

Bupa Care Services NZ Limited - Liston Heights Rest Home & Hospital

Introduction

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

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

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

Dates of audit: Start date: 8 April 2024 End date: 9 April 2024

Proposed changes to current services (if any): A rest home wing of 14 beds was closed at the time of audit. The service is in the process of converting the rooms to serviced apartments.

Total beds occupied across all premises included in the audit on the first day of the audit: 59

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service 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

Liston Heights is a Bupa facility which provides hospital, rest home, and dementia levels of care for up to 61 residents. Occupancy on the day of audit was 59 residents. The service has closed one rest home level wing of 14 beds that it is in the process of converting to serviced apartments. This has reduced the total beds available from 75 at the previous audit, to 61 for this audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Health New Zealand Te Whatu Ora - Lakes. 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 nurse practitioner.

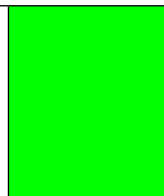
The general manager is supported by an experienced clinical manager, and a team of experienced staff.

There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care.

The previous audit did not identify any shortfalls. This audit identified that improvements are required around internal audits, staff orientation, care plan timeframes and interventions, medication storage, and food services.

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.

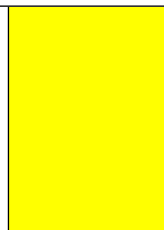
There is a Māori health plan in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Liston Heights demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

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.



Some subsections applicable to this service partially attained and of low risk.

Liston Heights has a well-established, and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The current business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has effective quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting Policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. Regular staff education, training, and competencies are in place to support staff in delivering safe, quality care.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files evidence a multidisciplinary team approach.

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

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritious snacks were available 24/7.

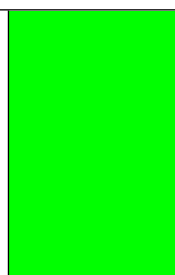
All residents' transfers and referrals are coordinated with residents and families/whānau.

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 building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.


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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All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at Board level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. There has been one outbreak since the previous audit.

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 restraint coordinator is a registered nurse. The facility was restraint free at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	13	0	4	1	0	0
Criteria	0	44	0	5	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>There is a Māori Health Strategy and Health equity policy. Both of these have been recently reviewed and will continue to be reviewed in association with an external consultant. The Māori health equity policy outlines how Bupa will continue to work towards achieving best outcomes for Māori and people with disabilities. At the time of the audit, there were Māori staff who confirmed in interview that mana motuhake is recognised.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Ola Manuia Pacific Health and Action Plan, and Te Mana Ola are the chosen models for the Pacific health plan and Pathways to Pacific Peoples Health Equity Policy. At the time of the audit, there were Pacific staff and residents who confirmed that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The general manager and clinical manager demonstrated how the welcome packs are given in the language most appropriate for the resident, to ensure they are fully informed of their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Bupa policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances.</p> <p>All staff have received education around and are aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff (four caregivers, three registered nurses, the cook, two administration staff, and maintenance officer) and management interviewed demonstrated an understanding of professional boundaries.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights</p>	FA	<p>There are policies around informed consent. Staff and management have a good understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). Interviews with three family (two hospital, one dementia), and six residents (three hospital level, and three rest home level) confirmed their choices regarding decisions and their wellbeing is respected.</p>

<p>and their ability to exercise independence, choice, and control.</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>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained which includes all complaints, dates and actions taken. There have been no complaints received year to date following the previous audit. There is a Health and Disability complaint in progress from 2020. The Ministry of Health requested follow up of a complaint made through the Health and Disability Commissioner (letter dated 11 August 2022) in relation to 1.6 Effective Communication; 3.4 My Medication and 4.2 Security of people and workforce. There were no issues identified at this audit in relation to this complaint.</p> <p>Processes are well documented to ensure that follow-up letters and resolution can be managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The general manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</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>FA</p>	<p>Liston Heights is a Bupa facility which provides hospital, rest home, and dementia levels of care for up to 61 residents. Occupancy on the day of audit was 59 residents. The service has closed one rest home level wing of 14 beds that it is in the process of converting to serviced apartments; this</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>has reduced the total beds available from 75 at the previous audit to 61 for this audit.</p> <p>There are 32 dual purpose beds, 17 rest home beds and 12 secure dementia level beds. Occupancy on the day of the audit was 17 rest home level residents, and 12 residents in the dementia unit. There were 29 hospital level residents, including three funded through a younger person with a disability (YPD) contract. All other residents were under the age-related residential care contract (ARRC).</p> <p>Liston Heights is owned and operated by Bupa Care Services NZ Limited; a company registered with Companies Office in compliance with New Zealand legislative, contractual, and regulatory requirements. Bupa has a clinical governance committee (CGC) with terms of reference. There is a quarterly CGC meeting and a CGC pack produced and distributed to the committee members prior to meetings, which includes review of quality and risk management systems. Bupa also has a risk and governance committee (RGC), and a learning and development governance committee, where analysis and reporting of quality indicators are discussed and improvements are planned. These align and interface with the CGC to manage quality and risk systems. The customer service 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. Bupa has a person first philosophy of care which identifies that every resident is unique and their specific cultural, social and care needs will be assessed in consultation with them and their family/ whānau and comprehensive care plans developed. Residents who identify as Māori and Pacific peoples have a specific care plan that addresses their specific needs and wishes.</p> <p>Bupa has engaged with a cultural advisor to work alongside the Bupa Leadership team. The cultural advisor collaborates with the Board 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. Bupa's Māori health equity policy outlines how Bupa will work towards achieving best outcomes for Māori and</p>
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		<p>people with disabilities. By its very nature, aged care is a service for people with disabilities and the health equity policy outlines how Bupa is actively working to address barriers to equitable service delivery.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in each monthly meeting.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings, quality meetings, and quality action forms that are completed for any quality improvements/initiatives during the year.</p> <p>The service has a general manager who has worked for Bupa for five years. The manager is supported by a clinical manager who has been at the facility for over five years, and the wider Bupa management team, that includes an operations manager and quality partner.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>The Bupa quality and risk management programme is well documented but not fully implemented at Liston Heights. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>Monthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; and education. Meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Internal audit and outcomes are also discussed at meetings; however, not all internal audits have been documented as taking place.</p> <p>Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and held in folders in the staffroom. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign off when completed. Benchmarking occurs on a national level against other Bupa facilities.</p> <p>Resident family satisfaction surveys are managed by head office. An independent contractor is sent to survey residents using direct questioning</p>

		<p>and an electronic tablet. The most recent March 2024 resident/family satisfaction surveys had been correlated and analysed at head office and indicate that residents have reported high levels of satisfaction with the service provided around: helpful staff cultural needs are met; and improvements in satisfaction were seen around activities and meal services following an action plan. Results have been communicated to residents in the resident and family/whānau meetings, and newsletter (sighted).</p> <p>Bupa has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard. New policies or changes to a policy are communicated to staff. A health and safety system is in place. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, meetings, and via toolbox talks.</p> <p>Electronic entries are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required; evidenced in the accident/incident records reviewed. This included timely notification to the residents' next of kin or primary contact. Incident and accident data is collated monthly and analysed. The Risk Man system generates a report that goes to each operational team/governance team and generates alerts depending on the risk level. Incidents and accidents are individually documented for each resident and discussed at length during the quality and staff meetings and at weekly clinical meetings. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse.</p> <p>Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT of stage III or above pressure injuries, and historical registered nurse shortages. There has been one Covid-19 outbreak since the previous audit, which was appropriately notified.</p>
<p>Subsection 2.3: Service management The people: Skilled, caring health care and support workers</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</p>

<p>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>support. The registered nurses, activities staff, and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The general manager and clinical manager are available Monday to Friday and on call.</p> <p>There is an annual education and training schedule implemented for 2023 and 2024. The education and training schedule lists compulsory training, which includes Māori health, Tikanga, and Te Tiriti O Waitangi. Cultural awareness training is part of orientation and provided annually to all staff. Training to care for dementia residents includes person first, dementia second sessions, behaviours of concern, and de-escalation. All staff who work in the secure dementia unit have completed the required unit standards or are in the process of training.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. Ten of eleven registered nurses are interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year and to commence and complete a professional development recognition programme (PDRP). Education attendance records are maintained.</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</p>	<p>PA Low</p>	<p>Five staff files reviewed included evidence of completed training and competencies and professional qualifications on file where required. The orientation records for four of the five staff files were not retrievable. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and</p>

<p>services.</p>		<p>caregivers to provide a culturally safe environment for Māori. All staff who have been employed for a year or more have a current performance appraisal on file.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Five resident files were reviewed: two hospital level, including one younger person with a disability (YPD); one rest home level and two dementia level. The registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care.</p> <p>Bupa Liston Heights uses a range of risk assessments alongside the interRAI care plan process. All residents in the dementia wing have a behaviour assessment completed on admission, with associated risks and supports needed. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The initial care plan is completed within 24 hours of admission, as reviewed in the files. Long-term care plans were completed for residents, detailing needs, and preferences; however, these were not always completed as per required timeframe.</p> <p>All residents (including YPD) had an interRAI assessment completed. The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. The LTCPs and interRAI assessments sampled had not all been completed within three weeks of the residents' admission to the facility. Care plan interventions were resident centred; however, they were not always detailed enough to provide guidance to staff around all the identified medical and non-medical needs. The care plans for residents in the dementia unit include a 24-hour reflection of close to normal routine for the resident, with interventions to assist caregivers in management of the resident behaviours.</p> <p>There are policies and procedures to guide the use of short-term care plans. Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-</p>

	<p>assessments and when there is a change in the resident's condition. Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed, six-monthly multidisciplinary reviews, and ongoing documented communication of health status updates. Family interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) or nurse practitioner (NP) within the required timeframe following admission. Residents did not always have ongoing reviews by the GP/NP within required timeframes and when their health status changes. The service contracts to four general practices with two main GP/NP clinics weekly and as required. Medical documentation and records reviewed were current. The GP/NPs provide after-hours care as required. A physiotherapist visits the facility for eight hours a week. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, wound care nurse specialist / district nurse, and medical specialists are available as required through Health New Zealand - Lakes. The NP interviewed was very complimentary regarding the high standards of nursing care and good communication they experience.</p> <p>A total of four wounds from four residents is being actively managed across the service. These included skin tears and two chronic wounds. There were no current pressure injuries being managed at the care home. 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 have been fully maintained. 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 chronic wounds as required. Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence,</p>
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		<p>wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, 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 `stress and distress` monitoring chart to identify new triggers and patterns. The `stress and distress` chart entries described the behaviour and strategies to de-escalate behaviours, including re-direction and activities. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls or where head injury was suspected as part of post falls management. Incidents reviewed indicate that these were completed in line with policy and procedure. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover at the beginning of their shift. The handover is between a registered nurse to the incoming RN and caregivers on each shift, as observed on the day of audit, and was found to be comprehensive in nature.</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>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics rolls for all their medicines. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication rooms. All pro re nata (PRN) benzodiazepines and antipsychotic medicines are stored locked up in the hospital medication room. It is only the registered nurse on duty who can check out and administer the PRN benzodiazepines or</p>

		<p>antipsychotics as clinically indicated, following an assessment of the resident with immediate documentation in the resident records. Registered nurses are responsible for re-ordering pro re nata (PRN) medicines. The RNs at Bupa Liston Heights reviews and discusses use of anti-psychotic medicines during the clinical meeting.</p> <p>The medication fridge and medication room temperatures have not been evidenced as being monitored daily. All stored medications are checked by the night staff weekly. Eyedrops and creams are dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts sampled identified that the GP or NP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, and the effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were no residents self-administering medications. Processes are in place for assessments, reviews, and safe storage of medicines for residents who may want to self-administer medicines. No vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up. Any barriers preventing residents accessing medications are identified and minimised.</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>PA Low</p>	<p>The four-week seasonal menu is reviewed by the registered Bupa dietitian. Food preferences and cultural preferences are encompassed into the menu. A dietary profile is completed by a registered nurse and sent to the kitchen. The information in the kitchen folder does not always reflect the profile in the resident’s individual file. Dislikes and special dietary requirements are accommodated, including food allergies. The cook interviewed reported they accommodate residents’ requests.</p> <p>Temperature checks are not consistently recorded for end-cooked foods, reheating (as required), and serving temperatures. Fridge and freezer temperatures were recorded; however, frequencies are inconsistent. There is partial decanting of dry goods. Not all decanted foods were dated. Fridge</p>

		<p>and freezer contents were not consistently labelled and dated.</p> <p>There is a current food control plan that expires 22 September 2024. The residents and family/whānau interviewed were complimentary regarding the standard of food provided. Staff have received training in safe food management.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There are documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Bupa Liston Heights and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices.</p> <p>At the time of the audit, 14 beds in one rest home wing (Catherine Armstrong 2) have been permanently closed for rest home level care, with the purpose to convert them into serviced village apartments. Following a consultation process, six residents were re-homed into Catherine Armstrong 1 (rest home wing) on 27 March 2024.</p> <p>The building warrant of fitness report and declaration confirms compliance dated 1 September 2023. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and weekly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required.</p>

		Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.
<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>There is an infection, prevention, and antimicrobial programme and procedure that has been developed by Bupa and their in-house infection control specialists, including the pandemic plan. 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. This links to the overarching quality programme and the infection control programme is reviewed, evaluated, and reported on annually.</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing personal protective equipment (PPE).</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database 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. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI).</p>

		<p>Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There has been one outbreak (Covid-19) since the previous audit. The outbreak was well documented, managed (as witnessed on the days of audit), and reported to Public Health.</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>Providing a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the 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 clinical governance and Board level.</p> <p>There were no residents using restraints at the time of the audit. Bupa Liston Heights was confirmed to be a restraint free care home in April 2024. The designated restraint coordinator is a registered nurse. Systems are in place to ensure restraint use is reported to staff meetings, the management team, and Bupa head office. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. Restraint is included as part of the orientation for staff and is completed annually through the education plan. Staff also complete annual restraint competencies.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	Meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Internal audit and outcomes are also discussed at meetings; however, not all internal audits have been documented as taking place.	The internal audits for November and December 2023 were not documented as undertaken.	<p>Ensure that internal audits are undertaken and documented as per the Bupa schedule.</p> <p>90 days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the</p>	PA Low	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	Four of five staff files reviewed did not include evidence of an orientation.	Ensure that all new staff have a documented orientation on file.

essential components of the service provided.		employed. Competencies are completed at orientation.		90 days
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	<p>The registered nurses are responsible for the development of the support plan. Assessment tools, including cultural assessments, were completed to identify key risk areas. Alerts are indicated on the resident care plan and include (but not limited to) high falls risk, weight loss, wandering, choking, and pressure injury risks. The registered nurses interviewed understand their responsibility in relation to assessment and care planning. There are comprehensive policies in place related to assessment and support planning; however, not all resident records reviewed demonstrated that initial assessments and care plans, interRAI assessments, initial GP/NP reviews, and development of initial long-term care plans were completed within the required timeframes.</p>	<p>(i). One resident in the dementia unit admitted in August 2023 did not have a documented initial general practitioner review until October 2023. There is no evidence of three-monthly general practitioner reviews being completed since admission. Same resident did not have their initial interRAI completed until October 2023.</p> <p>(ii). One dementia resident admitted in September 2023 did not have initial care plan, interRAI assessment, long-term care plan and GP/NP initial review completed within the required timeframes. Same resident did not have a three-monthly GP/NP review in December 2023.</p> <p>(iii). One hospital level resident admitted in September 2023 did not have their initial long-term care plan and interRAI completed within the required timeframe.</p>	<p>(i)-(iii). Ensure timeframes for initial assessments and care plans, interRAI assessments, initial GP/NP reviews and development of initial long-term care plans demonstrate expected compliance.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified,</p>	PA Low	<p>Bupa Liston Heights staff seek multidisciplinary input as appropriate to the needs of the resident. There is evidence of referral letters and review letters from general practitioner, nurse practitioner, specialist services from Health New</p>	<p>(i). One resident in the dementia unit under the care of mental health services for older people (MHSOP) had psychotropic medications being reviewed and adjusted since admission in August 2023; however, did not have interventions documented to reflect the change in</p>	<p>(i).- (iv). Ensure that care plans are updated with interventions reflective of residents' needs.</p>

<p>skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>		<p>Zealand – Lakes and allied health professionals. However, when changes occurred, the care plans were not always updated to reflect the changes; as noted in the files reviewed. Progress notes are maintained and written daily on each shift by caregivers. Registered nurses add to progress notes regularly and when changes occurred. This is a documentation issue only. Care staff interviewed were knowledgeable around the care these residents required.</p>	<p>medications and potential side effects.</p> <p>(ii). There were no individualised antipsychotic care plans for two residents in the dementia unit.</p> <p>(iii). One rest home level resident did not have interventions documented to manage weight loss.</p> <p>(iv). One hospital level resident did not have updated interventions documented in relation to the use of a low walking frame following assessment by the physiotherapist.</p>	<p>60 days</p>
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<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>The registered nurses and medication competent caregivers are responsible for the administration of medications. Those responsible for medication administration have all completed medication competencies and education related to medication management. There is a policy and process on safe medicine management, including reconciliation, storage, and documentation requirements. However, where medications are stored in the dementia and rest home areas, there is no evidence of temperature monitoring of the rooms. There is a process for monitoring and recording of fridge and medication room temperatures; however, review of the last 12 months of records demonstrates inconsistent monitoring and documentation. The records indicate consecutive days where room temperatures were consistently above 25degrees, with corrective actions of a fan being put on, but no other measures considered for sustainable maintenance of room temperature at required standard.</p>	<p>(i). There is no evidence of air temperature monitoring where medications are stored in the rest home and dementia areas.</p> <p>(ii). Medication room and fridge temperature monitoring has not been completed consistently for the hospital medication room over the last 12 months of records reviewed.</p> <p>(iii). There were consecutive days of the air temperature in the hospital medication room consistently registering above 25 degrees in each month reviewed, with fan being put on as a corrective action. However, no evidence of escalation/consideration for other methods to maintain the temperature at required ranges.</p>	<p>(i-ii). Ensure medication fridge and room temperature monitoring is completed as per policy.</p> <p>(iii). Ensure there is a robust system in place to maintain temperatures of below 25 degrees in the medication storage areas.</p> <p>60 days</p>
<p>Criterion 3.5.6</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and</p>	<p>PA Low</p>	<p>There are polices in place to guide the nutritional wellbeing of residents. There is a current food control plan that expires 22 September 2024. A dietary profile is completed by a registered nurse and sent to the</p>	<p>(i). Food temperatures have not been recorded consistently.</p> <p>(ii). Decanted dry goods did not evidence expiry and/or decanting dates.</p>	<p>(i)-(iii). Ensure the food control plan is implemented to include relevant temperature checks, and safe food</p>

<p>disposal shall comply with current legislation and guidelines.</p>		<p>kitchen. The information in the kitchen folder does not always reflect the profile in the resident's individual clinical record. There were dietary profiles in the kitchen folder that had not been reviewed since October 2020 and some from 2021.</p> <p>Temperature checks are not consistently recorded for end-cooked foods, reheating (as required), and serving temperatures. Review of the records confirmed gaps in temperature records in October, November, and December 2023.</p> <p>Dry goods were stored in the outside pantry. There was decanted food into various containers, which were not always labelled and with no evidence of expiry and/or decanting dates. Where there were labels, these were inconsistent with the contents of the containers (eg, a 'breadcrumbs' labelled container had cocoa powder stored). Fridge and walk in chiller food was not always labelled and dated when opened.</p> <p>The residents and family/whānau interviewed were complimentary regarding the standard of food provided. Staff have received training in safe food management.</p>	<p>(iii). Fridge contents were not consistently labelled and dated.</p> <p>(iv). Dietary profiles in the kitchen folder were not consistent with dietary profiles in the resident individual files.</p>	<p>storage.</p> <p>(iv). Ensure dietary profiles are current and updated as per policy.</p> <p>90 days</p>
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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.