

Bupa Care Services NZ Limited - Te Puke Country Lodge

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Bupa Care Services NZ Limited

Premises audited: Te Puke Country Lodge

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

Dates of audit: Start date: 8 July 2024 End date: 9 July 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: 68

Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa Te Puke Country Lodge Care Home is certified to provide hospital (geriatric and medical) and rest home levels of care for up to 72 residents. There were 68 residents at the time of the audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora - Bay of Plenty. 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.

An electronic patient management system has been introduced since the last audit. Environmental upgrades continue to be implemented. The general manager is appropriately qualified and experienced and is supported by a clinical manager. There are quality systems and processes documented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit identified shortfalls related to the completion of annual competencies and staffing levels.

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.
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Bupa Te Puke Country Lodge Care Home provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. There is a Māori health strategy documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is documented. The service demonstrated that service is provided to people in a way that is inclusive and respects their identity and independence. The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The business plan for 2024 includes a mission statement and operational objectives. The service has quality and risk management systems in place. Health and safety meetings occurred regularly. Hazards are appropriately identified and reported. Collation of quality data occurs. Benchmarking is taking place between Bupa facilities and other New Zealand aged care providers. There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work

practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents. Staff wellbeing is promoted. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

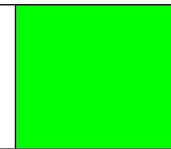
Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Residents are assessed before entry to the service to confirm their level of care. The registered nurses are responsible for risk assessments, development, and evaluation of care plans. There are policies in place to guide the care planning process. There are planned activities that are developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme in place. 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 assessed as competent to do so. The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours. Residents are referred or transferred to other health services as required.

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

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.

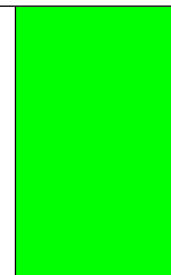


Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested and tagged as required. Hot water temperatures are monitored as per policy. Residents can freely mobilise within communal areas, with safe access to the outdoors with seating and shade. The facility vehicle has a current registration and warrant of fitness. There are appropriate emergency equipment and supplies available. An approved evacuation scheme is in place and fire drills are conducted six-monthly. Hazards are identified with appropriate interventions implemented. There is a staff member on duty on each shift who holds a current first aid certificate. Residents reported a timely staff response to call bells. Security is maintained.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.



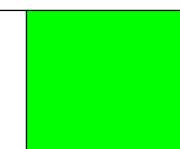
Subsections applicable to this service fully attained.

Infection prevention and control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection prevention and control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme.

Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on. Sufficient amounts of personal protective equipment supplies are accessible.

There has been one outbreak documented and appropriately managed since the last audit. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Chemicals are stored securely and safely.

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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Bupa Te Puke Country Lodge Care Home is committed to maintain a restraint-free environment for their residents. This is supported by the governing body and policies and procedures. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions and uses approved restraints as the last resort. There were residents using restraint at the time of the audit. The restraint coordinator is a registered nurse. Staff demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques and alternatives interventions which support the organisational objective of being restraint free.

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	28	0	1	0	0	0
Criteria	0	174	0	2	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Strategy is documented for the service. The strategy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. The Māori health strategy supports increased recruitment of Māori employees, by embedding recruitment processes that utilise te reo Māori and engage with local iwi for recruitment strategies at a local level. Ethnicity data is regularly reported in individual’s dashboards to monitor success.</p> <p>At the time of the audit, there were Māori staff members. Bupa Te Puke Country Lodge Care Home has links with Waitaha, Tapuika and Manueka Marae’s for kaumātua support and guidance as required. The service has Māori advocate support from Poutiri Charitable Trust, if needed. Bupa Te Puke Country Lodge Care Home also have connections with Te Whare Wānanga o Awanuiārangi, who provide student nurse placements.</p> <p>Residents and whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Fourteen staff members interviewed (three registered nurses (including one unit coordinator), five caregivers, one business coordinator, one maintenance officer, one support services</p>

		<p>coordinator, one quality partner, one chef and one activities coordinator) described how care is based on the resident's individual values, beliefs, and preferences. Care plans included the physical, spiritual, family/whānau and psychological health of the residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>During the admission process, the resident's family/whānau are encouraged to be present to assist with identification of all needs, including cultural beliefs. On admission, all residents' ethnicities are captured. Individual cultural beliefs are documented for all residents in their care plan and activities plan. Cultural awareness training introduced the staff to components of the Fonofale of Pacific Health Model. At the time of the audit, there were residents at Bupa Te Puke Country Lodge Care Home of Pasifika descent.</p> <p>The Bupa organisation developed a comprehensive Te Mana Ola: Pathways to Pacific Peoples Health Equity plan that sets the key direction and long-term priorities to achieve equity in Pacific health and wellbeing outcomes. Bupa partners with a Pacific organisation and/or individual to provide guidance. At the time of the audit there were Pacific staff members. The service has connections with a Pacific community group (Fijian) through one of the residents who identifies as Pasifika, and is able to provide guidance and support for Pacific peoples.</p> <p>Interviews with ten residents (three hospital and seven rest home) and two family/whānau (both hospital) identified that the service puts people using the services, family/whānau and the Bupa Te Puke community at the heart of their services. The service can consult with staff who identify as Pasifika for links with Pacific community groups to provide support for Pacific peoples when required.</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>FA</p>	<p>Bupa policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their family/whānau. The Code of Health and Disability Services</p>

<p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>Consumers' Rights is displayed in multiple locations in English and te reo Māori. The general manager or clinical manager discuss aspects of the Code with residents (where appropriate) and their family/whānau on admission. Information about the Nationwide Health and Disability Advocacy is available on the noticeboards in each wing and in the information packs provided. Other formats are available such as information in te reo Māori, and Pacific languages.</p> <p>Bimonthly resident and family/whānau meetings provide a forum for residents to discuss any concerns. The management team and staff interviewed described how the delivery of services to residents upholds their rights and complies with legal requirements. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at induction and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake; self-determination, independence, sovereignty, authority, as evidenced through interviews and as documented in the Towards Māori Health Equity policy.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers and RNs interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. The service responds to tāngata whaikaha needs and enables their participation in te ao Māori. Residents are encouraged to have control and choice over activities they participate in, as evidenced in resident care plans. The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service.</p> <p>A sexuality and intimacy policy is in place. Staff receive training on sexuality and intimacy as part of the education schedule. Staff interviewed stated they respect each resident's right to have space</p>

		<p>for intimate relationships. A spiritual care policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Staff interviewed could describe professional boundaries and practice this in line with policy. On the days of the audit, it was observed residents are treated with dignity and respect.</p> <p>Staff were observed to use person-centred and respectful language with residents. Privacy is ensured and independence is encouraged. Induction and ongoing education for staff covers the concepts of personal privacy and dignity. The 2024 resident and family/whānau surveys identified satisfaction around environment cleanliness and friendly and helpful staff. Residents' files and care plans identified resident's preferred names. Te reo Māori signage was evident in a range of locations. Cultural training and policies which incorporate Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori Health Strategy acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.</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>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Bupa Te Puke Country Lodge Care Home policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of ethnicities. Cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff received code of conduct training through Bupa Learn platform. The staff engagement survey evidenced staff are participating in creating a positive workplace.</p> <p>There is a safe, anonymous pathway for staff to report issues related</p>

		<p>to racism and harassment, and the Māori Health Equity policy addresses institutional racism. Staff complete education on induction and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value older people, showing them respect and dignity. All residents and family/whānau interviewed confirmed staff are very caring, supportive, and respectful. There is a management of values policy providing guidelines related to the management and safeguarding of residents' property and finances. Residents' payments for incidentals is managed by a third-party technology platform. Police checks are completed as part of the employment process.</p> <p>Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of induction. The service promotes a strengths-based and holistic model `Person First Care` to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes. On interview, care staff confirmed an understanding of holistic care for all residents. Cultural awareness training completed in June 2024 included recognition of explicit and non-explicit bias and supports the recognition and reduction of bias in health care.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Resident and family/whānau meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. Documentation reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. All residents were able to speak</p>

		<p>in English at the time of the audit.</p> <p>Non-subsidised residents (or their appointed representative) are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand – Bay of Plenty specialist services. The management team hold weekly head of department meetings to enhance internal communication and facilitate a holistic approach to care. The unit coordinator and RN described an implemented process around providing residents and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies documented around informed consent. Resident files reviewed included appropriately signed general consent forms. The residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. There is resident advance care planning and advance directives and resuscitation policy documented and implemented in all files reviewed.</p> <p>The service follows relevant best practice tikanga guidelines and welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOA) were on residents' files and were activated when required.</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>	FA	<p>The complaints procedure is equitable and is provided to residents and family/whānau on entry to the service. The general manager maintains a record of all complaints both verbal and written, by using</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>a complaint register which is kept electronically. The general manager interviewed advised any complaints were logged in the complaint register. There have been 23 complaints made since the last audit in March 2023, ten complaints in 2024 year to date, and thirteen in 2023. The complaints reviewed for 2024 included investigation, follow up and reply to the complainant. There were no identified issues in respect of these complaints. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality, RN/clinical and staff meetings (meeting minutes sighted).</p> <p>Documentation demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The regional operations manager (interviewed by phone) deals with any higher risk complaints. The welcome pack included information on the process for making a complaint. Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility. A suggestions box is also available. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is equitable for Māori and the management team are aware of the preference of face-to-face interactions for some Māori. Residents and family/whānau interviewed advised management are easily accessible to raise any matters with.</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</p>	<p>FA</p>	<p>Bupa Te Puke Country Lodge Care Home is located in Te Puke, Bay of Plenty. The service is certified to provide care for hospital (geriatric and medical) and rest home levels of care for up to 72 residents. Thirty-eight rooms are certified as rest home level, and thirty-four as hospital level of care. On the day of the audit there were 68 residents: 36 at rest home level and 32 at hospital level. There were three residents (two rest home and one hospital) on younger persons with disability (YPD) contracts. All other residents were on the age-related residential care (ARRC) agreement. There were four married couples at the time of the audit; however, all were in single rooms. There are no double rooms.</p>

<p>sensitive to the cultural diversity of communities we serve.</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 New Zealand 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, with 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, 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 permeate through service delivery and are measured as part of the quality programme. The organisation benchmarks quality data within the organisation and with other New</p>
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		<p>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. 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 collective needs of residents who identify as Māori, to ensure they live longer, healthier, happier lives.</p> <p>The Bupa Te Puke Country Lodge Care Home business plan for 2024 includes a mission statement and operational objectives with site specific goals related to business and quality outcomes. The goals are reviewed four-monthly. The regional operations manager reports to the national operations director. 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.</p> <p>The service is managed by a general manager (RN), who has been in the role for two and a half years and previously managed another Bupa facility for a year. The general manager is supported by a clinical manager who has been in the role for two years and also a unit coordinator. They are supported by the regional operations manager and a team of experienced long-standing staff.</p> <p>Both the general manager and clinical manager have completed more than eight hours of training related to managing an aged care facility, including Bupa regional managers' forums, pandemic, and infection prevention and control teleconferences.</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 Te Puke Country Lodge Care Home 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. Bimonthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection prevention and 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. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign off when completed. Benchmarking occurs on a national level against other Bupa facilities.</p> <p>Resident family/whānau satisfaction surveys are managed by head office who rings and surveys family/whānau. The September 2023 resident and January 2024 family/whānau satisfaction surveys indicate that resident and family/whānau are satisfied with the overall care and service being provided. There was no resident satisfaction survey completed in January 2024 due to the facility having a Covid-19 outbreak. Corrective actions have been implemented around the food service and activities for the resident survey and food service for the family/whānau survey. Results have been communicated to residents in the resident and family/whānau meetings. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. New policies or changes to policy are communicated and staff sign as acknowledgement.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. The health and safety committee team meets bi-monthly. The maintenance officer (health and safety officer) has completed external health and safety</p>
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		<p>training. Hazard identification forms and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. Staff are kept informed on health and safety issues in handovers, meetings and via toolbox talks. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Reports using the electronic system are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications submitted since the last audit for four unstageable pressure injuries (June, and September 2023, January and April 2024), one suspected deep tissue pressure injury (June 2024), one stage III pressure injury (January 2024) and RN shortages were reported for the week beginning 5 June 2024 for a two-week period. There has been one Covid-19 outbreak (March 2023), which was appropriately notified.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</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>	PA Low	<p>There is a staffing rationale and 'roster right' policy that describes rostering requirements. The general manager, clinical manager and unit coordinator are available Monday to Friday. The clinical manager and unit coordinator provide clinical supervision. The RNs, activities staff, and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. On-call cover for all Bupa facilities in the region is covered by a six-week rotation of one general manager and one clinical manager each week. The facility covers two floors with three elevators in strategic locations. The business coordinator (non-clinical) is responsible for the rostering of staff.</p>

	<p>The roster is divided to provide staff in the following areas: four hospital wings, Kent, Tudor, Somerset, and Ashleigh all on the ground floor. There were 32 of 34 hospital residents. Staff in the hospital wings is as follows: there are six caregivers in the morning (five on a full shifts and one on a short shift), five caregivers in the afternoon (two on full shifts and three on short shifts) and two caregivers at night. There is a RN rostered on to the morning, afternoon, and night shifts. There are two rest home wings, Devon (ground floor) and Chelsea (lower floor); there were 36 of 38 rest home residents. Staff in the rest home wings is as follows: there are two caregivers in the morning (full shifts), two in the afternoon (full shifts) and two caregivers at night. There is a RN on the morning and afternoon shifts (both short shifts, 7.00am to 1.30pm and 4.00pm to 8.00pm).</p> <p>The RN on duty at night covers all areas. Two weeks of rosters were reviewed. The roster provides sufficient and appropriate coverage for the effective delivery of care and support; except for the Devon and Chelsea rest home wings, especially in relation to the morning and afternoon shifts. Interviews with care staff stated that if all staff were available, their workload is manageable, except for the Devon and Chelsea wings. During the facility tour and subsequent visual inspection on three different occasions, it was evident that the caregivers were struggling to complete their allocated tasks in these two wings.</p> <p>There is an annual education and training schedule being implemented 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 reported they are provided with resources to learn and share high-quality Māori health information. Training sessions around dementia and behaviours of concern are held regularly. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. The Bupa induction programme qualifies new caregivers at a level two NZQA. Twenty-five caregivers have achieved a level 4 NZQA qualification, nine have completed level 3, and three have completed level 2. All staff are required to complete</p>
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		<p>competency assessments as part of their induction.</p> <p>Annual competencies include (but are not limited to) restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 undertake many of the same competencies as the RN staff (eg, medication administration, controlled drug administration, nebuliser use, blood sugar levels and insulin administration, oxygen administration, and wound management). Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. There were gaps in the completion of annual competencies for RNs and caregivers in relation to restraint; correct use of personal protective equipment; blood sugar levels and insulin administration; nebuliser use; neurological observations; and administration of subcutaneous fluids.</p> <p>Three of the ten RNs (including clinical manager and the unit coordinator) are interRAI trained. 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 – Bay of Plenty. A record of completion is maintained on an electronic register. Staff wellness is encouraged through participation in health and wellbeing activities of the ‘take five’ Bupa wellness programme. Organisational wellness initiatives include (but are not limited to) health care insurance for staff, free flu vaccinations, and a supermarket voucher award scheme. Signage supporting the Employee Assistance Programme was posted in visible staff locations.</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>	FA	<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 new staff. Once applicants pass screening, suitable applicants are interviewed by the general manager. Nine staff files reviewed (one clinical manager, one unit coordinator, one RN, four caregivers, one activities assistant and one maintenance officer) evidenced implementation of the recruitment process, employment contracts, police checking, and</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>completed induction. There is a staff performance appraisal policy. Staff who have been employed for a year or more have a current performance appraisal on file. Staff sign an agreement with the Bupa code of conduct.</p> <p>Job descriptions are in place for all positions, these include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. 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. 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 provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Bupa business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p>	<p>FA</p>	<p>Residents who are admitted to Bupa Te Puke Country Lodge Care Home are assessed by the needs assessment service coordination</p>

<p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>(NASC) service to determine the required level of care. Completed NASC authorisation forms for rest home and hospital level of care residents were sighted. The clinical manager and unit coordinator screen prospective residents prior to admission. A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the EPOA and family/whānau of choice, where appropriate, local communities, and referral agencies. Residents were admitted with appropriate EPOA or welfare guardian documents in place and these were sighted in resident records reviewed when required.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Family/whānau were updated where there was a delay in entry to the service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided. The clinical manager reported that all potential residents who are declined entry, are recorded. When an entry is declined, the resident and family/whānau are informed of the reason for this and made aware of other options or alternative services available. The resident and family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is implemented. The service has existing engagements with local Māori communities, health practitioners, and organisations to support Māori individuals and whānau. The clinical manager stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p>	<p>FA</p>	<p>Eight resident files were reviewed: four hospital, including one resident on a YPD contract, and four rest home residents. The RN is</p>

<p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>responsible for conducting all assessments and for the development of care plans. The rest of the resident files reviewed were under the age-related residential care (ARRC) agreement. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans and six-monthly multidisciplinary reviews.</p> <p>Bupa Te Puke Country Lodge Care Home uses a range of risk assessments tools alongside the interRAI care plan process. Risk assessments were conducted on admission and included those relating to falls; pressure injury; skin; pain; nutrition; sleep; behaviour; hygiene; dressing; continence; cultural; and activities. The initial care plan is completed within 24 hours of admission, as evidenced in the files reviewed. Initial interRAI assessments have been completed within expected timeframes and outcome scores were identified on the long-term care plans reviews, inclusive of the YPD resident. For the resident files reviewed, the outcomes of the assessments formulate the basis of the long-term care plan.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions were documented and were resident centred and detailed enough to provide guidance to staff around all the identified medical and non-medical needs. Interventions meet the needs and medical/clinical risks of the residents and address strategies to prevent and recognise early deterioration.</p> <p>There are policies and procedures to guide the use of short-term care plans. Short-term care plans are utilised and signed off. Short-term care plans utilised were moved to the long-term care plan after six weeks if there was no resolution. Where residents had been in the facility for more than six months, evaluations were completed and documented resident's progression towards meeting their goals.</p> <p>The service contracts a general practitioner (GP) from a local medical centre for two mornings a week and they are available for urgent advice. The GP had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to their health status. The GP (interviewed) commented positively on the service and confirmed appropriate and timely referrals were completed. They</p>
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	<p>were satisfied with the competence of the RNs, care provided and timely communication when there are residents with concerns.</p> <p>Resident files demonstrate integration of allied health professional input into care and a team approach is evident. A physiotherapist visits twice weekly. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team, hospice, wound care nurse specialist, and medical specialists are available as required through Health New Zealand – Bay of Plenty. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Caregivers and RNs interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The handover is between a RN to the incoming RN and caregivers on each shift, as observed on the day of audit and was found to be comprehensive in nature. Caregivers progress notes are prepopulated interventions and populated into progress notes when tasks are completed. When RNs complete assessments, these are documented as progress notes.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the RNs who then assesses the resident and initiate a review with the GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes, and any changes to health status and the communication was consistently documented in the resident files.</p> <p>A total of nine wounds are being actively managed across the service. These included skin tears and a surgical wound. There were three current pressure injuries (one unstageable and two stage II) being managed at the care home. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress, and evaluation of wounds. Assessments and wound management plans, including wound measurements and photographs, were reviewed. Wound registers have been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring has occurred as planned in the sample</p>
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		<p>of wounds reviewed. There is documented referral to the wound care nurse specialist, for input into the unstageable pressure injury. Caregivers and RNs interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. New behaviours are charted on an electronic monitoring chart to identify new triggers and patterns. The behaviour and strategies to de-escalate behaviours, include re-direction and activities. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls or where head injury was suspected as part of post falls management. Incidents reviewed indicate that these were completed in line with policy and procedure.</p> <p>Bupa Te Puke Country Lodge Care Home provides equitable opportunities for all residents and supports Māori and whānau to identify their own pae ora outcomes in their care plans. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, beliefs, and spiritual needs, which are documented in the care plan. The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The Māori Health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable. Tikanga principles were included within the Māori health care plan reviewed.</p> <p>Staff confirmed they understood the process to support residents and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā, and spiritual assistance. Cultural assessments were completed by staff who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities coordinator (currently completing diversional therapy training) works Monday to Friday, coordinates, facilitates and ensures implementation of the activities programme. The second full-time position is currently vacant; however, a new appointee is due to commence in July 2024. The programme is supported by the caregivers at the weekend. The activities programme was based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, and interests. These assessments were completed within three weeks of admission, in consultation with the family/whānau and residents. Each resident had a map of life developed, detailing the past and present activities, career, and family/whānau. A weekly planner is developed, posted on the noticeboards and residents are given a copy of the planner for their rooms. Daily activities were noted on noticeboards to remind residents and staff. There are resident and family/whānau meetings held to discuss different issues at the facility and provide feedback relating to activities.</p> <p>The activity programme is formulated by the activities team in consultation with the management team, clinical manager, unit coordinator, RNs, EPOAs, residents, and care staff. The activities sighted on the planners for the rest home and hospital were varied and reviewed to be appropriate for residents, including younger residents. The care plans demonstrate sufficient interventions (in My day My way section) recorded to guide staff in the management of behaviour over 24 hours. Activity participating registers were completed daily. The residents were observed participating in a variety of activities on the first day of the audit, which were appropriate to their group settings. The planned activities and community connections were suitable for the residents. Activities sighted on the activity planners included quizzes; bingo; floor games; Waitangi; Matariki; Māori language week; table games; sensory; outdoor walks; van outings; music; pet therapy; entertainment; exercise; and relaxing time with pampering.</p> <p>The service promotes access to EPOA and family/whānau and friends. There are regular outings and drives for residents (as appropriate). A weekly church service is held at the facility. Activities are adapted to encourage sensory stimulation and physical</p>
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		<p>capabilities. There were residents who identified as Māori. The activities coordinator reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious and cultural festivals, including Matariki and Māori language week, with events planned. The family/whānau satisfaction survey completed in March 2024 evidenced satisfaction related to the activities provided. On interview, residents and family/whānau reported satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Bupa Te Puke Country Lodge Care Home has policies available for safe medicine management that meet legislative requirements. The RN and medication competent caregivers who administer medications had current competencies which were assessed in the last twelve months. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets are electronic. On the days of the audit, a RN was observed to be safely administering medications. The RNs and caregivers interviewed could describe their roles regarding medication administration. The facility uses pharmacy pre-packaged medicines. All medications once delivered are checked by the RNs against the medication chart. Medication reconciliation was conducted by the RNs when a resident is transferred back to the service from the hospital or any external appointments. The RNs checked medicines against the prescription, and these were updated in the electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the medication trolleys and the two medication areas. The medication fridges and medication room temperatures were consistently monitored daily. All eyedrops and creams have been dated on opening. Controlled drugs are stored appropriately. The weekly stock check has been completed regularly by medication competent staff. The six-monthly controlled</p>

		<p>drug audit was completed. Medication incidents were completed in the event of a drug error and corrective actions were acted upon.</p> <p>Sixteen medication charts were reviewed. There is a three-monthly GP review of all the residents' medication charts, and each medication chart has photographic 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.</p> <p>There is a policy in place for residents who request to self-administer medications. At the time of audit, there were three rest home residents self-administering medications. Competency assessments were completed, and the medications were stored safely according to policy. The service does not use standing orders and there are no vaccines kept on site.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The clinical manager and unit coordinator interviewed described how they work in partnership with residents and their family/whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The chef (kitchen manager) works full time Monday to Friday and has oversight of the kitchen. There are supported by a weekend cook and a team of kitchen hands who are assigned to the areas to assist with plating and serving of meals. All food and baking are prepared and cooked on site. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires on 22 September 2024. The four-week seasonal menu was reviewed by a registered dietitian, 25th March 2023. Kitchen staff have attended safe food handling training.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a</p>

		<p>nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. The profile is updated as the resident needs change and a copy is provided to the kitchen. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and overnight when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed at least every three months. Records of temperature monitoring of food, fridges, and freezers are maintained. Meals are transported and served from a pre-heated hot box to the dining rooms. Residents known to have their meals in their rooms are provided with a tray service and food is kept warm in hot boxes. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes culturally specific menu options that reflect te ao Māori, including 'boil ups,' hāngi, Māori bread, and these are offered to residents who identify as Māori when required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a</p>	FA	<p>There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. There is a documented process in the management of the early discharge and transfer from services. The clinical manager and unit coordinator reported that discharges are normally into other similar facilities or residents following their respite stay. Discharges are overseen by the RNs who manage the process. Discharges or transfers were coordinated in collaboration with the resident, family/whānau and other external agencies to ensure continuity of care. Risks are identified and managed as required. The residents (if appropriate) and family/whānau are involved for all transfers and</p>

<p>supported transition of care or support.</p>		<p>discharges to and from the service, including being given options to access other health and disability services – tāngata whaikaha, social support or kaupapa Māori agencies, where indicated or requested.</p> <p>Transfer documents include (but are not limited to) transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts, and last GP review records. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and filed for archiving. If a resident's information is required by a subsequent GP, a written request is required for the file to be transferred. Evidence of residents who had been referred to other specialist services such as podiatrists, nurse specialists, and physiotherapists, were sighted in the files reviewed. Discharge notes are kept in residents' records and any instructions integrated into the care plan. The unit coordinator advised a comprehensive handover occurs between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There is a building warrant of fitness certificate that expires on 26 October 2024. The service has a full-time maintenance officer, who is available Monday to Friday. Maintenance requests are logged through the Safety Culture electronic system and followed up in a timely manner. An annual maintenance plan includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment, and appropriate pest control management. Essential contractors such as plumbers and electricians are available across seven days if required. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. Checking and calibration of medical equipment, hoists and scales is completed annually, last checked in June 2024. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>The corridors are wide and promote safe use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids, where required. There is outdoor furniture and seating with shade in place and there is wheelchair access to all areas. The external areas are mostly paved with raised</p>

		<p>beds, water features and decorative items of interest. An elevated lounge provides extensive views of the surrounding countryside. All outdoor areas and gardens were well maintained and are accessible and safe for residents' use. The facility has six wings, with one rest home wing being on the lower floor. All rooms apart from two rest home rooms have full ensuites. There are adequate visitor and staff toilet facilities available. Communal toilets and bathrooms have appropriate signage. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning.</p> <p>There are several lounges throughout the facility and combined lounge/dining rooms. The lounges and dining room are accessible and accommodate the equipment required for the residents. The lounges and dining areas are large enough to cater for activities. Residents are able to move freely through and around these areas and furniture is placed to facilitate this. Residents were seen to be moving freely both with and without assistance throughout the audit. Activities occur throughout the facility in addition to a dedicated activities lounge. There are quiet areas if residents wish to have quiet time or speak privately with friends or family/whānau. The service has a library room in addition to frequently located, smaller reading areas. All resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to bring their own pictures, photos, and furniture to personalise their room, as observed during the audit. Staff interviewed reported that rooms have sufficient space to allow cares to take place.</p> <p>There are no plans for building or major refurbishments. If this is planned in the future, the general manager and organisation are aware of their obligation to seek advice from Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p>	<p>FA</p>	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service on 17 August 2021. A trial evacuation drill was</p>

<p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>performed on 2 February 2024. The drills are conducted every six-months and these are added to the annual training programme. The staff induction programme includes fire and security training. There are adequate fire exit doors and a designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. In the event of a power outage, there are three barbeques and gas hobs in the kitchen should gas cooking be needed. There are sufficient supplies of food stored in the kitchen. There are civil defence supplies available which are checked three-monthly. There is sufficient water stored for four litres per day for three days per resident, with a 10,000-litre water tank on site.</p> <p>There is no generator on site; however, the Bupa head office will arrange a generator to be provided if needed. Emergency lighting is available and is regularly tested. There is a first aid trained staff member on duty 24/7. Staff interviewed confirmed their awareness of the emergency procedures. There are call bells in the residents' rooms, communal toilets/bathroom, and lounge/dining room areas. There is a display monitor centrally located in the hallway by the lounge that alerts staff to where the call bell is coming from. During the audit, residents were observed to have their call bells in proximity to their current position. Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. There is an external security company that completes three security checks at night. There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in</p>	<p>FA</p>	<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 experienced clinical manager is the infection prevention and control coordinator and oversees infection prevention and control across the service. The clinical manager has a job description (which has been signed) and outlines the responsibility of the role. The organisational infection prevention and control programme, its content and detail, is</p>

<p>national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>appropriate for the size, complexity and degree of risk associated with the service. There is commitment to infection prevention and control and AMS documented in the strategic plan. The infection prevention and control programme is reviewed annually by the infection prevention and control lead at Bupa head office, who reports and escalates to clinical support improvement (CSI) team. Documentation reviewed showed evidence that recent outbreaks were escalated to the Bupa infection prevention and control lead within 24 hours.</p> <p>Bupa has monthly and sometimes weekly infection prevention and control teleconferences for information, education and discussion and updates, should matters arise in between scheduled meeting times. The infection prevention and control coordinator has completed external online training. Infection rates are collated, and the data is presented and discussed at infection prevention and control meetings, quality, and staff meetings. Infection prevention and control are documented as part of the strategic and quality plans. On the day of audit, the facility has been managing a Covid -19 exposure event, which occurred from the village area when a resident's family/whānau member visited. Staff and visitors are wearing N95 masks, staff performing RATs tests daily and resident monitoring is taking place. The service has access to an infection prevention clinical nurse specialist from Health New Zealand – Bay of Plenty, in addition to expertise at Bupa head office. Residents and staff are offered influenza and Covid -19 vaccinations. Visitors are asked not to visit if unwell. 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. 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. As service providers: We develop and implement an infection</p>	<p>FA</p>	<p>The designated infection prevention and control coordinator is supported by the wider clinical team and Bupa infection prevention and control lead. The infection prevention and control programme, it's 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 prevention and control and AMS programme is reviewed annually by Bupa infection prevention and control lead in consultation with the infection prevention and control coordinators.</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>The service has a Covid-19 and pandemic response plan.</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 regularly checked against expiry dates. There are supplies of extra PPE available and accessible. The Bupa infection prevention and control lead and the Te Puke infection prevention and control coordinator have input into the procurement of good quality PPE, medical and wound care products. There is good external support from the GPs, laboratory, and the Bupa infection prevention and control lead.</p> <p>The infection prevention and control manual outline a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection prevention and control team, and training and education of staff. Policies and procedures are reviewed quarterly by Bupa in consultation with infection prevention and 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. Staff reported that all shared equipment is appropriately disinfected between use. Infection prevention and 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 are collated along with infection prevention and control data.</p> <p>The infection prevention and 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. There has been additional training and education around pandemic response (including Covid-19) and staff were informed of any changes by noticeboards, handovers, toolbox talks, text message and emails. However, it was noted that staff had not completed hand hygiene and protective equipment competencies after training (link - HDSS.2021 2.3.3). Resident education occurs as</p>
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		<p>part of the daily cares. Residents and family/whānau were kept informed through newsletters, and emails when outbreaks occurred.</p> <p>The service incorporates te reo Māori information around infection prevention and control for Māori. Posters in te reo Māori are in evidence throughout the facility and additional information in te reo Māori is readily available. The Māori Health Strategy includes the importance of ensuring culturally safe practices in infection prevention. Staff interviewed were knowledgeable around providing culturally safe practices, to acknowledge the spirit of Te Tiriti o Waitangi. There are no plans to change the current built environment; however, the organisation will consult with the infection prevention and control coordinator if this occurs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported in a monthly quality report and presented at meetings.</p> <p>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. Prophylactic use of antibiotics is 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>	FA	<p>Infection surveillance is an integral part of the infection prevention and control programme and is described in the Bupa infection prevention and control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition</p>

<p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. 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 prevention and control surveillance is discussed at infection prevention and control, clinical and staff meetings. Benchmarking graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand – Bay of Plenty.</p> <p>There has been one Covid-19 outbreak (March 2023) and a Covid - 19 exposure event July 2024 with Health New Zealand - Bay of Plenty and Public Health being appropriately notified. There was evidence of regular communication with the Bupa infection prevention and control lead, clinical director, aged care portfolio manager and Health New Zealand – Bay of Plenty infection prevention and control nurse specialist. Toolbox meetings (sighted) were held and `lessons learned` were captured and discussed to prevent, prepare for, and respond to future infectious disease outbreaks. Any infections of concern are discussed and reported to the Bupa infection prevention and control lead. Outbreak logs were completed. Staff confirmed resources, including PPE were plentiful. Staff were observed to demonstrate effective management and containment protocols. Training and debriefing sessions were conducted after the prior events, and effective communication regarding the current outbreak was evident.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms (with sanitisers) and personal protective equipment available,</p>

<p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. There is a laundry in the service area of the facility. Linen and personal clothes are laundered on site. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. Kitchen linen and mop heads are done on site.</p> <p>There are sufficient number of commercial washing machines and dryers. Material safety datasheets are available, and all chemicals are within closed systems. There is a dedicated laundry person seven days per week. Linen was seen to be transported in covered trolleys. Cleaners' trolleys are attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The linen cupboards were well stocked. The washing machines and dryers are checked and serviced regularly. Laundry staff have also completed chemical safety training. The staff interviewed had good knowledge about cleaning processes and requirements relating to infection prevention and control. There were kitchen and laundry audits completed that evidence compliance. The infection prevention and control coordinator provide 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 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>The facility is committed to toward eliminating restraint and will only consider the least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort. Any restraint use is benchmarked across the organisation and reported to Bupa leadership and governance groups. The Bupa Clinical Governance committee (which reports to the Bupa Leadership Team) is committed to ensuring services are provided to residents without the use of restraint, by collecting, monitoring, and reviewing data and implementing improvement activities. At the time of the audit there were two hospital residents using restraints, one lap belt and one bedrail. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing.</p>

		<p>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. The designated restraint coordinator is the clinical manager. Restraint is used as a last resort, only when all other alternatives have been explored. The restraint coordinator (RN) has a defined role of providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Education on the restraint-free organisational objective is included in the orientation programme and as part of the annual training plan. Restraint training is accompanied by a competency questionnaire which had not been completed by all staff (link - HDSS.2021, 2.3.3). Restraint is discussed at all meetings with restraint review meetings occur monthly as part of the quality meeting.</p> <p>Seclusion is not used at Bupa Te Puke Country Lodge Care Home.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>Approval processes for restraint are facilitated by the restraint coordinator. Assessments for the use of restraint, consent, monitoring, and three-monthly reviews were documented and included all requirements of the Standard. Registered nurses complete electronic monitoring charts reflective of the type of restraint, assessed risk and frequency required. The care plans reviewed had interventions documented to monitor risks related to the type of restraint and the frequency of monitoring when restraint is in use. The care plan addresses the resident's cultural, physical, psychological, and psychosocial needs and addresses wairuatanga (where applicable).</p> <p>Residents and family/whānau confirmed their involvement in the process. A restraint register is electronically maintained and contained enough information to provide an auditable record. Restraint discussions are completed as part of the quality and RN/clinical meetings. All restraint reviews are completed three-monthly by the restraint coordinator and GP, discussed with the resident (where able), resident's family/whānau where resident</p>

		<p>permission has been obtained, or an EPOA over personal welfare and health if it has been activated. If emergency restraint is required, the restraint coordinator will consult and debrief with family/whānau and/or EPOA and the resident.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The Bupa Clinical Governance committee (which reports to the Board) has endorsed the review of the restraint programme. The restraint programme is reviewed annually. Monthly reporting on restraint usage and benchmarking is included, as well as evaluation of the staff restraint education programme. Meeting minutes reflect discussions on how to minimise the use of restraint and to ensure that it is only used when clinically indicated and when all other alternatives have been tried. Residents requiring restraint are discussed at the RN/clinical meeting and the restraint meeting as a standard agenda item.</p> <p>The restraint coordinator provides a monthly report and discusses it at the monthly quality meeting. The report includes methods of restraint use, trends, adverse events, initiatives, and other approaches, family/whānau feedback, internal audit results, staff training, and status on restraint equipment. Any changes to policies, guidelines, education, and processes are implemented as indicated. There is evidence that data analysis has been completed and discussed at quality and RN/clinical meetings and include identified restraints in use, ways to minimise and eliminate the use of restraint for the individual resident, and ongoing restraint and challenging behaviour education to all staff.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</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>There is a staffing rationale and ‘roster right’ policy that describes rostering requirements. The business coordinator (non-clinical) is responsible for the rostering of staff. Two weeks of rosters were reviewed. The roster provides sufficient and appropriate coverage for the effective delivery of care and support in the hospital areas. However, the Devon and Chelsea rest home wings, morning and afternoon shifts did not appear to have sufficient staff coverage. Care staff interviewed stated that if all staff were available the hospital workload is manageable, except for the rest home (Devon and Chelsea wings). During the facility tour and subsequent visual inspection on three different occasions, it was evident caregivers were struggling to complete their allocated tasks in these two</p>	<p>Feedback from staff, review of the staff roster and observation on the days of the audit evidence the workload is not manageable in the rest home (Devon and Chelsea wings).</p>	<p>Ensure there is adequate staff available in the rest home area (Devon and Chelsea wings) with consideration of the number of residents, the acuity of residents, and non-clinical tasks allocated to caregivers.</p> <p>90 days</p>

		wings.		
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	PA Low	<p>Annual competencies include (but are not limited to) restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 undertake many of the same competencies as the RN staff (eg, medication administration, controlled drug administration, nebuliser use, blood sugar levels and insulin administration, oxygen administration, and wound management). Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. There were gaps in the completion of annual competencies for RNs and caregivers in relation to restraint; correct use of personal protective equipment; blood sugar levels and insulin administration; nebuliser use; neurological observations; and administration of subcutaneous fluids.</p>	<p>There were gaps in the completion of annual competencies for RNs and caregivers in relation to restraint; correct use of personal protective equipment; blood sugar levels and insulin administration; nebuliser use; neurological observations; and administration of subcutaneous fluids.</p>	<p>Ensure that all RNs and caregivers complete annual competencies as required.</p> <p>90 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.