

Bupa Care Services NZ Limited - Sunset 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:	Sunset 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; Dementia care
Dates of audit:	Start date: 30 April 2024 End date: 1 May 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	117

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 Sunset provides hospital (medical and geriatric), rest home, dementia and residential disability (physical and intellectual) levels of care for up to 122 residents. At the time of the audit there were 117 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand Te Whatu Ora Health New Zealand - Te Toka Tumai Auckland 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 interim general manager is a registered nurse. There has been a change in clinical manager since the last audit. The facility has now fully embedded the electronic management system. There are quality systems and processes being implemented. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service had no previous certification audit findings.

This surveillance audit identified an improvement related to staffing.

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.

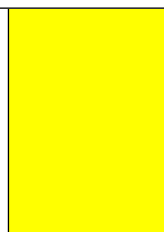
There is a Māori health plan in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health strategy and strategic plan. A Pacific health plan is in place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

Bupa Sunset 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.



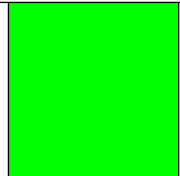
Some subsections applicable to this service partially attained and of low risk.

Bupa Sunset has a well-established, and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. Operational objectives are regularly reviewed. Barriers to health equity are identified, addressed, and services are 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 rationale and roster policy documented. Recruitment and retention processes are managed appropriately. A role specific orientation programme, 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

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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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 included medical notes by the contracted general practitioner and visiting allied health professionals. 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. Nutritional snacks are 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 current building warrant of fitness had expired; they are awaiting council approval for a current warrant as they have met all criteria. 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. Benchmarking occurs. There had been six outbreaks recorded and reported on since the last 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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There is service and governance commitment to eliminate restraint. The restraint coordinator is a registered nurse. The facility had residents using restraints 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	17	0	1	0	0	0
Criteria	0	49	0	1	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>	FA	<p>A Māori Health Strategy 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. The service recognises Māori mana motuhake and this is reflected in the Māori Health Strategy and strategic plan.</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 who could confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Bupa Sunset.</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 clinical manager (interviewed) demonstrated how it is also provided in welcome packs 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 Sunset's 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 at Bupa Sunset are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff interviewed (seven caregivers, four registered nurses (including one unit-coordinator, and one quality coordinator), one enrolled nurse (EN), kitchen manager, one support services coordinator, business coordinator, two maintenance persons) demonstrated an understanding of professional boundaries when interviewed.</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</p>	FA	<p>There are organisational 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 five family/whānau (three hospital, and two dementia), and eight residents (five hospital, including one resident on a younger person with a disability [YPD] contract, and three rest home, including one resident on a YPD contract) confirmed their choices regarding decisions and their wellbeing is respected.</p>

<p>to make informed decisions in accordance with their rights 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. Since the last audit in 2022, there were no complaints for the remainder of 2022, and ten in 2023. There were two high risk complaints. One complaint was escalated to the Health and Disability Commissioner (HDC) in September 2023 and the service has conducted an internal investigation. The appropriate documents requested by HDC has been provided within the required timeframe. The complaints remain open. There have been two complaints in 2024, both have been escalated to HDC. One complaint was referred back to the service provider and has been dealt with to the satisfaction of the complainant. The other complaint (February 2024) has been referred to HDC; the requested documentation has been provided to HDC. The complaint remains open. The trends in complaints identified were related to substandard care delivery. Complaints reviewed evidence management is open to meeting with residents and family/whānau when complaints are raised. Corrective action plans were documented for each complaint. Quality improvement plans related to high-risk complaints included education and training of RNs and caregivers in relation to pressure injury management; recognising deteriorating of health; ISBAR and Stop and Watch early warning sign tool; nutrition and hydration; and oral healthcare. Bupa has reviewed the intentional rounding policy.</p> <p>Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau members confirmed that they were provided with information</p>

		<p>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>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 Sunset is located in Mount Albert and is a purpose-built facility across three levels. The service is certified to provide care for rest home, hospital, dementia, and residential disability (physical and intellectual) level of care for up to 122 residents. There are 49 dual purpose beds across the service. All rooms are single occupancy.</p> <p>At the time of the audit there were 117 residents: 57 hospital level residents, including three residents on a younger person with disability contract (YPD-physical) and one resident on a long term support-chronic health contract (LTS-CHC); 33 rest home residents, including two residents on a YPD contract; and 27 in the secure dementia unit. All other residents were on the aged related residential contract (ARRC).</p> <p>The Leadership team of Bupa is the governing body and consists of Directors or heads of - Clinical, Operations, Finance, Legal, Property, Customer transformation, People, Risk, Corporate Affairs and Technology. This team is guided by Global Bupa strategy, purpose and values, and reports into the Bupa Care Services NZ Boards in New Zealand, and the Bupa Australia & New Zealand (ANZ) Board. There is a New Zealand based managing director that reports to a New Zealand based Board. The directors are knowledgeable around legislative and contractual requirements and are experienced in the aged care sector.</p> <p>Bupa has a Clinical Governance committee (CGC), Risk and Governance committee (RGC), a learning and development governance committee and a work health safety governance committee where analysis and reporting of relevant clinical and quality indicators is discussed in order to improve. There is a clinical support improvement team (CSI) that includes clinical specialists in restraint, infections and adverse event investigations and a customer engagement advisor, based in head office to support their facilities with improvement to their service. Furthermore, Bupa undertakes national</p>

	<p>and regional forums as well as local and online training, national quality alerts, use of benchmarking quality indicators, and learning from complaints (open casebooks) as ways to share learning and improve quality of care for Māori and tāngata whaikaha,</p> <p>The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. Bupa NZ is committed to supporting outcomes for Māori and address barriers to provide equitable service delivery. Goals of the Māori strategy permeates through service delivery and measured as part of the quality programme. The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers.</p> <p>Bupa has an overarching strategic plan in place with clear business goals to support their person-centred philosophy. The business and operational plan is reviewed annually by the leadership team as part of strategy and planning. A vision, mission statement and objectives are in place. Annual goals for Bupa Sunset have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in each monthly meeting.</p> <p>The service has an interim general manager (registered nurse). The previous general manager was in their role for a year; this role has been vacant for two weeks. They have an extensive background in nursing, aged care, and quality and risk management. The general manager is supported by the wider Bupa management team that includes an operations manager and quality partner.</p> <p>On the first day of the audit the business coordinator and unit coordinator (in absence of the interim GM and clinical manager) was supported by the clinical manager and the general manager from Bupa Glenburn. The clinical manager for Bupa Sunset commenced employment in August 2023. The clinical manager is an experienced registered nurse with several years of charge nurse experience in Health New Zealand Te Whatu Ora. They stated they had a comprehensive induction to their role.</p> <p>The general manager and clinical manager have completed Te Kaa Māori immersion training programme for Bupa leaders and the required eight hours of training related to managing an aged care facility.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Bupa Sunset is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>The meetings schedule for 2023 has been implemented and the schedule for 2024 is on track. Monthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and held in folders in the staffroom and sighted on noticeboards. The internal audit schedule for 2023 has been fully implemented and the completion of audits for 2024 is being implemented. The quality partner is actively involved in the implementation and completion of internal audits. 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. Bupa facilities are ranked according to their quality indicators and implementation of their quality programme. Bupa Sunset has improved their ranking between 45 facilities from 18 position in 2023, to first position in March 2024.</p> <p>The resident and family/whānau surveys for September 2023 and most recent March 2024 have been correlated and analysed at head office and indicate that residents have reported high levels of satisfaction with the service provided. The food service has been identified needing improvement and there is a national Bupa project being implemented to improve the food service. There is a 'happy or not' feedback terminal with a simple press of a smiley button in the dining rooms. Rest home residents interviewed stated an improvement in the food service. Results have been communicated to residents at the resident and family/whānau meetings. Younger persons with disability stated satisfaction with choices, decision making, access to technology, aids and equipment.</p> <p>Bupa Sunset has a comprehensive suite of organisational policies and procedures, which guide staff in the provision of care and services. New policies or changes to a policy are communicated to staff. A health and safety system is in place. Five health and safety representatives are actively</p>
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		<p>involved in regular health and safety meetings, monitoring of staff injuries, workplace hazards and staff wellbeing. An up-to-date hazard register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, meetings, and via toolbox 'Tuesday' talks.</p> <p>The facility has a quality goal to reduce falls in the rest home and dementia unit. Progress towards goals is documented when meetings occurred. Incidents are reported through the electronic resident management system. Incident and accident data is collated monthly, analysed and benchmarked. Corrective actions are completed by the clinical manager where data related to quality indicators are a concern. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been 15 Section 31 notifications completed to notify HealthCERT of stage III or above pressure injuries, missing residents, change in GM (for change in September 2022) and outbreaks. The change in CM was confirmed but not sighted. There were three Covid-19 outbreaks in 2023 (since the previous audit) which were appropriately notified. The service had one gastroenteritis outbreak in December 2023, one influenza outbreak in February 2024, a scabies outbreak in April 2024 and ongoing at the time of the audit. All outbreaks were appropriately notified.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing rationale and 'roster right' policy that describes rostering requirements. The roster is divided to provide staff in the following areas: Hospital only with Rata wing (24 beds) and Kowhai (22 beds), Kauri (27) and Matai 21 beds (one bed temporary decommissioned) and Rimu (27 dementia beds). There are 49 dual purpose beds across the service.</p> <p>Four weeks of rosters were reviewed. The roster provides sufficient and appropriate coverage for the effective delivery of care and support except for Rata and Kowhai that is predominantly hospital level care. 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. Interviews with staff confirmed that their workload is manageable, except for Kowhai and Rata wing. The roster changed in April 2023 where the number of staff were decreased for Kowhai and Rata wing. There was no evidence that the</p>

	<p>residents and family/whānau was informed of the roster change.</p> <p>The general manager, clinical manager and unit coordinator are available Monday to Friday. One unit coordinator was on long absence leave at the time of the audit. The clinical manager and other unit coordinator provides clinical supervision. There are 13 RNs and 9 are interRAI trained. There is an enrolled nurse working in the dementia unit. The enrolled nurse is interRAI trained, and she is supported by a RN from Matai wing. There are at least five RNs allocated each weekday Monday to Friday (excluding the GM, CM, quality coordinator) and three RNs over the weekend. In addition, there are three RNs allocated daily for night shift.</p> <p>On-call cover for all Bupa facilities in the region is covered by a six-week rotation of one GM and one clinical manager each week.</p> <p>There is an annual education and training schedule completed for 2022 and is being implemented for 2023. 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 residents in the dementia unit includes (but is not limited to) person first, dementia second sessions, behaviours of concern, and de-escalation.</p> <p>External training opportunities for care staff include training through Health New Zealand - Te Toka Tumai Auckland, and hospice. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. These resources create opportunities for the workforce to learn about and address inequities.</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.</p> <p>Staff are supported to achieve New Zealand Qualification Authority (NZQA) qualifications. There are 64 caregivers in total – 96% have achieved Level 4. There are 15 caregivers rostered across the dementia unit. All have achieved the required standards.</p> <p>The part time quality coordinator is responsible to maintain and support staff competencies. Caregivers who have completed NZQA level 4 have undertaken extra to complete many of the same competencies as the RN</p>
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		<p>staff (eg, 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, PEG feeding support and interRAI assessment competency. All RNs are encouraged to attend the Bupa qualified staff forum each year and encourage to commence and complete a professional development recognition programme. External training opportunities for care staff include training through Health New Zealand - Te Toka Tumai Auckland, and Mercy hospice. Training specific to YPD residents' needs were included in the following topics: privacy, sexuality/intimacy, spirituality/counselling and person-centred care. A record of completion is 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 services.</p>	<p>FA</p>	<p>Six staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are a number of caregivers that are employed for more than 8 years. 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 programmes support RNs and caregivers to provide a culturally safe environment to 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,</p>	<p>FA</p>	<p>Eight resident files were reviewed: two dementia, four hospital, (including one younger person with a disability and LTS-CHC residents) and two rest home (including one younger person with a disability). The registered nurses (RN) and enrolled nurse are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry</p>

<p>and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>assessments completed by the NASC or other referral agencies.</p> <p>Initial assessments and long-term care plans were completed for residents detailing needs, and preferences. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCPs and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs, inclusive of the residents on YPD and LTS-CHC contracts. 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.</p> <p>The care plans for the younger residents reviewed evidence the care plan integrated normal routine, hobbies and social wellbeing. One younger resident was interviewed and described how the service supports them to maintain family/whānau relationships.</p> <p>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 RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-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 family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau 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. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>Residents in the dementia unit have behaviour assessments and behaviour plans with associated risks and supports needed and includes strategies for managing/diversion of behaviours. The long-term care plan includes close to normal routine that reflects a 24-hour reflection of resident's usual pattern</p>
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	<p>and behaviour management strategies to assist caregivers in management of the resident behaviours.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. There are two GP visits a week and as required. Medical documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The RNs have received education in recognising deteriorating of health, use of the ISBAR to communicate, and use the Stop and Watch early warning sign tool.</p> <p>The contracted GP is also available on call after hours for the facility. A physiotherapist visits the facility three times a week and on request to review residents referred by the registered nurses. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand -Te Toka Tumai Auckland.</p> <p>An adequate supply of wound care products were available at the facility. A review of the wound care plans evidenced that most wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken when required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit there were 41 active wounds, including one stage I, two stage II, one stage III and one unstageable pressure injury.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure and weight monitoring, bowel records and repositioning chart. 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 handover at the beginning of their shift, as observed on the day of audit.</p>
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<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>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 robotic rolls for regular medication and blister pack for controlled drugs and short course and bottles for 'as required' medications. 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. The medication fridge and medication room temperatures are monitored daily. All stored medications are checked weekly. Eyedrops have been dated on opening. Sixteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were no residents self-administering medications. There are policies in place should a resident wish to self-administer their medications. 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 on.</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>FA</p>	<p>The four-week seasonal menu was reviewed by a registered dietitian on the 25 March 2023. Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special</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>dietary requirements are accommodated, including food allergies. The kitchen manager and support service manager interviewed reported they accommodate residents’ requests. Nutritious snacks were available 24/7 in all units.</p> <p>There is a verified food control plan expiring 30 September 2024. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</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 were 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 Sunset 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>The building warrant of fitness check has been completed and the service is awaiting their new certificate (emails sighted confirming this). There is a maintenance request book for repair and maintenance requests located at the front desk. Equipment failure or issues are also recorded in the maintenance book. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly 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>The designated infection control officer is the clinical manager and supported by the wider clinical team and Bupa infection control lead. The 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 electronic quality risk and incident reporting system. There is commitment to infection control and AMS documented in the strategic plan. The infection control and AMS programme is reviewed annually by Bupa Infection Control lead, in consultation with the infection control coordinators. The service has a Covid-19 and pandemic response plan. This links to the overarching quality programme and 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). A review of daily outbreak meetings following outbreaks evidence successful implementation of the infection control programme.</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 in the electronic resident management system 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. Individual short-term care plans are in place for acute infections. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications</p>

		<p>and alerts from Health New Zealand- Te Toka Tumai Auckland.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There have been three Covid-19 outbreaks, one influenza, one gastroenteritis and one scabies outbreak since the previous audit. These were well documented, managed, and reported to Public Health. Outbreak meeting minutes evidence communication processes in place to inform staff, residents and family/whānau.</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 standards. The regional restraint group is responsible for the Bupa restraint elimination strategy and for monitoring restraint use in the organisation. Restraint is discussed at the clinical governance and Board level.</p> <p>At the time of the audit, there were thirteen residents using restraints; all were hospital level residents with bedrails (in Kowhai and Rata). The number of restraints in use have been consistent since 2023. Six files were reviewed and all documentation including assessments, monitoring, reviews, and updated care plans were in place for the records reviewed. When restraint is used, this is a last resort when all alternatives have been explored. Restraint meeting minutes evidence regular discussions in relation to minimising and elimination strategies. Restraint use is benchmarked and link to operational goals of reducing and eliminating restraint.</p> <p>The designated restraint coordinator is the unit coordinator who is responsible for the coordination of the approval of the use of restraints and the restraint processes.</p> <p>Training for all staff occurs at orientation and annually as sighted in the training records. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Restraint competencies are completed on orientation and annually for all staff. Competencies are maintained.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>The business coordinator (non-clinical) is responsible for the rostering of staff. There was sufficient care staff allocated to Kauri wing and Rimu wing (dementia) to provide clinical and cultural safe care The same was not evident for Rata and Kowhai wing especially in relation to the morning and afternoon shifts.</p> <p>Rata and Kowhai is predominantly hospital level care. On the days of the audit the occupancy in Kowhai (22 bed wing) was one rest home resident and 20 hospital level residents. During the facility tour and subsequent visual inspection at three different occasions, it was evident that the caregivers were struggling to complete their allocated tasks in these two wings.</p> <p>Subsequent interviews with staff in relation to work practices and processes (including caregivers, unit coordinator, RNs, quality partner) and reviews of the daily allocation list, duty lists, three weeks of rosters, and feedback/communication notebook evidence the roster has been changed from 1 April 2024. Staff</p>	<p>(i). Feedback from staff, review of the communication book and observation on the days of the audit evident the workload is not manageable in Rata and Kowhai wing.</p> <p>(ii). The RN and caregivers’ duty lists have not been reviewed to reflect the change in roster.</p> <p>(iii). There are no duty list for the runner/floater shift.</p> <p>(iv). There are no documented evidence that residents and family/whānau were informed of the roster change.</p> <p>(v). There were eight days in</p>	<p>(i). Ensure a roster review undertaken in consideration of the number of residents, the acuity of residents and non-clinical tasks allocated to caregivers.</p> <p>(ii)-(iii). Ensure to document and provide duty lists / allocation of responsibility to reflect roster changes.</p> <p>(iv). Ensure residents and family/whānau are informed of staff changes or roster changes.</p> <p>(v). Ensure the roster is fully covered.</p>

		<p>numbers were reviewed by the previous GM and decreased with one caregiver shift on morning and afternoon shift on the afternoon; with prior approval from the Bupa leadership team. There are two RNs allocated to this area in the morning and afternoon.</p> <p>The duty lists for caregivers and RNs have not been updated since the roster changed to include amended duty lists for staff. Furthermore, there was no duty list for the floater shift.</p> <p>A cell bell report was done in November 2023; however, not since the roster has changed to review the impact on call bell response. There was no evidence that family/whānau were informed of the change in staffing; this was confirmed by interviews with two family/whānau who have relatives in this area.</p> <p>There were eight days in April that staff identified that the roster were not covered in full, and this was confirmed by a sample of days compared to the allocation book.</p> <p>The call bell report for November 2023 evidence 77% of calls were answered within 6 minutes. A cell bell report was done in November 2023; however, not again since the roster change. At the time of writing the call bell reports requested were not received due to difficulty obtaining the report from the software.</p>	<p>April 2024 where the roster was not fully covered.</p> <p>(vi). There was no evidence provided of call bell response time for Kowhai and Rata wing since the roster change.</p>	<p>(vi). Ensure that the call bell response for Kowhai and Rata wing is monitored following the roster change.</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.