

Bupa Care Services NZ Limited - Totara Gardens Care Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Bupa Care Services NZ Limited

Premises audited: Totara Gardens Care Home

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: 2 July 2024 End date: 2 July 2024

Proposed changes to current services (if any): Bupa Care Services NZ Limited - Totara Gardens Care Home has notified HealthCERT of the intention to offer 20 dementia beds and 36 dual purpose beds for rest home and hospital level of care (geriatric and medical). The letter from HealthCERT confirming the request for verification of the new build changes was dated 24 June 2024. The facility verified at this audit is ready for occupancy (noting that there are some shortfalls identified at this audit requiring to be completed prior to occupancy).

Total beds occupied across all premises included in the audit on the first day of the audit: 0

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.

General overview of the audit

Bupa Care Services NZ Limited - Totara Gardens Care Home (Totara Gardens) is a new build that is designed to provide hospital (geriatric and medical), rest home, and dementia level care for up to 56 residents, with provision for 20 residents requiring dementia level of care and 36 residents requiring hospital or rest home level of care (dual purpose beds). There were no residents on the days of audit. The partial provisional audit was completed to verify the building of a new care centre located in Whangarei.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021. The audit process included the review of relevant policies and procedures; a review of staff files; observations; and interviews with management.

This audit has verified that the building and services to be provided are fit for the intended purpose, with the facility wishing to open on the 22 July 2024.

This audit identified the following shortfalls to be addressed prior to occupancy: the activities programme; the safety of the boiling water taps in the dementia units (communities) and to the visible and accessible override switches for the microwave and oven in the dementia communities; and the Building Warrant of Fitness.

Ō tātou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

The governing body has approved the new build and has developed a strategic plan that includes development of facilities such as this. The business plan for 2024 includes a mission statement and operational objectives and is specific to Totara Gardens. The service has risk management systems in place. A transition plan is being implemented.

There is a staffing and rostering policy that is for a 90% occupancy in both the dementia communities and in the dual-purpose communities. A separate roster has been documented for 100% occupancy.

The organisational staffing policy aligns with contractual requirements and includes skill mixes. There are human resources policies which cover recruitment, selection, orientation, and staff training and development. The service has a rolling orientation and induction programme in place that provides new staff with relevant information for safe work practice. The programme is specific to the new building and services to be offered. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported.

Ngā huarahi ki te oranga | Pathways to wellbeing

There is a planned activities programme template that includes activities to address the needs and interests of the residents. The diversional therapist at head office supports the development of the programme.

The organisation uses an electronic medication management system for prescribing and administration of medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are currently being assessed as competent to do so, as part of the orientation programme.

A food control plan is in place for food services. Dietitian approved menus are in place. All equipment is in place and the kitchen operational.

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

The facility has a current certificate of public use. A preventative maintenance programme is in place and being implemented. Internal and external areas are safe. A resident with a mobility aid is able to access all areas. There are dual purpose bedrooms in three communities and two secure dementia communities. The 56 new bedrooms are spacious, and all rooms have a window to let in light and air. Each bedroom has an ensuite or access to communal bathrooms. There are communal areas, such as lounges and dining areas, which are able to cater for residents using specialised equipment. Each community has a lounge, dining room and quiet areas. There are railings in place in all areas.

Systems and supplies are in place for essential, emergency and security services. Call bells are in place in communal areas and in ensuites and bedrooms. Wiring, plumbing, heating, and emergency services are in place and operationalised in the new build. All furnishings are in place.

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

The infection prevention and control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection prevention and control officer (clinical manager) has a job description in place and is responsible for coordinating education and training for staff. The infection prevention and control officer has completed annual training, and staff are being orientated to the programme.

There is a suite of infection control policies and guidelines available electronically to support practice. This includes an antimicrobial stewardship programme with responsibilities clearly defined. The infection prevention and control officer is responsible for surveillance of infections and to determine infection control activities, resources and education needs within the facility. The service will engage in benchmarking with other Bupa facilities.

Here taratahi | Restraint and seclusion

Totara Gardens is committed to maintain a restraint-free environment for their residents. The service has already considered the least restrictive practices, implementing de-escalation techniques, and alternative interventions which are being taught as part of the orientation programme. An approved restraint is described as only to be used as the last resort. The restraint coordinator is the clinical manager. The dementia unit is secure.

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	12	0	2	0	0	0
Criteria	0	92	0	3	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 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>	FA	<p>Bupa Care Services NZ Limited - Totara Gardens Care Home (referred to as Totara Gardens) is located in Tikipunga, Whangarei. The service has requested verification of a new build to provide rest home, hospital (36 dual purpose beds) and dementia level of care (20 beds) for up to 56 residents; with communal areas, food services and outdoor areas included.</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 the 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. Each director has an induction to their specific role and to the senior leadership team. The directors are knowledgeable around legislative and contractual requirements and are experienced in the aged care sector. The Bupa Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety. There is a cultural working group alongside the Bupa Leadership team.</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 and improvement to their service. Furthermore, Bupa undertakes national 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 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>The cultural advisor collaborates with the Boards and Bupa leadership team 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 general feedback, including completion of satisfaction surveys. Feedback from surveys is collated, which provides the opportunity to identify barriers and improve health outcomes. Guidance in cultural safety for their employees are provided through training in cultural safety awareness around Māori health equity, barriers to care and disparities in health outcomes, as documented in the Towards Māori Health Equity policy. The Towards Māori Health Equity policy states Bupa is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collectives needs of residents who identify as Māori, to ensure they live longer, healthier, happier lives.</p> <p>Bupa has an overarching strategic plan in place, with clear business</p>
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		<p>goals to support their person-centred philosophy. The business and operational plan is documented already for the service and will be reviewed annually by the leadership team, as part of strategy and planning. The business plan for 2024 for this facility includes a mission statement and operational objectives with site specific goals related to business and quality outcomes. The goals were confirmed as expected to be being reviewed four-monthly in line with other Bupa facilities.</p> <p>This partial provisional audit is to verify the new build as fit for purpose for 20 residents assessed as requiring dementia level of care and 36 requiring hospital or rest home level of care (dual purpose beds) with a total of 56 beds. The new build includes a new kitchen, dining rooms, lounges, treatment rooms, internal gardens (courtyards) and walkways.</p> <p>This partial provisional audit has verified the facility as being fit for purpose noting that there are some shortfalls identified at this audit requiring to be completed prior to occupancy. The general manager and regional operations manager were present at the audit. Both were interviewed along with the clinical manager and the support services coordinator. The regional operations manager reports to the national operations director.</p> <p>The service is managed by a general manager (with over 35 years' experience in social work in aged care including management roles overseas and in New Zealand), who has been in the role since January 2024. The general manager is supported by the regional operations manager (registered nurse) who has over 10 years' experience in management roles in aged care. The clinical manager who has been in the role since May 2024 and has experience in clinical management in aged care (including dual purpose beds and dementia care) in other Care Home services.</p> <p>Totara Gardens is currently working to implement the transition plan. The transition plan has been submitted to HealthCERT as requested prior to the audit.</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 requirements. The roster provides sufficient and appropriate cover for the effective delivery of care and support. The general manager and clinical manager are full</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>time and rostered on from Monday to Friday. On-call cover for all Bupa facilities in the region is covered by a six-week rotation of the general managers and clinical managers. Registered nurse cover is rostered to be provided 24 hours a day, seven days a week.</p> <p>The facility at Totara Gardens is configured in 'communities' as follows: two 10-bed communities for residents requiring dementia level of care in a secure unit; and three 12-bed communities for dual purpose, with each community having its own dining room, lounge, kitchenette and quiet areas. The registered nurse on duty (one on each shift) attends to care and needs in both the dementia and dual-purpose communities. The roster is documented for 90% and 100% occupancy. The dementia communities will have two caregivers in the morning, two in the afternoon and two overnight. The dual-purpose communities has five caregivers on in the morning and the same on the afternoon (two full shift and three short shift) with one caregiver overnight. Some caregivers will move around the different communities depending on the need of residents at any given time..</p> <p>The general manager confirmed that there are 15 residents currently in a sister Bupa site in Whangarei who are to be transferred to Totara Gardens following confirmation of this audit by HealthCERT. The facility plans to start transferring residents on 22 July 2024, over three days each week, until all have been transferred. The managers have planned to transfer residents slowly to allow support for residents to settle in and for continued supportive communication with family/whānau to occur. There has also been a high level of interest in the dual-purpose beds and therefore, the facility will be admitting residents once open. Staff have been recruited and employed into all positions, with only three part-time staff left to recruit.</p> <p>There is an annual education and training schedule for 2024. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural safety, Māori health, tikanga, Te Tiriti o Waitangi and how this applies to everyday practice. Staff already employed were observed to be engaged in the training programme and confirmed they are provided with resources to learn and sharing of high-quality Māori health information. Training sessions around dementia and behaviours of concern have already been held for those employed. The staged approach to orientation for</p>
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		<p>newly employed staff will ensure that all staff are appropriately trained prior to commencing care for residents.</p> <p>Bupa supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 25 caregivers employed, with 10 designated as working in the dementia unit. Eight caregivers employed have a level three or four Careerforce certificate. Others will be enrolled into Careerforce, as confirmed by the general manager interviewed.</p> <p>All staff are required to complete competency assessments as part of their induction. Annual competencies include restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. RN staff also complete specific competencies, including medication administration; controlled drug administration; nebuliser; blood sugar levels and insulin administration; oxygen administration; and wound management. The clinical manager confirmed that the RNs employed are completing competencies prior to opening. Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. The clinical manager is interRAI trained. A record of completion of training is maintained on an electronic register.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities of the 'take five' Bupa wellness programme. Organisational wellness initiatives include healthcare insurance for staff, free flu vaccinations, and a supermarket voucher award scheme. Signage supporting the Employee Assistance Programme is currently being put in place.</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</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, induction and staff training and development. The Bupa recruitment team advertise for and screen potential staff. Once applicants pass screening, suitable applicants are interviewed by the general manager. Five staff files reviewed (one clinical manager, one general manager, two RNs, one caregiver all of whom are newly employed) evidenced implementation of the recruitment process, employment contracts, and police checking (noting that applications had been sent off but not all staff had had results returned). There is a staff</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>performance appraisal policy. Staff sign an agreement with the Bupa code of conduct. Job descriptions are in place for all positions, these include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. The service has a role-specific induction programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at induction. The service demonstrates that the induction programme supports RNs and caregivers to provide a culturally safe environment for Māori. Induction had already commenced for new staff as observed on the day of audit with a large group being orientated to the site.</p> <p>Information held about staff is kept secure and confidential. Ethnicity of employees is collected at application and an ethnicity database is maintained. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is stated by managers as being provided to staff as at other facilities with this described as being the same at this facility.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>PA Low</p>	<p>The activities programme is standardised initially for Bupa facilities, but individualised according to resident needs and service levels offered. The clinical manager confirmed that the programme for each resident would be based on an assessment that would reflect the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, and interests. Each resident would also have a map of life developed, detailing the past and present activities, career, and family.</p> <p>The activity programme is formulated by the activities team (when employed), in consultation with the management team, registered nurses, EPOAs, residents, and care staff. A monthly planner template was sighted on the day of audit. The general manager confirmed that the programme would be further developed once the activities coordinator had been employed. Noticeboards were ready to display the activities programme once developed. A meeting schedule included resident and family/whānau meetings that when held, would allow feedback around</p>

		<p>the activities programme.</p> <p>Activities were described as being adapted to encourage sensory stimulation and physical capabilities. The Troverafel sensory table will be installed in the dementia community.</p> <p>The general manager reported that opportunities for Māori and family/whānau to participate in te ao Māori will be facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals, Matariki, Māori language week with varying events to be identified in the activities plan.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Totara Gardens has policies available for safe medicine management that meet legislative requirements. The RN and medication competent caregivers who administer medications have current competencies, which were assessed as part of the orientation programme for staff already employed. Education around safe medication administration is provided as part of the orientation programme, as sighted in training records reviewed.</p> <p>All medication charts and signing sheets are electronic, with the pharmacy providing pre-packaged medicines. All medications once delivered are to be checked by the RNs against the medication chart. Medication reconciliation was described as being conducted by the RNs, and will be reviewed by the GP when a resident is transferred back to the service from the hospital or any external appointments. Expired medications would be returned to pharmacy in a safe and timely manner. There are currently no medications on site, as these will come with residents on admission.</p> <p>Storage areas for medications were already in place, including medication trolleys available for the dual purpose and dementia communities. The medication fridges and medication room temperatures have already been taken and were consistently monitored daily. A system to record medication incidents was in place.</p> <p>The contract with the GP confirmed that there would be review of all the residents' medication charts. Indications for use were confirmed as being noted for pro re nata (PRN) medications, including over-the-</p>

		<p>counter medications and supplements on the medication charts. The general manager stated that the effectiveness of PRN medications would be documented in the electronic medication management system.</p> <p>There is a policy in place for residents who request to self-administer medications. The general manager confirmed that standing orders would not be used and there would not be any vaccines kept on site.</p> <p>The CM interviewed described how they work in partnership with residents and their family/whānau to ensure they have appropriate support and information related to medication management and administration.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The support services coordinator (already employed) is a chef who works full time Monday to Friday and has oversight of the kitchen and staff, including a part-time cook and two kitchen assistants. The cook has been employed and the service is recruiting the kitchen assistants.</p> <p>All food and baking will be prepared and cooked on site, in line with recognised nutritional guidelines for older people. The verified food control plan expires 22 September 2024. A registered dietitian reviewed the four-week seasonal menu. Kitchen staff already employed have attended safe food handling training as part of orientation.</p> <p>The household coordinator confirmed that diets are modified as required and that the kitchen staff would be supplied with each resident’s nutrition profile developed on admission, which will identify dietary requirements, likes, and dislikes.</p> <p>The kitchen is operational with equipment in place. This includes a large fridge and freezer; deep fryer; combi oven; hot boxes to transport food; a bain marie; and pantry. Temperatures of the fridge and freezer are being recorded and are within normal range as per policy. Stock is due to start coming in the week after the audit. All surfaces are easy to clean and include stainless steel benches and sinks. There is a specific area for cleaning and washing dirty plates etc, with a dishwasher in place. There is a separate area for food preparation and benches for plating of food.</p>

		<p>There were ample stocks of plates, cutlery, pots etc already in place in the kitchen.</p> <p>The support services coordinator reported that the service would prepare food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori, including 'boil ups,' hāngi, Māori bread, and corned beef, and these are offered to residents who identify as Māori when required.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>The building has a certificate of public use (that excludes sleeping on site), that expires on 22 February 2025. The building warrant of fitness has yet to be issued. The environment and setting are designed to be appropriate for all cultures.</p> <p>The 52-week planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales are newly purchased and have been calibrated. All electrical equipment has been tested and tagged in June 2024. Hot water temperatures are already being monitored, and the reviewed records were within the recommended ranges. Boiling water is potentially accessible for residents in the dementia unit, as are override switches for the oven and microwaves in the dementia units.</p> <p>Reactive maintenance is carried out by the maintenance officer who works full time Monday to Friday and certified tradespeople where required. Bupa has an on call roster which can support with managing emergencies out of hours. The environment is maintained at appropriate temperatures with central heating that is thermostatically controlled in the hallways and communal areas with each bedroom having an individual control for heating and cooling.</p> <p>The physical environment already supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. There are comfortable looking lounges for communal gatherings and activities at the care home. Quiet spaces for residents and their family/whānau to utilise are available inside and outside in the gardens and courtyards, with the outdoor areas fully</p>

		<p>landscaped.</p> <p>The service is built on one level, with two communities in the secure dementia area. In the dementia area, there is high perimeter fencing, landscaped secure outdoor areas with circular pathways, two entry/exit doors, and seating and shade. Entry and exit into the dementia wing is by use of a combination keypad. There is a central nurse's station (and medication/treatment room) for ease of supervision over the lounge/dining rooms (one in each community). There are quieter spaces available for residents and family/whānau to use. All bedrooms are single occupancy, with each resident having access to communal toilet/showers or ensuite.</p> <p>There are three dual purpose communities. The bedrooms are designed for single occupancy, with an ensuite in each. Each community has its own kitchenette, dining area, lounge and quiet areas. Each room has tracks for an overhead hoist. Hospital beds are already purchased along with all furnishings for communal areas and bedrooms. There are two centrally located nurses' stations, with secure treatment/medication rooms in the rest home/ hospital area. There is a communal shower that is spacious enough for a shower bed if required. The grounds and external areas for residents using the dual-purpose beds are landscaped and well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>All communal visitors and staff toilets and shower facilities have a system that indicates if it is engaged or vacant. All the handwashing areas have free-flowing soap and paper towels in the toilet areas. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Communal, visitor and staff toilets are available and contained flowing soap and paper towels.</p> <p>All areas are easily accessible to the residents. The furnishings and seating are appropriate for the consumer group. Shared facilities, shower rooms, and toilets are of a suitable size to accommodate mobility equipment. All rooms have external windows to provide natural light and have appropriate ventilation and heating.</p> <p>There are plenty of storage areas for equipment and linen.</p> <p>The general manager advised that the service had liaised with Māori to</p>
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		ensure aspirations and Māori identity are included as part of the new build.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation scheme is in place and was approved by the Fire and Emergency New Zealand Services on 27 June 2024. A trial evacuation drill has been performed for new staff as part of orientation and the programme repeats this for new staff prior to occupancy. The drills are expected to be conducted every six-months, and these are added to the annual training programme. The staff induction programme includes fire and security training.</p> <p>There are adequate fire exit doors, and a designated assembly point. All required fire equipment has been checked by an external contractor. A civil defence plan is in place. There were adequate supplies in the event of a civil defence emergency, including water (equivalence of 3000 litres), candles, torches, continent products, and a gas BBQ to meet the requirements of residents, including rostered staff. Civil defence supplies are checked. The service is able to access a generator from a private contractor who has the service on a priority list. Emergency lighting is available. The RNs and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member rostered on duty 24/7.</p> <p>Call bells are in place and are already operational. All residents have access to a call bell, and these are checked monthly by the maintenance person. Call bell audits are to be completed as per the audit schedule. Staff have phones to communicate with one another.</p> <p>Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. There is a security firm that support the facility to monitor public spaces and externally.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service.</p>

		Visitors and contractors are required to complete visiting protocols.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The strategic plan documents commitment to the goals documented to achieve an effective implementation of infection prevention and control and antimicrobial stewardship (AMS). The CM is the infection control officer and oversees infection prevention and control across the service. The infection prevention and control officer has a job description (which has been signed) which outlines the responsibility of the role. The organisational infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. There is commitment to infection control and AMS documented in the strategic plan. The infection control programme is reviewed annually by the infection control and prevention lead at Bupa head office, who reports and escalates to clinical support improvement team (CSI).</p> <p>Bupa has monthly and sometimes weekly infection control teleconferences for information, education and discussion and updates, should matters arise in between scheduled meeting times. The infection prevention and control officer has completed external online training. Infection rates are to be collated, and the data to be presented and discussed at infection control meetings, quality and staff meetings as per schedule. Infection prevention and control is documented as part of the strategic and quality plans.</p> <p>There are hand sanitisers strategically placed around the facility.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size,</p>	FA	<p>The designated infection prevention and control officer is supported by the wider clinical team and Bupa infection prevention and control lead. The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection prevention and control is linked into the electronic quality risk and incident reporting system. 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.</p>

<p>and scope of our services.</p>	<p>There are outbreak kits readily available, and a personal protective equipment (PPE) cupboard and trolleys set up ready to be used. The PPE stock is to be regularly checked against expiry dates. There are supplies of extra PPE available and accessible. The Bupa infection prevention and control lead and the infection prevention and control officer have input into the procurement of good quality PPE, medical and wound care products.</p> <p>The service has access to an infection prevention clinical nurse specialist from Health New Zealand – Te Tai Tokerau, in addition to expertise at Bupa head office. The infection prevention and control officer has completed external online training for the role. There is external support from the GPs, laboratory, and the Bupa IPC lead.</p> <p>The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff. Policies and procedures are reviewed quarterly by Bupa, in consultation with infection control coordinators/officers and the Bupa infection prevention and control lead. Policies are available to staff. Aseptic techniques are promoted through handwashing, and sterile single use packs for catheterisation and wound care, to create an environment to prevent contamination from pathogens to prevent healthcare-associated infections. There are policies and procedures in place around reusable and single use equipment. Infection control (and decontamination of equipment and cleaning of high touch surfaces) is included in the internal audit schedule, as part of the care home (clinical) environment audit. Hospital-acquired infections will be collated along with infection control data.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff induction and included in the annual training plan. The training plan includes additional training and education around pandemic response, and processes to keep staff informed were described during interview. Staff have completed hand hygiene and personal protective equipment competencies as part of their orientation.</p> <p>The service incorporates te reo Māori information around infection control for Māori and additional information in te reo Māori is readily available. The Māori health strategy includes the importance of ensuring</p>
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		culturally safe practices in infection prevention. The managers interviewed were knowledgeable around providing culturally safe practices, to acknowledge the spirit of Te Tiriti o Waitangi. The organisation has consulted with the infection prevention and control officer around the new build.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial use policy and procedure. The organisation monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are described as being monitored monthly and reported in a monthly quality report and presented at meetings. The Bupa infection prevention and control lead is responsible for collating and analysing the electronic medication management system with pharmacy support. The monitoring and analysis of the quality and quantity of antimicrobial prescribing occurs annually.</p> <p>Prophylactic use of antibiotics is described as not considered to be appropriate and is discouraged with the use of monotherapy and narrow spectrum antibiotics preferred when prescribed.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	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 will be collected for all infections based on signs, symptoms, and definition of infection. Infections will be entered into the register on the electronic database and surveillance of all infections (including organisms) collated onto a monthly infection summary. Data will be monitored and analysed for trends, monthly and annually. Benchmarking already occurs with other Bupa facilities and will include Totara Gardens.</p> <p>The organisation incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance will be discussed at infection control, clinical and staff meetings, as per the</p>

		<p>schedule of meetings. Benchmarking graphs will be displayed for staff. Action plans are required for any infection rates of concern.</p> <p>The policy states that any infections of concern are to be discussed and reported to the Bupa infection control lead. Outbreak logs would be completed in the event of an outbreak.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff. There are sluice rooms (with sanitisers) in both the dual purpose and dementia areas and personal protective equipment available. Staff have completed chemical safety training as part of orientation. A chemical provider will monitor the effectiveness of chemicals.</p> <p>Laundry of linen and personal clothes will take place on site. The laundry has a clean and dirty area, with separate doors to each. Industrial equipment is already in place. There are sufficient commercial washing machines and dryers. Material safety datasheets are available, and all chemicals are within closed systems.</p> <p>Cleaners’ trolleys are locked away in the cleaners’ cupboard when not in use. All chemicals on the cleaner’s trolley were labelled. There was appropriate personal protective clothing readily available. There are linen cupboards able to stock linen. There are kitchen and laundry audits detailed on the audit schedule to monitor compliance.</p> <p>The infection prevention and control officer provides support to maintain a safe environment during construction, renovation and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to</p>	FA	<p>The designated restraint coordinator is the clinical manager. The directors, management and staff are committed to providing services to</p>

<p>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>residents without using restraint; noting that the dementia unit is secure by nature of the contract and needs of residents. Systems are in place to ensure restraint use (if any) will be reported. Policies reflect the Ngā Paerewa Health and Disability Services Standard 2021. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible.</p> <p>If restraint were to be considered, the managers stated that staff would work in partnership with Māori, to promote and ensure services are mana enhancing. The restraint approval process includes the resident, EPOA, GP and restraint coordinator. A competency assessment and restraint training including behaviours that challenge and de-escalation strategies is completed as part of the mandatory training plan.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	PA Low	<p>The outline of an activity programme is documented; however, this does not yet reflect residents with different types of care or individual resident need. The general manager is currently recruiting one full-time activities coordinator and two part-time assistant coordinators. The dementia specialist at Bupa is booked to help staff develop the programme once recruited.</p>	<p>An activities programme reflecting level of care and individual and group activities is not yet documented.</p>	<p>Document an activities programme that reflects activities that would be appropriate to the dementia unit and for residents occupying dual purpose beds.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the</p>	PA Low	<p>The building has a certificate of public use (that excludes sleeping on site) that expires on 22 February 2025.</p>	<p>The building code of compliance has not yet been issued.</p>	<p>Obtain a building code of compliance that is fit for purpose.</p> <p>Prior to occupancy</p>

<p>health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>				<p>days</p>
<p>Criterion 4.1.2 The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Low</p>	<p>There are facilities in each of the communities (dual purpose and dementia) for people to make hot drinks. The tap for the boiling water has a touch point to the rear of the tap that unlocks the boiling water lever. This could potentially be touched by a resident who then used the tap to get boiling water. The override switches for the ovens and microwaves in the kitchenettes are visible to the right of the appliances on the wall. They would be potentially visible to turn on and off and if on, would allow ovens and microwaves to be used.</p>	<p>The taps for boiling water are accessible on bench tops for residents and others to access and these potentially can be touched to use the boiling water. The hazard register has not been updated to determine how the risk is mitigated. Noting there has been an incident in another Bupa facility related to the same tap and safety mechanisms failing.</p> <p>The override switches for the ovens and microwaves are visible to the right of the appliances on the wall and once switched on, allow appliances to be used.</p>	<p>Ensure the hazard register is updated to include the boiling water and override switches and interventions are documented to mitigate risks.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.