

Bupa Care Services NZ Limited - St Andrews Care Home

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:	St Andrews Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 8 August 2024 End date: 9 August 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:	39

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

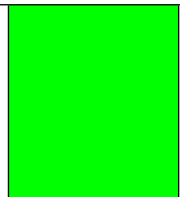
Bupa St Andrews Care Home provides hospital (geriatric and medical), and rest home levels of care for up to 40 residents. There were 39 residents on the days of audit.

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


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 St Andrews 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.		Subsections applicable to this service fully attained.
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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, staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work

practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents. 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

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Subsections applicable to this service fully attained.</p>
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Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for assessing, developing, and evaluating care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated.

Activities are planned to address the residents' needs and interests 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 activity programme in place.

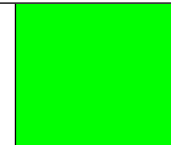
There is a medicine management system in place. The organisation uses an electronic system to prescribe and administer medications. The general practitioner and nurse practitioner are responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents when required.

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.



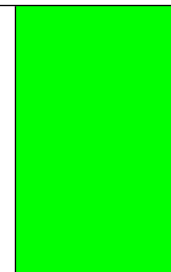
Subsections applicable to this service fully attained.

The facility meets residents' needs and is clean and well-maintained. A preventative maintenance programme is being implemented. A current building warrant of fitness is in place. Clinical equipment has been tested and calibrated as required. External areas are accessible and safe, provide shade and seating, and meet the needs of people with disabilities.

Appropriate emergency equipment and supplies are available. There is an approved evacuation scheme, and fire drills are conducted six-monthly. Staff members on duty on each shift hold current first aid certificates. Staff, residents, and family/whānau understand emergency and security arrangements. Hazards are identified, and appropriate interventions are implemented. Residents reported a timely staff response to call bells. Security is maintained.

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

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




Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on. Sufficient amounts of personal protective equipment supplies are accessible. There have been two outbreaks 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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Restraint minimisation and safe practice policies and procedures are in place. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions and only uses an approved restraint as the last resort. At the time of the audit the service had no residents using restraint. Restraint minimisation is included as part of the mandatory training plan and orientation programme.

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	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health strategy is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. Bupa has a te ao Māori strategy, materials, and care programmes that address the 2021 Health and Disability Services Standard. Bupa care home managers have attended workshops (Mauri Tū, Mauri Ora) in relation to Te Tiriti o Waitangi and scoping of opportunities to improve health equity for Māori. The service currently has no 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 being regularly reported in individual's dashboards to monitor success.</p> <p>At the time of the audit, there were Māori staff members. Bupa St Andrews Care Home has links with Kirikiriroa Marae for kaumātua support and guidance as required.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, as evidenced in interviews with three residents (two rest home and one hospital) and four family/whānau members (three hospital and one</p>

		rest home level care).
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>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 Pacific Health Model. At the time of the audit, there were no residents at Bupa St Andrews Care Home of Pacific 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. Health New Zealand - Pacific Health provides Bupa St Andrews Care Home with support and guidance as required. The service also has Pacific advocate support from K'aute Pasifika Trust if needed.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>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 families/whānau. The Code 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. Quarterly resident and family/whānau meetings provide a forum for residents to discuss any concerns.</p> <p>The management team interviewed (general manager, clinical</p>

		<p>manager) and twelve staff (four caregivers, two registered nurses [RN], one kitchen hand, one chef, one maintenance officer, one activities coordinator, one cleaner and one laundry assistant) described how the delivery of services to residents upholds their rights and complies with legal requirements. Staff receive education in relation to 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. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Residents are encouraged to have control and choice over activities they participate in, as evidenced in resident care plans. The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. A sexuality and intimacy policy is in place.</p> <p>Staff receive training on sexuality and intimacy as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. 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. Staff interviewed could describe professional boundaries and practice this in line with policy. Spiritual needs are identified, church services are available weekly, and spiritual support is available. On</p>

		<p>the days of the audit, it was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met.</p> <p>The privacy policy is implemented. Privacy is ensured and independence is encouraged. Induction and ongoing education for staff covers the concepts of personal privacy and dignity. The July 2024 resident/family surveys identified satisfaction around privacy, dignity, and respect (including cultural needs). 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 & 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. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. 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 St Andrews 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 the 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 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 the older person, showing them respect and dignity. All residents and family/whānau</p>

		<p>interviewed confirmed that the 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. The service implements a process to manage residents' comfort funds through an external agency.</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 2023 and 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.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information related to the service 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/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented on the family communication sheet that is held in the front of the resident's file. 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, apart from one, were able to speak in English at the time of the audit, and staff were observed to employ appropriate communication techniques for this resident, including the</p>

		<p>use of translation technology.</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 - Waikato specialist services. The management team hold regular head of department meetings to enhance internal communication and facilitate a holistic approach to care. The management team and RNs 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>	<p>FA</p>	<p>There are policies documented around informed consent. Resident files reviewed included appropriately signed general consent forms. The resident 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 welcoming the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files and were activated for residents where necessary.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p>	<p>FA</p>	<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. 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 four complaints made in 2023, and four in 2024 year to date since the last audit in December 2022. All complaints reviewed were of a minor nature and have been resolved to the satisfaction of the complainants. There have been no external complaints.</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 (not in attendance on the days of the audit) 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 have a variety of avenues they can choose from to make a complaint or express a concern. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. 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 sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Bupa St Andrews Care Home is located in Hamilton, Waikato. The service is certified to provide rest home, and hospital (medical and geriatric) levels of care for up to 40 residents. All beds are certified for dual-purpose use. On the day of the audit there were 39 residents: 24 rest home residents, including one rest home resident on respite funded by ACC; and 15 hospital residents. All residents other than the ACC respite were under the age-related residential care contract (ARRC). There was one married couple at the time of the audit who were not sharing a room. There were no double/shared rooms.</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</p>

	<p>and values, and reports into the Bupa Care Services NZ Boards in New Zealand, and the Bupa Australia & New Zealand (ANZ) Board. There is a New Zealand based managing director that reports to a New Zealand based Board. Each director has an induction to their specific role and to the senior leadership team. The directors are knowledgeable around legislative and contractual requirements and are experienced in the aged care sector. The Bupa Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is a cultural working group alongside the Bupa Leadership team.</p> <p>Bupa has a Clinical Governance committee (CGC), Risk and Governance committee (RGC), a learning and development governance committee, and a work health safety governance committee where analysis and reporting of relevant clinical and quality indicators is discussed in order to improve. There is a clinical support improvement team (CSI) that includes clinical specialists in restraint, infections and adverse event investigations, and a customer engagement advisor based in head office to support their facilities, 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, and learning from complaints (open casebooks) as ways to share learning, and improve quality of care for Māori and tāngata whaikaha,</p> <p>The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori), which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. Bupa NZ is committed to supporting outcomes for Māori and equitable service delivery. Goals of the Māori strategy permeates through service delivery and measured as part of the quality programme. The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers.</p> <p>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</p>
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		<p>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 St Andrews 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 eight years. The general manager is supported by a clinical manager who has been in the role for four months, having previously worked as a unit coordinator at another Bupa site. They are supported by the regional operations manager and a team of experienced long-standing staff. The management team report the turnover of staff has been relatively low.</p> <p>Both the general manager and the clinical manager have completed more than eight hours of training related to managing an aged care facility, including Bupa regional managers' forums, pandemic and infectious disease planning, and infection control teleconferences.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and</p>	<p>FA</p>	<p>Bupa St Andrews Care Home is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through</p>

<p>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>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 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. The service has implemented improvement plans and include a project to reduce falls.</p> <p>Resident family satisfaction surveys are managed by head office who ring and send surveys to family/whānau. The July 2024 resident and family/whānau satisfaction surveys indicate that resident and family/whānau are satisfied with the overall service provided. Results have been communicated to residents in the resident and family/whānau meetings. Corrective actioned have been implemented around activities and ease of contact via telephone. 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 bimonthly. The maintenance office (health and safety officer) has completed external health and safety level three training. Hazard identification forms and an up-to-date hazard register were reviewed (last updated April 2024). 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</p>
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		<p>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 one Section 31 notification submitted since the last audit for historical registered nurse shortages and two absconding incidents. There have been two Covid-19 outbreaks (July 2023, and January 2024); both outbreaks were 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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate cover for the effective delivery of care and support. The general manager, and clinical manager are full time and rostered on from Monday to Friday. Agency staff are contacted if necessary. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. Interviews with the residents and family/whānau confirmed staffing overall was satisfactory and increased to manage resident acuity and occupancy.</p> <p>On-call cover for all Bupa facilities in the region is covered by a six-week rotation of the general managers and clinical managers. Registered nurse cover is provided 24 hours a day, seven days a week. A selection of RNs and caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7, including when taking residents on outings. Separate cleaning staff and laundry staff are employed seven days a week.</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</p>

	<p>and how this applies to everyday practice. Staff reported they are provided with resources to learn and share of high-quality Māori health information. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Sixteen caregivers are employed. The Bupa induction programme qualifies new caregivers at a level two NZQA. Of the 16 caregivers, 11 have achieved a level 3 NZQA qualification or higher.</p> <p>All staff are required to complete competency assessments as part of their induction. Annual competencies include (but are not limited to) restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 and have undertaken extra to complete many of the same competencies as the RN staff (eg, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, and wound management). Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. There are nine RNs (including the general manager, and clinical manager). Six of the RNs 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 - Waikato. A record of completion is maintained on an electronic register.</p> <p>Agency staff are used if necessary. A management of agency staff policy is documented for the organisation. If the agency nurse has never worked in the care home before, a 'bureau staff information booklet' is provided to them. Induction, including health and safety and emergency procedures, are the responsibility of the delegated person on duty. Agency contracts indicate the requirements to be met by the agency regarding meeting specific competencies. 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) healthcare insurance for staff, free flu vaccinations, and a supermarket voucher award scheme. Signage supporting the Employee Assistance Programme were posted in visible staff locations.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, induction, and staff training and development. The Bupa recruitment team advertise for and screen potential staff. Once applicants pass screening, suitable applicants are interviewed by the general manager. Six staff files reviewed (one RN, one caregiver, one activities coordinator, two cleaners and one chef) evidenced implementation of the recruitment process, employment contracts, police checking and completed induction. There is a staff performance appraisal policy; and all 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. Job descriptions are in place for all positions, these include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. The service has a role-specific induction programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at induction. The service demonstrates that the induction programme supports RNs and caregivers to provide a culturally safe environment for Māori. The service has no volunteers currently; however, an induction programme and policy for volunteers is in place. 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</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained electronically and in hard copy. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Bupa business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records</p>

<p>personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents` files are securely stored in a locked room. 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>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>A policy for managing inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the enduring power of attorney (EPOA)/whānau/family of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) authorisation forms for rest home, and hospital level of care residents were sighted.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Family/whānau and residents were updated where there was a delay in entry to the service. This was observed during the audit and in the inquiry records sampled. Residents and family/whānau interviewed confirmed they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The clinical manager (CM) reported that all potential residents who are declined entry are recorded. When an entry is declined, family/whānau and residents are informed of the reason for this and other options or alternative services. The resident and family/whānau are referred to the referral agency to ensure the resident will be admitted to the appropriate service provider.</p> <p>There were no residents who identified as Māori. The organisation has a process to combine a collection of ethnicity data from all residents and the analysis of same for the purposes of identifying entry and decline rates for Māori. The service has existing</p>

		<p>engagements with local Māori communities, health practitioners, and organisations to support Māori individuals and family/whānau.</p> <p>The CM and the general practitioner (GP) stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven resident files were reviewed, and these included four rest home level of care residents, and three hospital level of care residents. The registered nurses are responsible for conducting all assessments and for the development of care plans. Initial assessments and interRAI assessments were all completed within the required timeframes. Initial care plans were developed, and long-term care plans were all linked to interRAI assessments with all triggered outcomes scores identified. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed, and this was documented in progress notes and family/whānau contact forms.</p> <p>Residents and family/whānau interviewed reported that the interventions that occurred and developed were appropriate and effective. All assessment tools included consideration of residents' lived experiences, cultural needs, values, and beliefs.</p> <p>The CM reported that the service develops goal-oriented long-term care plans. The care plans document the activities of daily living, support required, and residents' health issues. All residents had identified activities of choice and were actively supported to engage with help from staff.</p> <p>Interviews verified that residents and family/whānau were included and informed of all changes where required, as evidenced in the resident's files reviewed. The family/whānau and residents interviewed confirmed their involvement in evaluating progress and any resulting changes. Staff interviewed were able to describe in detail interventions provided that contributed to the residents achieving their goals, and in addition, were able to describe interventions provided that contributed to the overall health quality</p>

		<p>and wellbeing of the residents.</p> <p>The GP and nurse practitioner (NP) visit the service twice weekly and are available 24/7. Three-monthly reviews were completed promptly or where required. Assessments completed informed the development of residents' person-focused care plans.</p> <p>Where progress was different from expected, the service, in collaboration with residents or family/whānau, responded by initiating changes to the care plans. The goals sampled in the care plans reflected identified residents' strengths, goals, and aspirations that aligned with their values and beliefs. The evaluations included the degree of progress towards achieving their agreed goals. There were detailed documented strategies to maintain and promote residents' independent wellbeing. The CM reported that all referrals for residents who need behavioural support are sought from other agencies as required.</p> <p>Medical input was sought within an appropriate timeframe, orders were being followed, and care was person-centred. This was confirmed in the files reviewed and in interviews conducted with the staff. Completed medical records were sighted in all files sampled. Files sampled identified service integration with other members of the health team. The GP expressed satisfaction with the care provided.</p> <p>Staff reported that sufficient and appropriate information was shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed, and more often, if there were any resident health condition changes. A multidisciplinary approach promotes continuity in service delivery, including the GP, NP, registered nurses, physiotherapists, activities staff, kitchen staff, care staff and other allied health team members, residents, and family/whānau. Any change in condition is reported to the CM, GP, and registered nurses, as evidenced in the records sampled.</p> <p>In assessing and monitoring residents, the following monitoring charts were completed: weight monitoring, blood glucose monitoring, behaviour monitoring charts, bowel charts, and food intake and output charts. Neurological observations are completed for unwitnessed falls or head injuries. All incident reports reviewed</p>
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		<p>evidenced timely nursing follow up.</p> <p>At the time of the audit, there were 13 active wounds, including 2 chronic and 11 minor wounds.</p> <p>The Māori health care plan in place supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. The CM reported that any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. The staff confirmed they understood the process to support residents and family/whānau. No residents identified as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments are completed by staff who have completed cultural safety training.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Activities are conducted by the activities coordinator, from Monday to Friday, with weekends reserved for family/whānau visits and church services. The activities were based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These were completed within two weeks of admission in consultation with the family/whānau and residents. Each resident had a map of life developed detailing their past and present activities, career, and family/whānau. The care plans demonstrate sufficient interventions (in My Day My Way section) in the electronic record management system.</p> <p>Residents' birthdays are celebrated. The service has contracted physiotherapists who assist with assessments on admission and post falls, exercises, and mobility. A weekly planner is developed, and each resident is given a copy. Daily activities are noted on noticeboards to remind residents and staff.</p> <p>The activity programme is a collaborative effort, formulated by the activities coordinator in consultation with the management team, registered nurses, EPOAs, residents, family/whānau, and care staff.</p>

		<p>This ensures that the activities are varied and appropriate for residents' assessed needs, including those requiring hospital, and rest home level of care.</p> <p>Activity progress notes and activity participating register were completed as required. The residents participated in activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. Activities on the respective planners included quizzes; bingo; memory games; Anzac; bowling; sing-along; card games; movies; bingo; scrabble; exercises; watching the Olympics; and community activities. The service promotes access to EPOA and family/whānau and friends. There were regular outings and drives for all residents (as appropriate) weekly. Resident quarterly meetings provide a forum for feedback relating to activities.</p> <p>There were no residents who identified as Māori. The activities staff reported that opportunities for Māori and family/whānau to participate in te ao Māori would be facilitated through community engagements with traditional leaders and by celebrating religious and cultural festivals and Māori language week.</p> <p>EPOA/whānau/family and residents reported overall 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>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP and NP completed three-monthly medication reviews. A total of 14 medicine charts were reviewed. These comprised nine rest home and five (5) hospital, respectively. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. The effectiveness of PRN medications was consistently</p>

		<p>documented in the electronic medication management system and progress notes.</p> <p>Medication reconciliation was conducted by the nursing team when a resident was transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription. Medication competencies were current and completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error, and corrective actions were taken. A sample of these were reviewed during the audit. There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring medicine fridge and medication room temperature was conducted regularly, and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolleys, locked treatment room, and cupboards. There were residents who were self-administering medications. Appropriate processes were in place to ensure residents who were self-administering medicines did so safely. A self-medication policy was in place when required. There were no standing orders in use.</p> <p>Residents and their family/whānau are supported to understand their medicine when required. The GP stated that when requested by Māori, appropriate support and advice would be provided.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The kitchen manager reported that all food and baking are prepared and cooked on site. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan expires on 22 September 2024. The four-week seasonal menu was reviewed by a registered dietitian. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required, and the kitchen staff confirmed awareness of the residents' dietary needs. Residents have a nutrition profile developed on admission, identifying dietary requirements,</p>

		<p>likes, and dislikes. All alternatives are catered for as required. There are specialised utensils available if 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 at night when required.</p> <p>The kitchen and pantry were clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, chillers, fridges, and freezers are maintained. All decanted food had records of use-by dates recorded on the containers, and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>Meal times were observed during the audit. Residents received the support they needed and were given enough time to eat their meals in an unhurried fashion.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori. Also, 'boil-ups', hāngi, Māori bread, and pork were included on the menu, and these are offered to any 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 supported transition of care or support.</p>	<p>FA</p>	<p>There is a documented process for managing the early discharge/unexpected exit plan and transfer from services. The CM reported that discharges normally go into similar facilities. The nursing team oversees discharges and manages the process until exits. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan is developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file. Residents and family/whānau are advised of their options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested.</p>

		<p>Referrals to other allied health providers were completed, and the resident's safety was identified. Upon discharge, current and old notes are collated and scanned into the resident's electronic management system. If a subsequent GP or NP requires a resident's information, a written request is required to transfer the file.</p> <p>The reviewed files contained evidence of residents referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists. Residents and their family/whānau are involved in all exits or discharges to and from the service, and there was sufficient evidence in the residents' records to confirm this.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a current warrant of fitness that expires on 3 March 2025. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility using mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable-looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and outside on the open-deck area.</p> <p>The planned maintenance schedule includes electrical testing and tagging of electrical equipment, which was completed on 29 April 2024, and calibrations of the weighing scales and clinical equipment was completed on 24 May 2024. The scales were checked annually. Resident equipment checks were conducted, hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. The maintenance officer and certified tradespeople carry out reactive maintenance where required. The maintenance officer works full time. Maintenance requests are logged online or through a maintenance request book at the reception.</p> <p>The contracted gardener works 32 hours a week. The environmental temperature is monitored, and processes are implemented to manage significant temperature changes.</p> <p>The service has a total of 40 beds, which includes 20 single ensembles</p>

		<p>and 20 rooms with shared ensuites.</p> <p>All communal toilets and shower facilities have a system indicating whether they are engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas.</p> <p>All areas are easily accessible to the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported being able to move around the facility, and staff assisted them when required. Activities take place in the activities lounge area.</p> <p>Residents' rooms are personalised according to their preferences. No residents shared a room. Rooms, shower rooms, and toilets are suitable sizes to accommodate mobility equipment. All rooms have external windows to provide natural light, appropriate ventilation, and heating. There is thermostatically controlled electrical and underfloor floor heating.</p> <p>The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. Safe access is provided to all communal areas. No residents smoked on the audit days.</p> <p>The maintenance officer reported that when there is a planned development for new buildings, there shall be consultation and co-design of the environments to ensure that they reflect the aspirations and identity of 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>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides the facility in preparing for disasters and describes the procedures to be followed in a fire or other emergency. The New Zealand Fire Service approved a fire evacuation plan on 3 October 2016. A trial evacuation drill was performed on 22 February 2024. The drills are conducted every six months and added to the annual training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the main car park area is the</p>

		<p>designated assembly point. An external contractor checks all required fire equipment within the required timeframes. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, and a gas BBQ to meet the requirements for 40 residents, including rostered staff. The amount of emergency water available met the National Emergency Management Agency recommendations for the region. The general manager reported that a generator can be accessed from the head office if required. Emergency lighting is available and is regularly tested. The registered nurses and a selection of care staff hold current first aid certificates. There are first aid-trained staff members on duty 24/7. The staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, which the maintenance officer checks monthly. Call bell audits were completed as per the audit schedule. Residents and family/whānau confirmed that staff responds to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at predetermined times in the evenings, and family/whānau and residents know how to alert staff when they need access to the facility after hours. A closed-circuit television and video (CCTV) system monitors the entrance, garden, and communal areas. CCTV signage was displayed around the facility.</p> <p>A visitors' policy and guidelines are available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers.</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. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p>	<p>FA</p>	<p>The strategic plan documents commitment to the goals documented to achieve an effective implementation of infection control and antimicrobial stewardship (AMS). A registered nurse is the infection control officer and oversees infection control and prevention control across the service. The RN has a job description (which has been</p>

<p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>signed) and outlines the responsibility of the role. The organisational infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. There is commitment to infection control and AMS documented in the strategic plan. The infection control programme is reviewed annually by the infection control and prevention lead at Bupa head office, who reports and escalates to clinical support improvement team (CSI). Documentation reviewed showed evidence that recent outbreaks were escalated to the Bupa IPC within 24 hours. Bupa has monthly and sometimes weekly infection control teleconferences for information, education and discussion and updates, should matters arise in between scheduled meeting times. The infection control officer has completed external online training. Infection rates are collated, and the data is presented and discussed at infection control meetings, quality, and staff meetings. Infection prevention and control are documented as part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Health New Zealand – Waikato, 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 prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection control officer is supported by the wider clinical team and Bupa infection control lead. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by Bupa Infection Control lead in consultation with the infection control coordinators. The service has a Covid-19 and pandemic response plan.</p> <p>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</p>

	<p>control lead and the infection control officer have input into the procurement of good quality PPE, medical and wound care products.</p> <p>The infection control officer has completed external online training for the role. There is good external support from the GPs, laboratory, and the Bupa IPC lead.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff. Policies and procedures are reviewed quarterly by Bupa in consultation with infection control coordinators/officers and the Bupa infection 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 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 control data.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff induction and included in the annual training plan. There has been additional training and education around pandemic response (including Covid-19) and staff were informed of any changes by noticeboards, handovers, toolbox talks, text message and emails. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau were kept informed through newsletters, and emails when outbreaks occurred.</p> <p>The service incorporates te reo Māori information around infection control for Māori. Posters in te reo Māori are in evidence throughout the facility and additional information in te reo Māori is readily available. The Māori health strategy includes the importance of</p>
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		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 control officer if this occurs.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported in a monthly quality report and presented at meetings. The Bupa infection control lead is responsible for collating and analysing the electronic medication management system with pharmacy support. The monitoring and analysis of the quality and quantity of antimicrobial prescribing occurs annually.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged with the use of monotherapy and narrow spectrum antibiotics preferred when prescribed.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. Data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection control, clinical and staff meetings. Benchmarking graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts</p>

		<p>from Health New Zealand – Waikato.</p> <p>There have been two Covid-19 outbreaks (July 2023, and January 2024). Health New Zealand - Waikato and Public Health were being appropriately notified. There was evidence of regular communication with the Bupa infection control lead, clinical director, aged care portfolio manager and Health New Zealand- Waikato infection 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 control lead. Outbreak logs were completed. Staff confirmed resources, including PPE, were plentiful.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</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, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on site, with dedicated staff seven days per week. There are defined areas for clean and dirty laundry and a dirty to clean flow is evident. Kitchen linen and mop heads are done on site. There are sufficient number of commercial washing machines and dryers. Material safety datasheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys.</p> <p>Cleaners' trolleys are attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The numerous linen cupboards</p>

		<p>were well stocked with good quality linen. The washing machines and dryers are checked and serviced regularly. Laundry staff have also completed chemical safety training.</p> <p>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.</p> <p>The infection 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 service has a current restraint policy in place. Its aim is to maintain a restraint-free environment. The governance group demonstrated a commitment to this, supported by the management team. At the time of the audit, no resident was using a restraint. Documentation confirmed that restraint was discussed at staff meetings, reported in the management reports, and presented to the governance body.</p> <p>The policies and procedures reviewed meet the standards' requirements. The CM is the restraint coordinator who provides support and oversight, should restraint be required in the future. The role is outlined in the job description. As part of the education programme, staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The approval for any use of restraint in the first instance would be put forward to the management. The management meets every month to discuss whether restraint is to be used. The team would consider approval of any restraint, approval of the method of restraint, guidelines, education of staff, observations, and evaluation, and they would ensure that the correct equipment was used.</p> <p>Restraint protocols are covered in the facility's orientation and education programmes (including annual restraint competency). Restraint use is identified as part of the quality programme and</p>

		<p>reported at all levels of the organisation.</p> <p>The commitment to staff training is ongoing. In the last year, all staff have completed annual training on de-escalation and managing challenging behaviour, ensuring they are prepared for any situation that may arise.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.