka Tumai Auckland specialist services (eg, geriatric nurse specialist, mental health, wound nurse specialist, dietitian, speech, and language therapy). The management team hold weekly head of department meetings to enhance internal communication and facilitate a holistic approach to care. The RN interviewed described an implemented process around providing residents and whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</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 around informed consent. Resident files reviewed included signed general consent forms. The residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. The advance directive policy is implemented. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.</p> <p>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 residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files and were activated as indicated.</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>	FA	<p>The complaints procedure is provided to residents and whānau on entry to the service. The care home 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 seven complaints (three in 2022 and four in 2023 year to date) made since the last audit in February 2022. The complaints included an</p>

<p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>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 Commissioner (HDC).</p> <p>One complaint made through HDC in January 2023 remains open, the service has investigated the complaint and are awaiting a response from HDC. Manatū Hauora (Ministry of Health) requested follow up against aspects of a complaint that included: call bell response times, staffing, skin care and continence management. There were no identified issues in respect of this complaint.</p> <p>The welcome pack included comprehensive information on the process for making a complaint. Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance and in the wings of the facility. 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 and family/whānau meetings are held quarterly, chaired by the care home manager. The contact details for a resident advocate from advocacy services is posted in large print on resident noticeboards. Residents and whānau making a complaint can involve an independent support person in the process if they choose. The care home manager described the preference for face-to-face communication with people who identify as Māori. Residents and family/whānau interviewed confirm the management is open and transparent in their communication.</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</p>	<p>FA</p>	<p>Hillsborough is a Bupa facility which provides hospital and rest home care for up to 47 residents. Occupancy at the time of the audit was 45 residents. All beds are dual-purpose. The Waikowhai wing (22 beds) had an occupancy of 21 residents consisting of 16 hospital residents, including one on an interim patient care (IPC) contract and five rest home residents. The Manukau wing (25 beds) had an occupancy of 24 residents consisting of 18 hospital residents, including one on an</p>

<p>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>ACC contract and six rest home residents. The remaining residents were on the age-related residential care (ARRC) contract.</p> <p>Bupa has an overarching strategic plan in place with clear business goals to support their person-centred philosophy of ‘Helping people live longer, healthier, happier lives and making a better world. We take pride in endeavouring to delivering quality care with a personal touch.’ The 2023 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 Northern 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, 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>The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. Bupa NZ is committed to supporting the best health outcomes for Māori and guidance for their employees by developing cultural safety awareness around Māori health equity, and disparities in health outcomes, including in aged residential care. The Towards Māori Health Equity policy states Bupa is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collectives needs of residents who identify as Māori, to ensure they live longer, healthier, happier lives.</p> <p>Bupa has engaged with a cultural advisor to work alongside the Bupa Leadership team. Bupa leadership team has undertaken the Te Kaa Māori immersion training programme. Additional training has been undertaken by the leadership team to ensure competence with Te Tiriti, health equity, and cultural safety through shared learning,</p>
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		<p>presentations at leadership team meetings and completion of online modules. The cultural advisor collaborates with the Boards and senior management in business planning and service development to improve Māori and tāngata whaikaha health outcomes. Tāngata whaikaha provide feedback around all aspects of the service, through resident meetings and satisfaction surveys (quarterly for family/whānau and six monthly for residents in 2023), which provides the opportunity to identify barriers and improve health outcomes.</p> <p>Bupa has a Clinical Governance committee (CGC), Risk and Governance committee (RGC), a Learning and development governance committee and a Work Health Safety Governance committee where analysis and reporting of relevant clinical and quality indicators is discussed in order to improve. The Clinical Services Director chairs the Clinical governance committee (CGC) with oversight from Bupa's second line Clinical Governance and compliance team and the Chief Medical Officer. The clinical support improvement team (CSI) includes clinical specialists in restraint, infections and adverse event investigations and a customer engagement advisor, based in head office. The organisation benchmarks quality data with other NZ aged care providers. Each region has a clinical quality partner who support the on-site clinical team with education, trend review and management.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in each monthly meeting. 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 care home manager is a RN and has been employed in the role at Bupa Hillsborough for seven months and has management experience working for Te Whatu Ora. She is supported by a clinical manager (who was absent at the time of the audit) who has worked in the role since August 2022, RNs, and full complement of experienced caregivers and the regional operational manager and quality partner.</p> <p>The care home manager and clinical manager have both completed</p>
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		<p>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>CHT, the prospective purchaser is an experienced aged care provider. The organisation owns 16 aged care facilities on the North Island including three in the Bay of Plenty, one in Waikato, and twelve situated around Auckland. The governance body of CHT Healthcare Trust consists of seven trustees. Each of the trustees contributes their own areas of expertise to the Board including legal, accounting, medical, human resources, marketing, and business management. The Chairperson of the Board is also an experienced director and chairs other organisational boards. There is a documented transition plan with timeframes to implement the CHT policies and procedures, quality systems and electronic client management system. Transition includes roles and responsibilities by the CHT area manager, quality team, HR team, and clinical team.</p> <p>Interview with the prospective purchaser confirmed that there will be no changes to key personnel at site level; and RN full time equivalent and caregivers will remain unchanged. The current care home manager has the overall responsibility of the day-to-day operations, and the clinical manager will have overall responsibility for clinical management. There will be peer support processes between the facilities.</p> <p>At the time of the audit the proposed settlement date is January 2024. The proposed funder Te Whatu Ora – Te Toka Tumai Auckland has been informed.</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>PA Low</p>	<p>Bupa Hillsborough is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through the collection of clinical indicator data and internal audits; however, not all of the internal audits reviewed were completed as per the annual schedule. Monthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection</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>control/pandemic strategies; complaints received (if any); staffing; and education. Quality meetings and the collation of data were sighted as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends analysis are held in folders in the staffroom. Benchmarking occurs on a national level against other Bupa facilities and age care facilities nationally.</p> <p>Resident and family/whānau satisfaction surveys are managed and completed by head office. The June 2023 resident and whānau satisfaction surveys has been collected and analysed at head office. Corrective actions were implemented for the June survey around care home phone contact/system, activities programme and food variety. The September survey results were being reviewed at the time of the audit. Results have been communicated to residents in the monthly 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. 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 service reviews the progress toward the goal at regular intervals. 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. The service completes an annual ACC self-assessment internal audit. 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.</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 reviewed. Incident and accident data is collated monthly and</p>
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		<p>analysed. The RiskMan system generates a report that goes to each operational team/governance team and also generates alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover. Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p> <p>Discussions with the care home manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications submitted for pressure injuries and one for RN shortages in October 2023. There have been two Covid-19 outbreaks in February and November 2022 since the previous audit which were appropriately notified.</p> <p>The prospective provider has an established, robust quality and risk management programme that they plan to implement at Bupa Hillsborough. It is anticipated to start implementing the new electronic system and suite of policies within a phased transition plan for the implementation of the prospective owner's own organisational policies including meeting and internal audit schedule to ensure continuity of the quality and risk management programme. Current GP, physiotherapist and pharmacy and supplier contracts will remain. There are no legislative compliance issues that could affect the service.</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. 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. 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. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The rosters reviewed met contractual obligations related to staffing. The RNs and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. There is an RN on duty 24/7 who is supported by medication competent caregivers. Interviews with staff confirmed that their workload is manageable, and that management is supportive. The number of caregivers allocated to each floor is sufficient to meet the care needs of the residents. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and resident meeting minutes. The care home manager and clinical manager are available Monday to Friday. On-call cover for all Bupa facilities in the region is covered by a six-week rotation of one care</p>

		<p>home and one clinical manager 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 safety training, Māori health and Tikanga which included Te Tiriti o Waitangi and how this applies to everyday practice in March and August 2023. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. The Bupa orientation programme qualifies new caregivers at a level two NZQA. Of the 27 caregivers, 17 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. Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. Four out of the six RNs are interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year and to commence and complete a professional development recognition programme (PDRP). External training opportunities for care staff include training through Te Whatu Ora – Te Toka Tumai Auckland and hospice. A record of completion is maintained on an electronic register. Toolbox talks are included as part of the staff meetings for any updates/topical concerns.</p> <p>Agency staff are used if necessary. A management of agency staff policy is documented for the organisation. If the agency nurse has never worked in the care home before, a 'bureau staff information booklet' is provided to them. Orientation including health and safety and emergency procedures are the responsibility of the delegated person on duty. Agency contracts indicate the requirements to be met by the agency 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 provision of regular cultural themes, wellness packs and shared meals. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations. Facility meetings provide a forum to share quality health information.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. The Bupa recruitment office 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 Hillsborough care home manager. Eight staff files reviewed including one clinical manager, one RN, four caregivers, one activities coordinator and one maintenance officer evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Staff sign an agreement with the Bupa code. 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. 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). The appraisal policy is implemented, and all staff who had been employed for over one year have an annual appraisal completed. 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 environment to Māori. The staff contact pack include Bupa Treaty of Waitangi information. Information held about staff is</p>

		<p>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 and rehabilitation support to return safely to work is facilitated through an external company.</p> <p>The prospective buyer interviewed stated they offered similar employment conditions to employees.</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. There is a documented Bupa business continuity plan in case of information systems failure. 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.</p> <p>Residents archived files are securely stored in a locked room and easily retrievable when required. 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 care home manager is the privacy officer and there is a policy to provide guidance on the request of health information. 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> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We</p>	FA	<p>Residents who are admitted to Hillsborough care home are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. Completed NASC authorisation forms for rest home and hospital level of care residents were sighted. The care home manager and clinical manager screen prospective residents prior to admission.</p> <p>A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were</p>

<p>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>documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required time frames and signed on entry. Family/whānau were updated where there was a delay in entry to the service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The care home manager reported that all potential residents who are declined entry are recorded. When an entry is declined the resident and family/whānau are informed of the reason for this and made aware of other options or alternative services available. The resident and family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. Routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service has existing engagements with local Māori communities, health practitioners, and organisations to support Māori individuals and whānau. The care home manager stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know 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>PA Low</p>	<p>Seven resident files were reviewed: five hospital (including one on interim patient care contract) and two rest home level care. A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed and six monthly multi-disciplinary reviews.</p> <p>Hillsborough care home uses a range of risk assessments alongside the interRAI care plan process. Risk assessments conducted on admission include those relating to falls, pressure injury, skin, pain,</p>

	<p>continence, cultural and activities. The initial support plan is completed within 24 hours of admission. InterRAI assessments and reassessments have been completed within expected timeframes and all outcome scores were identified on the long-term care plans. For the resident files reviewed the outcomes of the assessments formulate the basis of the long-term care plan.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions are holistic, resident centred and provided guidance to staff around all medical and non- medical requirements; however, not all resident long term care plans had detailed intervention documented to provide guidance for care staff in the delivery of care. There are policies and procedures for use of short-term care plans which 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. Evaluations were completed at the time of interRAI reassessments (six-monthly) for five residents and when changes occurred earlier as indicated. Two residents had not been in the facility for six months. Evaluations documented the progression towards goals. Written evaluations reviewed identify if the resident goals had been met or unmet.</p> <p>The service contracts a general practitioner from a local medical centre for weekly visits and is available on call 24/7 for the service. The general practitioner had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. Referrals to specialists at the local hospital were completed as indicated. The general practitioner (interviewed) commented positively on the service and confirmed appropriate and timely referrals were completed. They were happy with the competence of the registered nurses, care provided and timely communication when there are residents with concerns.</p> <p>Resident files identify the integration of allied health professional input into care and a team approach is evident. A physiotherapist from local provider visits weekly. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team, hospice, wound care nurse specialist and medical specialists are available as</p>
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	<p>required through Te Whatu Ora Health New Zealand - Te Toka Tumai Auckland. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Caregivers and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The handover is between a registered nurse to another registered nurse and then registered nurse to care staff on each shift, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written on every shift by the caregivers and the registered nurses document at least daily for all resident records and when there is an incident or changes in health status.</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 registered nurses who then assesses the resident and initiate a review with the general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes and any changes to health status and this was consistently documented in the resident files.</p> <p>There were eleven wounds from nine residents including two pressure injuries (stage 1 and unstageable). There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans including wound measurements and photographs were reviewed. Wound registers has been fully maintained. Section 31 notification was completed for the unstageable pressure injury. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed; however, there was no documentation in the long-term care plan for two chronic wounds reviewed. There is documented wound care nurse specialist input into chronic wounds. Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p>
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<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</p>	<p>FA</p>	<p>There is a full-time activities coordinator, currently completing their diversional therapist qualification, that provides resident centred activities Monday to Friday. There are resources available for care givers to use after hours and when the activities coordinator is off. A weekly activities calendar is posted on the noticeboards and copies available for each resident. The activities were based on assessment and reflected the residents' social, cultural, spiritual, physical,</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>cognitive needs/abilities, past hobbies, interests, and enjoyments. These assessments were completed within three weeks of admission in consultation with the family/whānau and residents. Each resident had cultural assessment, activities assessment and a map of life developed detailing the past and present activities, career, and family.</p> <p>The activity programme is formulated by the activities' coordinator in consultation with the residents, EPOAs, management team, registered nurses, and care staff. The activities were varied and appropriate to meet the resident's assessed needs. The care plans reviewed described detailed interventions to support the residents' activities. Activity progress notes and activity participating register were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. Activities sighted on the planners included quiz, bingo, floor games, Matariki, Māori language week, cultural days, table games, sensory, outdoor walks, van outings, music, pet therapy, entertainment and exercise, visits from primary school and relaxing time with pampering. The service promotes access to EPOA and family/whānau and friends. There are regular outings and drives for all residents (as appropriate).</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals and Māori language week.</p> <p>Residents and family/whānau meet regularly to discuss different issues at the facility and provide feedback relating to activities. EPOA, family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</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</p>	<p>PA Moderate</p>	<p>Hillsborough care home has policies available for safe medicine management that meet legislative requirements. The registered nurses, enrolled nurses and medication competent caregivers who administer medications had current competencies which were</p>

<p>access appropriate medication and blood products.  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>assessed in the last twelve months. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets are electronic. On the days of the audit, an enrolled nurse and medication competent caregivers were observed to be safely administering medications. The registered nurse, enrolled nurse and caregivers interviewed could describe their roles regarding medication administration. Hillsborough care home uses robotic rolls for all regular and short course medications and boxes for 'as required' medicines. All medications once delivered are checked by the registered nurses against the medication chart. Medication reconciliation was conducted by the registered nurse when a resident is transferred back to the service from the hospital or any external appointments. The registered nurse checked medicines against the prescription, and these were updated in the electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the medication trolleys and the medication room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops and creams have been dated on opening. Medication incidents were completed in the event of a drug error and corrective actions were acted upon.</p> <p>Fourteen medication charts were reviewed. There is a three-monthly general practitioner review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.</p> <p>There is a policy in place for residents who request to self-administer medications. At the time of audit, there was one resident self-administering medications; however, self-administration processes were not followed for one resident who had a self-administration competency discontinued in August 2023. The service does not use</p>
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		<p>standing orders and there are no vaccines kept on site.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The registered nurse described how they 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>The kitchen service complies with current food safety legislation and guidelines. The chef reported that all food and baking is prepared and cooked on-site. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires 24 September 2024. The menu was reviewed by a registered dietitian. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed regularly. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All food is served from the main kitchen. Food for residents in the rooms is transported to them via a hot box to the respective rooms. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options</p>

		that are culturally specific to te ao Māori when required.
<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 exit, discharge or transfer of residents is undertaken in a timely and safe manner. There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. Discharges are overseen by the registered nurses who manage the process until exit. Exits, discharges or transfers were coordinated in collaboration with the resident, family/whānau and other external agencies to ensure continuity of care. Risks are identified and managed as required.</p> <p>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, where indicated or requested. Transfer documents include but not limited to transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts and last general practitioner review records.</p> <p>Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and filed into the resident's folder for archiving. If a resident's information is required by a subsequent general practitioner, a written request is required for the file to be transferred. Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed.</p> <p>Discharge notes are kept in residents' files and any instructions integrated into the care plan. The registered nurse 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</p>	FA	<p>The building holds a current warrant of fitness which expires 22 December 2024. The maintenance officer works 32 hours a week (Monday to Thursday). There is a maintenance request book for</p>

<p>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>repair and maintenance requests located in each nurses' station. This is checked daily and signed off when repairs have been completed.</p> <p>There is a monthly, three monthly, six monthly and annual maintenance plan that includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from Bupa head office. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Compliance testing of electrical equipment was completed in October 2023. Checking and calibration of medical equipment, hoists and scales was also completed in April 2023. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>Visual inspection of the facility was conducted. The environment and setting were observed to be culturally safe for Māori and family/whānau. There are two wings (Manuka and Waikowhai). Each wing has a communal lounge with kitchenettes where residents and visitors may make tea/coffee. A lounge in one wing is much larger than the other and this is where most activities take place. There are small rooms/niches where residents can read, entertain visitors, or just have quiet time. The rest home and hospital communal areas are carpeted. All bedrooms and communal areas have ample natural light and ventilation. There are electric heaters in each room and residents are able to adjust the temperature if they wish. Corridors are wide, have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>All rooms are single. There is ample space in all areas to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have ample space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. There are seven rooms with only handbasins with the rest having their own ensuites. There are sufficient communal toilets and showers. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs if required. There are signs on all shower/toilet doors. The visitors toilet is situated beside the reception. The facility is non-</p>
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		<p>smoking. The external areas and gardens were maintained. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>The prospective purchaser is not planning any immediate environmental changes to the facility other than ongoing repairs. They are aware of their obligations to consult with Māori for any future developments.</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, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, dated 6 August 2012. A fire evacuation drill is repeated six-monthly. The facility uses a contracted evacuation specialist to conduct these fire drills, last completed on 31 August 2023. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The maintenance officer checks the civil defence supplies monthly. In the event of a power outage there is back-up power available and gas cooking (BBQ). There are dry food supplies in the kitchen.</p> <p>There are adequate supplies in the event of an emergency including water stores (water tank 4,000 litres and bottled water) to provide residents and staff with three litres per day for a minimum of three days. 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 available at all times. There are call bells in the residents' rooms and ensembles, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors and on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner. The building is secure after hours, staff complete security checks at night. There are security cameras installed</p>



		throughout the facility, including the main entrance.
<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The 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 national infection control coordinator 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 infection control, quality, registered nurse and staff meetings. Infection prevention and control are part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora Health New Zealand – Te Toka Tumai Auckland in addition to expertise at Bupa head office.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility.</p> <p>The prospective purchaser CHT have an established infection control programme they plan to implement.</p>
<p><b>Subsection 5.2: The infection prevention programme and implementation</b></p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe.</p>	FA	<p>The designated infection control coordinator is supported by the clinical manager and Bupa national infection control coordinator. During Covid-19 outbreaks there were regular zoom meetings with Te Whatu Ora- Te Toka Tumai Auckland, and the Bupa national infection control coordinator which provided a forum for discussion and support related to the Covid-19 response framework for aged residential care</p>

<p>Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>services. The service has a 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 courses in the basics of infection control, online study, and other training through Te Whatu Ora Health New Zealand- Te Toka Tumai Auckland. There is good external support from the GP, laboratory, and the Bupa national infection control coordinator. 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 national infection control coordinator and the Hillsborough infection control coordinator have 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 annually by Bupa in consultation with infection control coordinators. Policies are available to staff. Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and dressings 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 has incorporated te reo Māori information around infection control for Māori residents. 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. Infection control practices include laundry and cleaning practices that reflect Māori participation and consultation in infection prevention to promote culturally safe practice.</p> <p>Reusable medical equipment is cleaned and disinfected after use and prior to next use. Cleaning and environmental audits are completed in</p>
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		<p>line with the audit schedule 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 pandemic response (including Covid-19) and staff were informed of any changes by noticeboards, handovers, toolbox talks, memos, 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>The prospective purchaser will implement the CHT infection prevention and antimicrobial stewardship programmes at Hillsborough care home.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Bupa's infection prevention and antimicrobial stewardship programmes align with Bupa's strategy of helping people live longer, healthier, happier lives and making a better world, with continuous improvement of customer outcomes. The infection prevention and antimicrobial stewardship programmes are endorsed through the Clinical Governance Committee (CGC), and Bupa's consultant geriatrician has oversight of the antimicrobial stewardship programme which are reviewed annually.</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 Bupa national infection control coordinator is responsible for collating and analysing the electronic medication</p>

		<p>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>PA Low</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. Infection data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities. The service does not currently incorporate ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection control, clinical and staff meetings. Meeting minutes and graphs are available for staff. Action plans are implemented 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 Health New Zealand -Te Toka Tumai Auckland.</p> <p>There has been three Covid-19 outbreaks (October 2022, December 2022, and June 2023) since the previous audit. All were appropriately managed with Te Whatu Ora Health New Zealand -Te Toka Tumai Auckland and Public Health appropriately notified. There was regular communication with Bupa national infection control coordinator, clinical director, aged care portfolio manager and the infection prevention and control nurse specialist. Daily outbreak management meetings and toolbox talks (sighted) captured lessons learned to prevent, prepare for, and respond to future infectious disease outbreaks. Outbreak logs were completed. Staff confirmed resources including PPE were plentiful.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed 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>The laundry service (which includes all linen, towels, residents clothing) is outsourced and completed by an external provider based at another Bupa facility within the area. All dirty laundry is sorted into appropriate bags by care staff and left at the collection point for the external provider to pick up. There is a daily receipt of clean laundry which is sorted out and delivered to resident’s rooms in trays by the household staff. The numerous linen cupboards were well stocked.</p> <p>When in use, cleaners’ trolleys are attended at all times, and are locked away in the cleaners’ cupboard when not in use. All chemicals on the cleaning trolley were labelled. There was appropriate personal protective clothing readily available.</p> <p>The housekeeping staff interviewed had good knowledge about cleaning processes and requirements relating to infection prevention and control.</p> <p>The prospective purchaser confirmed that there will be no changes to the laundry and cleaning processes at Hillsborough care home. The laundry service provider at the centralised large Bupa facility in the area will be transitioned over to the CHT approved and contracted laundry service provider in line with the transition plan. The transition will also include the cleaning service provider to the CHT contracted cleaning service provider; however, there will be no effect on the ongoing employment of housekeeping staff.</p>
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<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>Maintaining a restraint free environment is the aim of the service. Policies and procedures meet the requirements of the standards. The regional restraint group is responsible for the Bupa restraint elimination strategy and for monitoring restraint use in the organisation. Restraint is discussed at the clinical governance and board level.</p> <p>If a Māori resident requires restraint, prior to this decision cultural advice is sought alongside whānau to explore spiritual and cultural values. The interviewed registered nurses stated that the service is committed to a restraint-free environment. The service has strong strategies in place to eliminate the use of restraint.</p> <p>At the time of the audit, two residents were using bedrail restraints. When restraint is used, this is a last resort when all alternatives have been explored. The restraint coordinator is a registered nurse and has a defined role of providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint coordinator is responsible for the coordination of the approval of the use of restraints and the restraint processes. There are clear lines of accountability as set out in the signed job description. The current restraints in use have been approved. Whānau/EPOA and residents were involved in decision-making.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions,</p>	<p>FA</p>	<p>Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of the Standard. Family/whānau confirmed their involvement in the process. Access to advocacy is facilitated, as necessary. A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record. Staff, management meeting minutes, and quarterly reports to the national restraint coordinator documented discussions about restraint use and strategies to minimise the use of restraint.</p>

<p>and only use approved restraint as the last resort.</p>		<p>If emergency restraint is required, the registered nurse will consult with the care home manager, clinical manager, restraint coordinator, resident, and family/whānau and determine, depending on the situation, who will debrief the staff.</p> <p>There is a restraint policy to guide staff in the use of restraint. There is an up-to-date restraint register. Two residents were assessed as requiring bedrail restraints. Review of the records indicated that the restraint assessment was completed with involvement of family/whānau. The bedrails are required whenever the residents were in bed. The long-term care plans indicated that the residents were using restraints; however, there were no detailed interventions to direct caregivers in the implementation of safe restraint use (link 3.2.3). Monitoring records were comprehensively completed, and progress notes indicated care delivery in relation to restraints. Three monthly evaluation of restraint use had been completed as scheduled.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The national restraint teleconference was completed in July 2023 and included the restraint coordinators from all the Bupa facilities. The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated. Benching marking is completed with other Bupa facilities. The benchmarking, identify trends, ways to minimise and eliminate the use of restraint, and ongoing restraint and challenging behaviour education to all staff.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>Meeting minutes evidence discussion at all facility meetings around quality data and corrective actions identified. All quality data is benchmarked. Satisfaction surveys are held, and results are shared with staff, residents and family/whānau. There is an internal audit schedule documented; however, not all of the internal audits reviewed were completed as per the annual schedule.</p>	<p>Eleven of the thirty-five internal audits reviewed for 2023 were not completed as per the annual schedule.</p>	<p>Ensure that all internal audits are completed as per the annual schedule.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled,</p>	PA Low	<p>The registered nurses are responsible for the development of the support plan. Assessment tools including cultural assessments were completed to identify key risk areas. Alerts are indicated on the resident care plan and include (but not limited to) high falls risk, weight loss,</p>	<p>There are no detailed interventions to guide care staff in the delivery of care service for</p> <p>(i). One rest home resident who was reviewed by the dietitian (June 2023) with detailed management plan to address the</p>	<p>(i) – (vi). Ensure care plan documentation reflects the residents’ needs and interventions to provide adequate guidance for care staff related to management of resident</p>



<p>and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>wandering, choking and pressure injury risks. The registered nurses interviewed understand their responsibility in relation to assessment and care planning. There are comprehensive policies in place related to assessment and support planning; however, not all resident care plans reviewed provided sufficient information related to assessed risks, interventions, and care planning to demonstrate compliance.</p> <p>Caregivers are knowledgeable about the care needs of the residents and the families/whanau interviewed were complimentary of the care provided. The findings related to care planning relates to documentation only.</p>	<p>weight loss.</p> <p>(ii). One hospital resident with recurring episodes of epistaxis.</p> <p>(iii). One hospital resident using a bedrail as restraint.</p> <p>(iv). One hospital resident with current pressure injury and high risk of further pressure injury.</p> <p>(v). One short stay resident did not have detailed rehabilitation plan and appropriate interventions to meet the set goals.</p> <p>(vi). Two chronic wounds were not transferred to the long-term care plan.</p>	<p>needs.</p> <p>90 days</p>
<p>Criterion 3.4.6 Service providers shall</p>	<p>PA Moderate</p>	<p>There is a policy and process on safe medicine management including resident</p>	<p>One rest home resident who had medication self-administration</p>	<p>Ensure systems and processes for self-</p>

<p>facilitate safe self-administration of medication where appropriate.</p>		<p>self-administration processes. A self-administration competency is completed with the resident, and this is reviewed at least three monthly. For one rest home resident as observed by staff and following a multi-disciplinary review in August 2023, they were deemed to be no longer competent to self-administer their medications. However, review of the electronic administration records evidence inconsistencies, with documentation that evidences self-administration between August and October 2023, when staff were meant to be in charge of administration processes as per assessment.</p>	<p>competency discontinued in August 2023 continued to have documented episodes of self-administration noted in the administration records between August and October 2023, without a current competency.</p>	<p>administration are implemented as per policy.</p> <p>60 days</p>
<p>Criterion 5.4.3 Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	<p>PA Low</p>	<p>Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at infection control, clinical, and staff meetings. The data is also benchmarked with other Bupa facilities. Results of benchmarking are presented back to the facility electronically and discussed with staff. Bupa Hillsborough captures ethnicity data on admission and is working towards incorporating this into surveillance methods and data captured around infections.</p>	<p>Infection surveillance does not include ethnicity data.</p>	<p>Ensure infection surveillance includes ethnicity data.</p> <p>90 days</p>

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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.