

# Bupa Care Services NZ Limited - Winara Rest Home

---

## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	Winara Rest Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 26 August 2024 End date: 27 August 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	81

# 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 Care Services NZ Limited - Winara Rest Home provides hospital, rest home, and dementia levels care for up to 83 residents. Occupancy on the day of audit was 81 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand- Te Whatu Ora. The audit process included the review of policies and procedures, the review of resident and staff files, observations, interviews with residents, family, management, and staff and nurse practitioner.

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

There are quality systems and processes being documented. Feedback from residents and families 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 an area of improvement related to quality systems, staff training, care plan interventions, monitoring charts and evaluation of care, and medication management.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service fully attained.

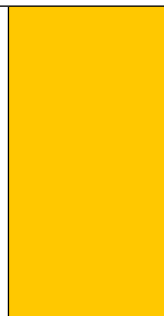
There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which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

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

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

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

Winara Rest Home has a well-established, and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The 2023-2024 business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

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

There is adequate staffing ratios. Human resources are managed in accordance with good employment practice. A role specific orientation programme, regular staff education, training, and competencies are in place to support staff in delivering safe, quality care.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
--	--	---


The registered nurses and enrolled nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner, nurse practitioner and visiting allied health professionals.

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

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

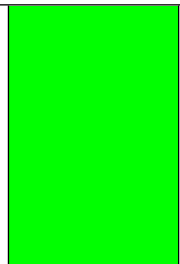
All residents' transfers and referrals are coordinated with residents and families/whānau.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
---	---	--

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

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

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

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at Board level.

Surveillance data is undertaken, including the use of standardised surveillance definitions and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There has been one outbreak (Covid-19) recorded and reported on since the last audit.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinator is a registered nurse who is supported by the clinical manager. The facility had no residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	14	0	1	3	0	0
Criteria	0	43	0	3	3	0	0

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



# Attainment against the Ngā paerewa Health and disability services standard

---

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service, which Winara Rest Home utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At the time of the audit there were Māori staff who confirmed in interview that mana motuhake is recognised.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Ola Manuia Pacific Health and Action Plan, and Te Mana Ola are the chosen models for the Pacific health plan and Pathways to Pacific Peoples Health Equity Policy. At the time of the audit there were Pasifika staff who could confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced.</p>

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

<p>to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The general manager and clinical manager interviewed acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include whānau participation.</p> <p>A complaints register is being maintained which includes all complaints, dates and actions taken and resolution of the complaint. There were eight complaints 2023 and two year to date 2024.</p> <p>There are two complaints through the Health and Disability service which remain open since the previous audit. The Ministry of Health Letter dated 24 February 2024 requested follow up of 2.3 Service management (criterion 2.3.4 - the staff training programme inclusion of training for staff on communication and documentation) and 3.2 My pathways to wellbeing (criterion 3.2.4 - documentation pertaining to communication with families). Staff training around communication has been well documented, Bupa have implemented a specific communication workbook which registered nurses have all completed. Incident forms and electronic resident files all document that resident and family communication is implemented. The satisfaction</p>

		survey (March 2024) scored 85% satisfaction around good information.
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Winara Rest Home is a Bupa facility which provides hospital, rest home, and dementia levels care for up to 83 residents. Occupancy on the day of audit was 81 residents.</p> <p>There are 39 rest home beds (including 14 dual purpose beds), 24 dedicated hospital beds and 20 dementia beds. At the time of audit there were 28 rest home level residents (including one ACC funded respite), 34 hospital level residents (including one ACC funded respite), and 19 dementia level residents. All residents other than the respite residents were under the age-related residential care contract (ARRC).</p> <p>Winara Rest Home is owned and operated by Bupa Care Services NZ Limited, a company registered with Companies Office in compliance with New Zealand legislative, contractual, and regulatory requirements. Bupa has a clinical governance committee (CGC) with terms of reference. There is a quarterly CGC meeting. A CGC pack is produced and distributed to the committee members prior to meetings that includes review of quality and risk management systems. Bupa also has a risk and governance committee (RGC), and a learning and development governance committee where analysis and quality indicator data is discussed in order to improve outcomes for residents. These align and interface with the CGC to manage quality and risk systems. The customer service improvement team (CSI) includes clinical specialists in restraint, infections and adverse event investigations and a customer engagement advisor, based in head office. The organisation benchmarks quality data with other NZ aged care providers. Each region has a clinical quality partner who supports the on-site clinical team with education, trend review and management.</p> <p>Bupa has engaged with a cultural advisor to work alongside the Bupa Leadership team. The cultural advisor collaborates with the Board and senior management in business planning and service development to improve Māori and tāngata whaikaha health outcomes. Tāngata whaikaha provide feedback around all aspects of the service, through resident meetings and satisfaction surveys, which provides the opportunity to identify barriers and improve health outcomes.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the</p>

		<p>facility have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in each monthly meeting.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are schedules to be reviewed monthly in meetings, quality meetings and quality action forms that are completed for any quality improvements/initiatives during the year; however, not all meeting minutes evidenced these discussions. (Link to 2.2.2).</p> <p>The service has a general manager who has been at the facility for four years with extensive experience in managing elderly care services. The general manager is supported by a clinical manager who has been in the role for two and a half years and the wider Bupa management team that includes an operations manager and quality partner.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Winara Rest Home has a documented a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>Quality and staff meetings provide an avenue through the agenda for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; and education; however, this discussion was not always documented in meeting minutes.</p> <p>Internal audits, meetings, and collation of data were not always documented as taking place and where a repeat audit was required, this was not always documented as occurring. Internal audits that had been completed had corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Benchmarking occurs on a national level against other Bupa facilities.</p> <p>Resident family satisfaction surveys are managed by head office who rings and surveys families. An independent contractor is sent to survey residents using direct questioning and an electronic tablet. The most recent March 2024 resident/family satisfaction surveys had been collated and analysed at head office and indicate that residents have reported high levels of satisfaction with the service provided this included communication (85%).</p>

		<p>A health and safety system is in place. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, meetings, and via toolbox talks. Electronic entries are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in 10 accident/incident records reviewed. Incident and accident data is collated monthly and analysed. The electronic system generates a report that goes to each operational team/governance team and generates alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse.</p> <p>Discussions with the relieving general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT of stage 3 or above pressure injuries, and historical registered nurse shortages. There has been one covid -19 outbreaks since the previous audit which were appropriately notified, well managed, and staff debriefed. There have also been S 31s for two residents leaving the service, a stage three pressure injury. More recently the Health and Quality Commission have been informed regarding an unstageable pressure injury and a resident with a fracture post fall.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>The roster provides sufficient and appropriate coverage for the effective delivery of care and support. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. The general manager, and clinical manager are available Monday to Friday. On-call cover for all Bupa facilities in the region is covered by a six-week rotation of one care home and one clinical manager each week.</p> <p>There is an annual education and training schedule completed for 2023; however, the training programme for 2024 has not been fully implemented. The education and training schedule lists compulsory training, which includes Māori health, tikanga, and Te Tiriti O Waitangi. Cultural awareness training is part of orientation and provided annually to all staff. Training to care for dementia residents includes person first, dementia second sessions, behaviours of concern, and de-escalation. External training opportunities for</p>

		<p>care staff include training through Health New Zealand and hospice. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. These resources create opportunities for the workforce to learn about and address inequities.</p> <p>All care staff are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. Twelve caregivers had attained level four including the limited credit programme for dementia care. All of the caregivers who work in the dementia unit have achieved the limited credit programme for dementia care. Twelve care staff have attained level two and two level three.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 and undertaken extra training (classed as clinical assistants) complete many of the same competencies as the RN staff (eg, restraint, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, wound management). Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. Three registered nurses are interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year and to commence and complete a professional development recognition programme (PDRP). A record of completion is maintained on an electronic register.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p>	<p>FA</p>	<p>Six staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes</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>buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment for Māori. All staff who have been employed for a year or more have a current performance appraisal on file.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Six resident files were reviewed: two dementia; two hospital (including one resident on ACC) and two rest home resident files. The registered nurses (RN) and enrolled nurses (EN) are responsible for all residents' assessments, care planning and evaluation of care.</p> <p>Bupa Winara uses a range of risk assessments alongside the interRAI assessment to develop long term care plans. All residents in the dementia wing have a behaviour assessment completed on admission with associated risks and supports needed. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. The initial care plan is completed within 24 hours of admission as reviewed in the files. Long-term care plans were completed within the required time detailing needs, and preferences.</p> <p>All residents (there is no requirement for the resident on ACC funding to have an interRAI assessment completed) had an interRAI assessment completed. The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. LTCPs and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility; However, care plan interventions were not always detailed enough to provide guidance to staff around all the identified medical and non- medical needs. The care plans for residents in the dementia unit did not always include a 24-hour reflection of close to normal routine for the resident with interventions to assist caregivers in management of the resident behaviours. The resident on the ACC contract had appropriate risk assessments completed and a comprehensive care plan documented.</p> <p>There are policies and procedures to guide the use of short-term care plans. Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss; however, these were not consistently completed to address short term needs. Resident care is evaluated on each</p>



	<p>shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by an RN; however, they do not always include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed, six monthly multi-disciplinary reviews and ongoing documented communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) or nurse practitioner (NP) within the required timeframe following admission. Residents records evidence ongoing reviews by the GP/NP within required timeframes and when their health status changes. The service contracts a GP and NP from local practice for Monday Wednesday and Friday clinics and as required. Medical documentation and records reviewed were current. The GP service provides after-hours care for the facility. A physiotherapist visits the facility once a week. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, wound care nurse specialist / district nurse, and medical specialists are available as required through Health New Zealand. The NP interviewed was very complimentary regarding the high standards of nursing care and good communication they experience.</p> <p>A total of forty-four wounds from seventeen residents are being actively managed across the service. These included multiple wounds on some frail residents, chronic ulcers, skin tears, lesions, melanoma, abrasions, surgical, burns and nine pressure injuries (three grade three and above, five stage two and one stage one). 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</p>
--	--

		<p>management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is documented wound care nurse specialist input into chronic wounds reviewed. Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. New behaviours are charted on a `stress and distress` monitoring chart to identify new triggers and patterns. The `stress and distress` chart entries described the behaviour and strategies to de-escalate behaviours including re-direction and activities. Monitoring charts had been completed as scheduled; however, neurological observations have not been completed routinely 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>Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover at the beginning of their shift. The handover is between a registered nurse to the incoming registered nurse and caregivers on each shift, as observed on the day of audit, and was found to be comprehensive in nature.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics rolls for regular, short course and `as required` medicine. All medications are checked on delivery against the medication chart and any</p>

		<p>discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication rooms. The medication fridge and medication room temperatures are monitored daily. Records reviewed evidence that temperatures were within acceptable ranges and corrective actions were documented for any deviations from expected ranges. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 3.4.1 has been satisfied. All stored medications are checked weekly. Eyedrops have been dated on opening.</p> <p>Controlled drugs are stored in a safe and in two medication rooms. Controlled drug checks have been completed weekly; however, the review of the controlled drug register evidenced that there were entries missing a second signature. Signing charts on the electronic medication system include two signatures.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP/NP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent, and safe storage of the medications. There was one resident self-administering medications on the day of the audit, all documentation and competencies were on file, the medications were observed to be stored securely in the residents room. No vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p>
Subsection 3.5: Nutrition to support wellbeing	FA	The four-week seasonal menu was reviewed by a registered dietitian. Food preferences and cultural preferences are encompassed into the menu. The

<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>kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cook interviewed reported they accommodate residents’ requests. Nutritious snacks were available 24/7 in all units.</p> <p>There is a verified food control plan expiring 22 September 2024. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Bupa Winara and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people’s cultures and supports cultural practices. The building warrant is current (expiring 2 June 2025). There is a maintenance request book for repair and maintenance requests located at the nurses’ stations. Equipment failure or issues are also recorded in the maintenance book. This is checked daily and signed off when repairs have been completed.</p> <p>There is an annual maintenance plan that includes electrical testing and tagging (next due July 2026), equipment checks, call bell checks, calibration of medical equipment (next due April 2025) and weekly hot water temperatures checks. Hot water temperatures have been checked as</p>

		scheduled and corrective action plans implemented when temperatures were out of range. Essential contractors/tradespeople are available 24 hours a day as required.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The clinical manager (registered nurse) is responsible for the infection prevention and control programme and has been in the role for one year. There is an infection, prevention, and antimicrobial programme and procedure that has been developed by Bupa and their in-house infection control specialists, which includes a pandemic plan. Policies and procedures are reviewed quarterly by Bupa in consultation with infection control coordinators. This links to the overarching quality programme and the infection control programme is reviewed, evaluated, and reported on annually. 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. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing personal protective equipment (PPE); however, not all staff have completed training in relation to infection control (link 2.3.2). The pandemic plan is available for all staff and includes scenario-based training completed at intervals.</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 data base and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities, and results are included in reporting to the Board.</p> <p>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; however this was not always evidenced (link 2.2.2). Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective</p>

		<p>actions for areas of improvement.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). There has been one covid-19 outbreak since the previous audit. These were well documented, managed, and reported appropriately.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of Bupa Winara. Policies and procedures meet the requirements of the standards. The regional restraint group is responsible for the Bupa restraint elimination strategy and for monitoring restraint use in the organisation. Restraint is discussed at the clinical governance and Board level.</p> <p>At the time of the audit, there were no residents using restraints. When restraint is used, this is a last resort when all alternatives have been explored. The designated restraint coordinator is a registered nurse who is responsible for the coordination of the approval of the use of restraints and the restraint processes.</p> <p>Training for all staff occurs at orientation and annually as sighted in the training records. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Restraint competencies are completed on orientation and annually for all staff.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>Quality and staff meetings provide an avenue through the agenda for discussions around of range of quality and education subjects; however, this discussion was not documented in meeting minutes.</p> <p>Internal audits, meetings, and collation of data were not always documented as taking place and where a repeat audit was required, this was not always in place.</p>	<p>(i). The meeting minutes reviewed did not document that quality information had been presented and discussed as per the agenda.</p> <p>(ii). Internal audits with less than optimal outcomes had been scheduled for a repeat audit, these repeat audits were not always documented as taking place. Examples include the nutrition and the weight audits.</p>	<p>(i). Ensure that meeting document presentation and discussion of quality information.</p> <p>(ii). Ensure that repeat audits are undertaken as per plan.</p> <p>90 days</p>
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes,</p>	PA Moderate	<p>There is an annual education scheduled documented. The service had documented when training sessions have not been provided; however, may education sessions</p>	<p>Gap in staff education include infection control, pressure injury prevention (noting a rise in the incidence of pressure injuries at this</p>	<p>Ensure staff training is provided according to the schedule.</p>

<p>qualifications, experience, and attributes for the services being delivered.</p>		<p>have not been rescheduled and / or provided at a later date.</p>	<p>service and dementia care).</p>	<p>60 days</p>
<p>Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration</p>	<p>PA Moderate</p>	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. Registered nurses and enrolled nurses are responsible for completing assessments (including InterRAI), developing resident centred care interventions, and evaluating the care delivery six monthly or earlier as residents needs change. Outcome of assessments inform the long-term care plans with appropriate interventions to deliver care. However, interventions in long term care plans reviewed were not always detailed to provide guidance for staff in the delivery of care.</p> <p>There are policies and procedures to guide the use of short-term care plans. Short term care plans are developed for acute problems, for example infections, wounds, and weight loss. However, not all interventions were documented addressing all short-term needs of residents.</p> <p>Supplementary documentation reviewed and interviews with resident, family/whānau and care staff identified that the shortfalls noted relates to documentation only and the residents received the required care; therefore, the risk is assessed as a low risk.</p>	<p>There are no detailed interventions to guide staff in the delivery of care service for</p> <p>(i). Three diabetic residents (one dementia, one hospital and one rest home) related to diabetes management including (but not limited) to signs and symptoms and what to do for hypo or hyperglycaemia; including the normal blood glucose range and what to do if the blood glucose level is out of range.</p> <p>(ii). Three resident (two dementia and one rest home) did not have interventions related to mood and behaviour which were identified as a CAP trigger.</p> <p>(iii). Same rest home resident at risk of wandering did not have detailed interventions to manage the risk.</p> <p>(iv). The care plan of one of the two resident dementia level files reviewed did not include a 24-hour reflection of close to normal routine for the resident with detailed interventions to assist caregivers in strategies for distraction, de-escalation, and management of challenging resident behaviours.</p> <p>(v). There was no evidence of a</p>	<p>(i).- (vi). Ensure care plan interventions reflect the residents' current needs to provide adequate guidance for caregivers.</p> <p>90 days</p>



as required.			referral to the GP/NP or dietitian as per STCP interventions for one hospital resident with weight loss.  (vi). There was no interventions documented for a resident with a boil, as documented in the progress notes and GP/NP notes.	
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	PA Low	Care plans reflect the required health monitoring interventions for individual residents. A suite of assessments are available for staff to utilise. Overall monitoring charts were maintained as per policy; however, not all repositioning charts were maintained. There are policies and procedures documented around falls prevention and management including the completion of neurological observations; however, not all neurological observations have been completed routinely for unwitnessed falls or where head injury was suspected as part of post falls management. Incident forms reviewed indicate that these were completed in line with policy and procedure.	<p>(i). There was no evidence of a repositioning chart being commenced for one hospital level care resident who is deteriorating and has bilateral pressure injuries grade 3 and above.</p> <p>(ii). Neurological observations are not documented according to Bupa policy.</p>	<p>(i). Ensure repositioning of residents is documented to manage pressure injury risk for residents.</p> <p>(ii). Ensure neurological observations are completed according to policy</p> <p>90 days</p>
Criterion 3.2.5	PA Low	Long-term care plans are formally	Two long term care plan evaluations	Ensure care plan

<p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by a registered nurse; however, two of four care plans only had evaluation dates documented but did not include the degree of achievement towards meeting desired goals and outcomes.</p>	<p>(one rest home and one dementia resident) did not demonstrate detailed progress towards meeting the goals.</p>	<p>evaluations evidence progress towards meeting the goals.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Staff were observed to be safely administering medications. The registered nurses and medication competent caregivers interviewed could describe their role regarding medication administration. Controlled drugs are stored in a locked safe and</p>	<p>Seven entries in the controlled drug registers did not have a second signature documented.</p>	<p>Ensure that controlled drug management processes are complied with.</p> <p>30 days</p>

		<p>in two of the three secure medication rooms. Controlled drug checks have been completed weekly. Review of the controlled drug register confirmed that on seven separate occasions there was a second signature missing from the entries. Signing charts on the electronic medication system include two signatures.</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.