

Bupa Care Services NZ Limited - Erin Park Rest Home & Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited	
Premises audited:	Erin Park Rest Home & Hospital	
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical	
Dates of audit:	Start date: 16 January 2024	End date: 17 January 2024
Proposed changes to current services (if any):		

Total beds occupied across all premises included in the audit on the first day of the audit: 113

Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa Erin Park provides hospital (geriatric and medical), rest home, and residential disability (intellectual and physical) services for up to 114 residents. There were 113 residents on the days of audit.

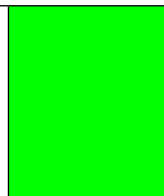
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora- Health New Zealand - Counties Manukau, and Whaikaha - Ministry of Disabled People. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

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

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

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service fully attained.

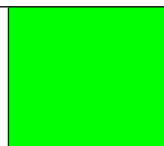
Bupa Erin Park provides an environment that supports residents' rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and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

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

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

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, and meetings were documented as taking place as scheduled.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Residents are referred or transferred to other health services as required. 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 individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated promptly.

There are planned activities that are developed to address the needs and interests of the residents in a group setting. Activity plans are completed in consultation with family/whānau, residents, and staff.

A medicine management system is in place with an electronic system for prescribing and administration of medications. 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 and cultural requirements are met. Nutritional snacks are available for residents over the day (24 hours).

Residents are referred or transferred to other health services in a coordinated manner.

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

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

There are appropriate emergency equipment and supplies available. An approved evacuation scheme is in place and fire drills are conducted six-monthly. There is a staff member on each shift who holds a current first aid certificate. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents reported a timely staff response to call bells. Security is maintained.

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


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

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on. The service has robust Covid-19 screening in place for residents, visitors, and staff. Pandemic response plans are in place and the service has access to personal protective equipment supplies. There have been four Covid-19 outbreaks (July 2022, February 2023, November 2023, and December 2023).

Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Incidents are documented in a timely manner and as per policy. Chemicals are stored securely and safely. Fixtures, fittings, and flooring are appropriate for cleaning.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. Clinical and quality oversight is provided by the restraint coordinator (a registered nurse). There was one resident using restraint at the time of audit. A comprehensive assessment, approval, and care planning 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. Regular quality reviews occur, and restraint use is benchmarked against other Bupa facilities.

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	29	0	0	0	0	0
Criteria	0	180	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 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>The Māori Health strategy supports increased recruitment of Māori employees, by embedding recruitment processes that utilise te reo Māori and engage with local iwi for recruitment strategies at a local level. Ethnicity data will be regularly reported in individual's dashboards to monitor success. At the time of the audit, there were Māori staff members. The service could demonstrate they support increasing Māori capacity by employing Māori applicants when they do apply for employment opportunities at Bupa Erin Park. Bupa Erin Park has links to the local Ruka Tapu, Manurewa, Manurewa Marae, Kaumātua, and Te Oranga Kaumātua/Kuia for community support.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> <p>Residents and whānau are involved in providing input into the</p>

		<p>resident's care planning, their activities, and their dietary needs, evidenced in interviews with six residents (five hospital, including one YPD, and one rest home) and seven family members (six hospital level, including four YPD, and one rest home), management and thirteen staff interviewed; five caregivers, one diversional therapist, one activities coordinator, one physiotherapist, maintenance, chef, and three registered nurses, described how the delivery of care is based on each resident's values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>During the admission process, the resident's whānau are encouraged to be present to assist with identification of all needs including cultural beliefs. On admission all residents' ethnicities are captured. Individual cultural beliefs are documented for all residents in their care plan and activities plan. Cultural awareness training introduced the staff to components of the Fonofale of the Pacific health Model. There are residents at Bupa Erin Park of Pasifika descent.</p> <p>The Bupa organisation developed of a comprehensive Te Mana Ola: Pathways to Pacific Peoples Health Equity plan that sets the key direction and long-term priorities to achieve equity in Pacific health and wellbeing outcomes. Bupa partners with a Pasifika organisation and/or individual to provide guidance. The service links with Pasifika groups in the local community facilitated by current staff members, including Caleb Group from the Universal Church of the Kingdom of God. 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. The care home manager confirmed how they encourage and support any staff that identify as Pasifika through the employment process. There are currently staff that identify as Pasifika. On interview, Pasifika staff members confirmed they were welcomed and supported by management to attain qualifications.</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>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</p>

<p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>and their families/whānau. The Code is displayed in multiple locations in English and te reo Māori. The care home manager, clinical manager or unit coordinators discuss aspects of the Code with residents (where appropriate) and their relatives on admission. Information about the Nationwide Health and Disability Advocacy is available on the noticeboards in each wing and in the information packs provided. Other formats are available such as information in te reo Māori, and Pacific languages. 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 Code at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The residents and relatives interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The residents and relatives felt they were encouraged to recognise Māori mana motuhake. Interactions observed between staff and residents were respectful. Care plans reflected residents were encouraged to make choices and be as independent as possible. Care staff confirmed this to be the case when interviewed.</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. Te Tiriti: Service providers commit to Māori mana motuhake. 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 and registered nurses (RNs) interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Residents are encouraged to have control and choice over activities they participate in, as evidenced in</p>

		<p>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.</p> <p>The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, church services are available according to resident need, and spiritual support is available.</p> <p>It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met.</p> <p>One younger resident with a disability (YPD) was interviewed, and four YPD families. The resident felt they were treated with respect. The four YPD family members had no specific comments related to respect. 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. The 2022, March and September 2023 resident/family surveys identified high levels of satisfaction around privacy, dignity, and respect, including cultural needs.</p> <p>Residents' files and care plans identified resident's preferred names.</p> <p>Matariki and Māori language week are celebrated at Bupa Erin Park. Caregivers interviewed described how they use common te reo Māori phrases when speaking with Māori residents and for everyday greetings. Te reo Māori signage was evident in a range of locations. Cultural training and policies which incorporate Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and</p>
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		interrelationship of all living & non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. Bupa Erin Park policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the 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 (people pulse) of 2023 evidenced staff are participating in creating a positive workplace. There is a safe anonymous pathway for staff to report issues related to racism and harassment, and the Māori Health Equity policy addresses institutional racism.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value residents of all ages, showing them respect and dignity. All residents and whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds through an external agency. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The service promotes a strengths-based and holistic model 'Person First Care' to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes. On interview care staff confirmed an understanding of holistic care for all residents. Cultural awareness</p>

		<p>training completed in February, October, and November 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 relatives on admission. Monthly resident and whanau meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). Twelve accident/incident forms reviewed identified relatives are kept informed in a timely fashion. Three family members interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event. No specific comments related to this were gained from the four YPD family members interviewed; however, it was mentioned that some of the YPD residents were non-verbal or stubborn regarding communication.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English; however, staff interviewed advised they use hand and facial gestures for those with limited English, in addition to word cards, and family members acting as translators when required with previous residents.</p> <p>Non-subsidised residents (or their appointed representative) are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Te Whatu Ora - Counties Manukau specialist services. The management team hold weekly head of department meetings to enhance internal communication and facilitate a holistic approach to care. The registered nurses described</p>

		an implemented process around providing residents and families/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.
<p>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. Eleven resident files reviewed; five at rest home level, including one YPD; and six hospital, including two long term support chronic health contract (LTS-CHC), one younger person with a disability (YPD), and one ACC included signed general consent forms. The resident and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines and welcoming the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Discussions with relatives confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files for those lacking capacity.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is equitable and is provided to residents and relatives on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, using a complaint register which is kept electronically and in hard copy. There have been three complaints year to date for 2024, and eighteen in 2023, including one received via the Health and Disability Advocacy Service. The complaints included an investigation, follow up, and reply to the complainant. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted). Documentation demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>The care home manager interviewed advised complaints logged were</p>

		<p>classified into themes (operational issues, quality of care, communication, customer rights) in the complaint register.</p> <p>The welcome pack included comprehensive information on the process for making a complaint. Interviews with residents and relatives confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility.</p> <p>A suggestions box is adjacent to where the complaints forms are held. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident and family/whānau meetings are held monthly, attended by the care home manager. The contact details for a resident advocate from advocacy services is posted in large print on resident noticeboards. Residents or relatives making a complaint can involve an independent support person in the process if they choose. The care home manager was aware of the preference for face-to-face communication with people who identify as Māori. Residents and whānau interviewed confirm the management are open and transparent in their communications.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Bupa Erin Park is located in Auckland and is a purpose-built facility. The service is certified to provide care for up to 114 hospital, rest home, and residential disability service residents. Eleven of the 114 beds are certified for dual purpose use.</p> <p>On the day of the audit, there were 113 residents; 74 hospital residents; including four residents on a long-term support chronic health contract (LTS-CHC), 14 YPD, and two ACC residents. There were 39 rest home residents, including three LTS-CHC, and one YPD. All other residents apart from the LTS-CHC, YPD, and ACC were under the age-related residential care contract (ARRC).</p> <p>Bupa has an overarching strategic plan in place with clear business goals to support their person-centred philosophy of 'Helping people live longer, healthier, happier lives and making a better world. We take pride in endeavouring to delivering quality care with a personal touch.' The business plan includes a mission statement and operational objectives with site specific goals. The Bupa executive</p>

	<p>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. The directors are knowledgeable around legislative and contractual requirements and are experienced in the age care sector.</p> <p>The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi. 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, 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, which provides the opportunity to identify barriers and improve health outcomes.</p>
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		<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 for ways 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 the bi-monthly quality meetings, and there are quality action forms that are completed for any quality improvements/initiatives during the year.</p> <p>The care home manager has been employed in the role at Bupa Erin Park for six years and was previously the care home manager at another Bupa facility. Prior to that they have extensive management experience within Bupa, and the aged care sector. The care home manager is supported by a clinical manager (who has been in the role for three years), two-unit coordinators, registered nurses, an experienced care staff team, the regional operational manager, and quality partner.</p> <p>The care home manager and the clinical manager have both completed more than eight hours of training related to managing an aged care facility and includes Bupa regional managers forums, Māori health plan, pandemic and infectious disease planning and infection control teleconferences.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe,</p>	<p>FA</p>	<p>Bupa Erin Park is implementing a quality and risk management programme. The quality and risk management systems include</p>

<p>are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>Monthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, including corrective actions, where indicated, to address service improvements. This evidenced progression and sign off when achieved. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and held in folders in the staffroom. Benchmarking occurs on a national level against other Bupa facilities.</p> <p>Resident family satisfaction surveys are managed by head office who rings and surveys families/whānau. An independent contractor is sent to survey residents using direct questioning and a tablet. Young people with disabilities at the facility have input into quality improvements to the service through these surveys, contributing to quality data collected by the service. The 2022, March 2023, and most recent September 2023 resident/family satisfaction surveys have been correlated and analysed at head office and indicate that residents have reported good levels of satisfaction with the service provided Net Promoter Score (+20 relatives, +25.3 residents). The surveys evidence satisfaction with choices, decision making, access to technology, aids, equipment, and services for younger residents with disabilities. Results have been communicated to residents in the resident and whānau meetings, and the January 2024 newsletter.</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. A health and safety team meets monthly, and the elected health and safety representatives have achieved relevant unit standards via external</p>
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		<p>training. An up-to-date hazard register (last reviewed September 2023) was sighted. Health and safety policies are implemented and monitored by the health and safety committee. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented. There were no serious work-related staff injuries.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted to attend at least six hours per week and when required. There is also a physiotherapy assistant employed by the facility full time. Strategies implemented to reduce the frequency of falls included: provision of non-slip socks for high-risk residents; intentional rounding; and the regular toileting of residents who require assistance. Transfer plans are assessed and evaluated by the physiotherapist and placed in the resident's room. Hip protectors are available for at-risk residents who consent to wearing them. Residents are encouraged to attend daily exercises as part of the activities programme.</p> <p>Electronic reports using VCare 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 analysed. The system generates a report that goes to each operational team/governance team, with automatic alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the care home manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications submitted appropriately for stage 3 and above pressure injuries, changes in management, an absconding resident, fire incident, and registered nurse shortages. There have been four outbreaks which were appropriately notified.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The registered nurses, and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The care home manager, clinical manager, and unit coordinators 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 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 in November 2023, which included Māori health, tikanga, cultural safety, Te Tiriti O Waitangi and how this applies to everyday practice. Training sessions around dementia, and behaviours of concern are held regularly. Training related to younger residents with disabilities are incorporated into all scheduled topics.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Sixty-one caregivers are employed. The Bupa orientation programme qualifies new caregivers at a level two NZQA. Of the 61 caregivers, 46 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 (but are not limited to) restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 and have undertaken extra training (classed as clinical assistants), complete many of the same competencies as the RN staff (e.g., medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, and wound management). Additional RN specific competencies include subcutaneous fluids, syringe driver, and</p>
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		<p>interRAI assessment competency. There are eleven RNs (including the clinical manager and unit coordinators) and two enrolled nurses (EN). All of the RNs are interRAI trained.</p> <p>All RNs are encouraged to attend the Bupa qualified staff forum each year and to commence and complete a professional development recognition programme (PDRP). All RNs attend relevant quality, staff, RN, restraint, health and safety, and infection control meetings when possible. External training opportunities for care staff include training through Te Whatu Ora - Counties Manukau, and hospice. A record of completion is maintained.</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 regarding meeting specific competencies.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities of the 'take five' Bupa wellness programme. Staff welfare is promoted through provision of regular cultural themes and shared meals at staff meetings. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations.</p> <p>Facility meetings provide a forum to share quality health information.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. The Bupa recruitment team advertise for and screen potential staff, including collection of ethnicity data. Bupa has commenced the process of formally collecting ethnicity data on existing staff. Once applicants pass screening, suitable applicants are interviewed by the Bupa Erin Park care home manager. Ten staff files reviewed; (two caregivers, physio assistant, kitchen assistant, chef, maintenance, EN, two RNs, and activities coordinator) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Staff sign an agreement with the Bupa code of</p>

		<p>conduct. This document includes (but is not limited to): the Bupa values; responsibility to maintain safety; health and wellbeing; privacy; professional standards; celebration of diversity; ethical behaviour; and declaring conflicts of interest.</p> <p>There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g., RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). All staff who have been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>An orientation programme and policy for volunteers is in place. Information held about staff is kept secure and confidential. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained electronically and in hard copy. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Bupa business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information</p>

		<p>recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents who are admitted to Bupa Erin Park 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 Bupa community liaison officer, care home manager (CHM) and clinical manager (CM) 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 documented and communicated to the enduring power of attorney (EPOA) and family/whānau of choice, where appropriate, local communities, and referral agencies.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes 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. The CM 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 and the Bupa community liaison officer 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,</p>

		<p>health practitioners, and organisations to support Māori individuals and whānau. The CM 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>FA</p>	<p>Eleven resident files were reviewed: six hospital (including two on long-term support chronic health contract, one YPD and one ACC), five rest home residents (including one YPD). The facility is transferring to an electronic resident management system resulting in a mixture of electronic and paper records. Registered nurses (RNs) nurses are responsible for conducting all assessments and for the development of care plans. Enrolled nurses contribute to the nursing assessments, care planning and work in partnership with the RNs, but the RN maintains overall responsibility. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed and six-monthly multidisciplinary reviews.</p> <p>Bupa Erin Park 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; 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 for all residents (inclusive of YPD, ACC, LTS-CHC residents' hospital and rest home). 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. 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. Evaluation of care plans occur at the time of interRAI re-assessments (six-monthly) and when changes occurred earlier as indicated.</p>

	<p>Evaluations documented the progression towards goals.</p> <p>The service contracts a general practitioner (GP) from a local practice who visits at least twice weekly and is available on call. The GP 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. The GP (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 a local provider visits three times a week. There is a full-time physiotherapist assistant employed Monday to Fridays to assist with residents' mobility and exercises. A podiatrist visits regularly and a dietitian, speech language therapist, psychiatric geriatrician, older persons mental health team, hospice, dietitian, wound care nurse specialist and medical specialists are available as required through Te Whatu Ora- Counties Manukau. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Caregivers, and RNs 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 care staff on each shift, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are documented 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 nurse who then assesses the resident and initiate a review with the GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status, and this was consistently</p>
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		<p>documented in the resident files.</p> <p>There were forty-three wounds being actively managed across the service. These included six stage two, one stage three, and five unstageable pressure injuries. 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 are electronic. A Section 31 notification was completed for the stage three and unstageable pressure injury wounds. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is documented wound care nurse specialist input into pressure injury and chronic wounds. Caregivers and RNs 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> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete work schedules (electronic monitoring charts) developed by the registered nurse, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. New behaviours are charted on a behaviour chart to identify new triggers and patterns. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including redirection and activities. Monitoring charts had been completed as scheduled. Each event involving a resident reflected a clinical assessment and a timely follow up by a RN. Post fall assessments had been completed and family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager and unit coordinators.</p> <p>Bupa Erin Park provides equitable opportunities for all residents and supports Māori and whānau to identify their own pae ora outcomes in their care plans. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, beliefs, and spiritual needs, which are documented in the care plan. The Māori health and wellbeing assessments support kaupapa Māori</p>
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		<p>perspectives to permeate the assessment process. The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles were included within the Māori health care plan.</p> <p>Staff confirmed they understood the process to support residents and family/whānau. There were residents who identify as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as Karakia, rongoā, and spiritual assistance. Cultural assessments were completed by staff who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Activities are conducted by a team comprising of one activities coordinator, one diversional therapist and two activities assistants. The activities plan was based on assessment and reflected the residents' social; cultural; spiritual; physical; cognitive needs/abilities; past hobbies; interests; and enjoyments. These assessments were completed within two weeks of admission in consultation with the family/whānau and residents. Each resident had a map of life developed detailing the past and present activities, career, and family. A monthly planner is developed, and each resident is given a copy of the planner. Daily activities were noted on noticeboards to remind residents and staff. Residents and family/whānau provide feedback related to activities during the six-monthly multidisciplinary meetings.</p> <p>The activity programme is formulated by the activities coordinator that has facilitated the programme. The activities calendar was viewed to be varied and the group activities appropriate for residents assessed as requiring rest home and hospital level of care. There are a range of activities appropriate to the resident's cognitive and physical capabilities. These include a range of activities, including crafts, clay moulding, knitting group; exercises, housie; word quizzes; paper reading; sing-alongs; and movies. Residents are encouraged to maintain their community links and go on van outings, to shopping mall, coffee, and local beach days. Community visitors include, pet therapy, a visiting dog and volunteers brought in donkeys on the day</p>

	<p>of audit. Local church groups visit and present church services, Caleb (Pacific voluntary church group) visit once a week, Māori religious leader visits once a month. A local intermediate school visit and presents cultural presentations e.g. Kapa Haka, singing and dance. The facility is involved with the local kindergarten, which have an intergenerational program. YPD residents meet as a group and develop their own activities program, where they request specific outings or functions and are also involved in the facility activities program. Entertainers visit and karaoke is popular with YPD residents. Māori residents enjoy meeting weekly and engage in weaving, cooking club and Karakia, waiata, sing along to Māori songs. Physio assistant delivers exercises daily and residents particularly enjoy cardio drums exercise program.</p> <p>Themed days/weeks such as Matariki, Waitangi, Māori language week and ANZAC Day are on the programme and celebrated with appropriate resources available. Bupa Erin Park has embedded culturally themed activities into the activities programme and they have developed links with local Pacific groups. There were residents who identified as Māori. The family/whānau reported that opportunities to participate in te ao Māori is facilitated by the care staff. Group activities include celebrating religious, and cultural festivals and Māori language week and the facility is developing relationship with Ruka Tapu, Manurewa who visit the facility and bless rooms.</p> <p>Residents who do not participate regularly in group activities have one-on-one sessions. The interactions observed on the day of the audit showed engagement between residents and the activity team. Residents' participation and attendance in activities are recorded and filed in their clinical file. Residents have an individualised activities care plan which is integrated in the long-term care plan, and these are reviewed at least six-monthly.</p> <p>Observation on the days of the audit, review of the satisfaction surveys for 2022/2023 and interviews with residents, management, staff, family/whānau confirm satisfaction with the activities program; however, YPD families interviewed did comment that the facility vehicle is not large enough to accommodate a motorised wheelchair; however, they did advise the facility had tried alternative wheelchairs,</p>
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		<p>which the family preferred not to use. The care plans reviewed described management strategies that can be used to minimise, distract, or de-escalate behaviours that challenge. Activity progress notes and activity participating register were completed daily. The residents were observed participating in the activities on the days of the audit.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Bupa Erin Park 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 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, a registered nurse and medication competent caregivers were observed to be safely administering medications in the rest home and the hospital unit. The registered nurse and caregivers interviewed could describe their roles regarding medication administration. 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 checks 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 three medication rooms. The medication fridges 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>Twenty-two medication charts were reviewed. The service uses pharmacy pre-packaged medication for regular and pro re nata (PRN)</p>

		<p>medication. There is a three-monthly review of all the residents' medication charts completed by the GP. Each drug chart has photo identification and allergy status identified. Indications for use were noted for prn medication, 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 were no resident who self-administering medications. The service does not use 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 clinical manager, unit coordinators and registered nurse (RNs) 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 kitchen manager has been working at Bupa Erin Park for ten years and is knowledgeable of the residents' nutritional needs. All food and baking are prepared and cooked on-site. The kitchen is well organised. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires September 2024. The menu was reviewed by a registered dietitian in October 2023 for the implementation of the summer menu in November. The kitchen manager provides weekly feedback on the menu to the Bupa Operational Kitchen Manager. 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</p>

		<p>supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required. Special utensils and lip plates are used to promote independence.</p> <p>Food is directly served to the rest home wing via a bain marie. All other food is delivered to the respective wings in scan boxes. Dining areas were observed to be quiet, and meals were well presented. Pure-food products were used as part of the modified food menu. A lunch meal was observed in the hospital and rest home dining rooms, on the days of the audit, meal temperatures were observed to be warm and minimal wastage of food occurred.</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 every three months. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. 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 that are culturally specific to te ao Māori. also, 'boil ups', Māori bread, and pork were included on the menu, and these are offered to residents who identify as Māori when required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services.</p>	FA	<p>There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. There is a documented process in the management of the early/unexpected discharge and transfer plan from services. The clinical manager and unit coordinator reported that discharges are normally into other similar facilities. Discharges are overseen by the registered nurses who manage the process until the transition occurs. Discharges or transfers were coordinated in collaboration with the resident, family/whānau and other external agencies to ensure</p>

<p>We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>continuity of care. Risks are identified and managed as required.</p> <p>The residents (if appropriate) and families/whānau are involved for all transfers and/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 GP 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 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 clinical manager, unit coordinator and 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 and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a current warrant of fitness that expires on 13 May 2024. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective communities with mobility aids. There are comfortable lounges for communal gatherings and activities at the facility, including a TV lounge for YPD residents. Quiet spaces for residents and family/whānau to utilise are available inside and outside in the gardens and courtyards.</p> <p>The 52-week planned maintenance schedule includes electrical testing and tagging of electrical equipment, and calibrations of the weighing scales and clinical equipment. The scales were checked annually, with last check completed May 2023. Hot water</p>

	<p>temperatures are monitored weekly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by the maintenance officer and certified tradespeople where required. The service employs a maintenance manager who works from Monday to Friday and contracts a gardener. The environment is maintained at appropriate temperatures with panel heaters in the resident's room, that can be adjusted for their comfort and ceiling heaters in corridors.</p> <p>The building is single level, split into four units, Rimu, Kowhai, Nikau, and Matai. All rooms are single occupancy. Rimu unit consists of thirty-two rooms, thirty of which have toilet and handbasin and the remaining two share shower and toilet. Kowhai unit consists of eighteen rooms, two of which share toilet and shower, the remaining sixteen have toilet and handbasins. Nikau unit consist of thirty-one rooms, two rooms have toilet only and twenty-nine have shared shower and toilet. Matai unit consists of thirty-two rooms twenty-nine of which have toilet and handbasin the remaining three share toilet and shower.</p> <p>All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All toilets and showers have free-flowing soap and paper towels in the toilet areas. There are adequate toilets and showers in all the units. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares. All areas are easily accessible to the residents. The furnishings and seating are appropriate for the resident group. Residents interviewed reported they were able to move around the facility and staff assisted them when required. Activities can take place in the lounge/dining areas of the four units. Residents' rooms are personalised according to the residents' preferences. All rooms have external windows to provide natural light and have appropriate ventilation and heating.</p> <p>The facility is serviced by a centrally located kitchen and all food is cooked on site. There are various dining areas located around the four units. There are three nurse stations and treatment rooms adjacent.</p> <p>The grounds and external areas were well maintained. External areas</p>
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		<p>are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas. There is a designated outdoor smoking area for residents.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the care home manager advised that the service will liaise with local Māori providers to ensure aspirations and Māori identity are included.</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>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service on 10 May 2010. A trial evacuation drill was performed on 14 September 2023. The drills are conducted every six-months, and these are added to the annual training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the main car park area is the designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency, including food, water (excess of 3000 litres), torches, continence products, temperature blankets and a gas BBQ to meet the requirements for up to 114 residents, including rostered staff. There is no generator on site, but arrangements are in place for one to be immediately accessible if required. Emergency lighting is available and is regularly tested. The RNs/ENs and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance manager. Call bell audits were</p>

		<p>completed as per the audit schedule. Residents and family/whānau confirmed that staff responds to calls promptly. The YPD residents are familiar with all the emergency procedures and protocols.</p> <p>Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. A security company provides security patrols after hours. There are closed circuit televisions to monitor entry and exit points to the facility.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The clinical manager (RN) undertakes the role of infection control officer to oversee infection control and prevention across the service. The job description outlines the responsibility of the role. The organisational infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually by the infection control and prevention specialist at Bupa head office, who reports to and can escalate any significant issues to Board level. Documentation review evidenced recent outbreaks were escalated to the executive team within 24 hours. Bupa has monthly and sometimes weekly infection control teleconferences for information, education and discussion and updates, should matters arise in between scheduled meeting times. Infection rates are presented and discussed at quality 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 the local Te Whatu Ora- Counties Manukau, in addition to expertise at Bupa head office. Residents and staff are offered influenza and Covid-19 vaccinations.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers</p>

		strategically placed around the facility.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The designated infection control officer is supported by the clinical team and Bupa infection control lead. The service has a Covid-19 and pandemic response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and Covid-19 positive tests. There are outbreak kits readily available, and a personal protective equipment (PPE) cupboard and trolleys set up ready to be used. The PPE stock is regularly checked against expiry dates. There are supplies of extra PPE equipment available and accessible. The Bupa infection control lead and the infection control officer have input into the procurement of good quality PPE, medical and wound care products. There are no plans to change the current environment, however, the organisation will consult with the infection control officer if this occurs.</p> <p>The infection control officer has completed courses in the basics of infection control, Ministry of Health online learning, and other training through Te Whatu Ora. There is good external support from the GP, laboratory, and the Bupa infection control lead.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed quarterly by Bupa in consultation with infection control coordinators/officers. Policies are available to staff. Aseptic techniques are promoted through handwashing, and sterile single use packs for catheterisation and wound care, to create an environment to prevent contamination from pathogens to prevent healthcare-associated infections. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. Single use items are not reused. Infection control is included in the internal audit schedule and evidences full compliance. Hospital acquired infections are collated along with infection control data.</p> <p>The infection control policy states that the facility is committed to the</p>

		<p>ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic response (including Covid-19) and staff were informed of any changes by noticeboards, handovers, toolbox talks, text message and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau are kept informed and updated on Covid-19 policies and procedures through emails.</p> <p>The service incorporates te reo Māori information around infection control for Māori. Posters in te reo Māori are in evidence throughout the facility and additional information in te reo Māori is readily available. The Māori health strategy includes the importance of ensuring culturally safe practices in infection prevention. The infection control officer has access to a Māori health advisor as needed. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial 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 antimicrobial 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 infection control lead is responsible for collating and analysing the electronic medication management system with pharmacy support. The monitoring and analysis of the quality and quantity of antimicrobial prescribing occurs annually.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Monotherapy and narrow spectrum antibiotics are preferred when prescribed.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database (VCare) and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Te Whatu Ora - Counties Manukau.</p> <p>There have been four Covid -19 outbreaks (July 2022, February 2023, November 2023, and December 2023). These had been managed appropriately, with Te Whatu Ora, and Public Health being appropriately notified. There was evidence of regular communication with the Bupa infection control lead, clinical director, aged care portfolio manager and Te Whatu Ora- Counties Manukau infection control nurse specialist. Daily outbreak management meetings and toolbox meetings (sighted) capture `lessons learned` to prevent, prepare for and respond to future infectious disease outbreaks. Outbreak logs are completed. Staff confirmed resources, including PPE, are plentiful.</p>
<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>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. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms (with sanitisers) with personal protective equipment available,</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>including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed off site by dedicated laundry assistants at a central Bupa laundry. However, there is a dedicated area for storage of clean and dirty laundry onsite, and a dirty to clean flow is evident.</p> <p>Cleaners' trolleys are attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The numerous linen cupboards were well stocked.</p> <p>The staff interviewed had good knowledge about cleaning processes and requirements relating to infection prevention and control.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the HDSS:2021 Standard. 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. Restraint data is included in quality data collation and analysis. Results are benchmarked.</p> <p>If a resident who is Māori requires restraint, prior to this decision, cultural advice was sought (alongside whānau), to explore spiritual and cultural values. The restraint coordinator (unit coordinator/RN) stated that the service is committed to work towards a restraint-free environment in all its communities. Bupa have well developed strategies in place to eliminate the use of restraint.</p> <p>At the time of the audit, one hospital resident was using restraint (bedrails). When restraint is used, this is a last resort when all alternatives have been explored. The restraint coordinator 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</p>

		<p>approval for the use of restraints and the restraint processes. There are clear lines of accountability; the current restraint in use has been approved. Family/whānau and residents were involved in decision-making. Staff completed education related to restraint management, falls management and the management of distress/challenging behaviour.</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, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>There is a restraint policy to guide staff in the use of restraint. The policy describes the types of approved restraint. There is an up-to-date restraint register. Review of the records of the resident using restraint, indicated that the restraint assessment was completed with involvement of family/whānau. The type of restraint is usually used as a safety measure and on insistence of family/whānau and /or EPOA. The long-term care plans provide sufficient level of detail to guide staff in the implementation of safe restraint. The registered nurses develop a work schedule where caregivers complete hourly monitoring of residents when they use restraint. Monitoring (work schedules) were completed within the frequencies required.</p> <p>Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of Ngā Paerewa. 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.</p> <p>There is a restraint policy that describes a process to manage emergency restraint. If emergency restraint is required, the registered nurse will consult with the care home manager, clinical manager, other unit coordinator, resident, and family/whānau and determine, depending on the situation, who will debrief the staff and resident.</p>
<p>Subsection 6.3: Quality review of restraint</p>	<p>FA</p>	<p>The restraint committee undertakes a three-monthly review of all</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>restraint use which includes all the requirements of under Ngā Paerewa. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated. Benchmarking is completed with other Bupa facilities. The benchmarking, identifies trends, ways to minimise and eliminate the use of restraint, and ongoing restraint and challenging behaviour education to all staff.</p>
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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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.