

Bupa Care Services NZ Limited - Willowbank 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:	Willowbank Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 13 August 2024 End date: 14 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:	46

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

Willowbank Care Home (Bupa Willowbank) is part of the Bupa group of facilities. The facility is a new single level purpose-built care facility and opened in October 2023. The service provides hospital (geriatric and medical), rest home, and dementia services for up to 56 residents. There were 46 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 -Te Matau a Māui Hawke's Bay. 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 and staff.

The relieving clinical manager is appropriately qualified and experienced and is supported by the regional operations manager and a team of registered nurses. There are quality systems and processes documented. Feedback from residents and family/whānau was very positive about the care and the services provided. An induction programme in place. It was noted that service improvements have commenced since the relieving clinical manager took up her role, with staff and residents commenting on positive changes.

This audit identified shortfalls related to resident personal clothing, quality system implementation, supervision of residents, staff training, time frames for care planning, care plan documentation, care monitoring, care plan evaluations, implementation of activities, 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.

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

Bupa Willowbank provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is 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 also in place.

Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their independence. The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

Hunga mahi me te hanganga | Workforce and structure

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

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

The business plan includes a mission statement and operational objectives. The service has quality and risk management systems documented that take a risk-based approach.

There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme documented covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Residents are assessed before entry to the service to confirm their level of care. There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Resident files included medical notes by the general practitioner and visiting allied health professionals.

The activity coordinator and care givers provide and implement the activities programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Te ao Māori is facilitated through all activities.

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

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours.

Residents are referred or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current certificate of public use in place. Clinical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. The facility vehicle has a current registration and warrant of fitness.

The dementia community is secure. There are appropriate emergency equipment and supplies available. There is an approved evacuation scheme and fire drills are conducted six monthly. There is a staff member on duty on each shift who holds a current first aid certificate. Staff, residents and family/whānau understood emergency and security arrangements. Residents reported that staff respond appropriately to call bells. Security is maintained.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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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. 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. The service has robust Covid-19 screening in place for residents, visitors, and staff. Pandemic response plans are in place and the service has access to personal protective equipment supplies. There has been one Covid-19 and one gastroenteritis outbreak since the previous 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. Fixtures, fittings, and flooring are appropriate for cleaning.

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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The service maintains a restraint free environment. This is supported by the governing body and policies and procedures. Restraint minimisation is overseen by the restraint coordinator. There were no residents using restraints at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	21	0	4	2	0	0
Criteria	0	156	0	10	2	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 plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents and staff who identify as Māori. The service has linkages with the local iwi; Ngāti Kahungunu. Support is available to the residents if required and a translator/interpreter can be accessed. A list of Māori groups and healthcare providers is available at Bupa Willowbank Care Home (hereafter Bupa Willowbank) reception area. A staff member acts as a Māori community liaison who connects with the community groups in the region.</p> <p>The Māori Health strategy supports increased recruitment of Māori employees, by embedding recruitment processes that utilise te reo and engage with local iwi for recruitment strategies at a local level. The service could demonstrate they support increasing Māori capacity by employing Māori applicants when they do apply for employment opportunities at Bupa Willowbank. Ethnicity data is regularly reported to monitor success.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p> <p>Clinical staff described their commitment to supporting Māori residents</p>

		<p>and their family/whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and authority in decision-making that supports their health and wellbeing. Education topics related to cultural awareness including Te Tiriti and health equity have not yet been completed as part of the annual training schedule (link 2.3.2).</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, evidenced in interviews with five residents (two hospital, three rest home) and three family/whānau members (one hospital, one rest home, one dementia level), management and eight staff interviewed (including four caregivers, one activities coordinator, one kitchen manager and one registered nurse [RN]), described how the delivery of care is based on each resident's values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>During the admission process, the resident's family/whānau are encouraged to be present to assist with identification of all needs including cultural beliefs. On admission all residents' ethnicities are captured. Individual cultural beliefs are documented for all residents in their care plan and activities plan. Cultural awareness training at orientation introduced the staff to components of the Fonofale of Pacific health Model. However, education topics related to cultural awareness have not yet been completed as part of the annual training schedule (link 2.3.2). There are no residents at Bupa Willowbank of Pasifika descent. There are staff of Pasifika descent.</p> <p>The Bupa organisation developed of 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 Pasifika organisation and/or individuals to provide guidance. The service links with Pasifika groups in the local community, facilitated by current staff members. The service is able to access pamphlets and information on the service in most Pasifika languages, and these are displayed at the entrance to the facility. The relieving clinical nurse manager and regional operations manager confirmed how they encourage and support any staff that identify as Pasifika through the employment process. On</p>

		<p>interview, a Pasifika staff member confirmed they are welcomed and supported by management to attain qualifications, including dementia unit standards.</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>	<p>FA</p>	<p>Bupa policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their family/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. The relieving clinical manager or registered nurses (RNs) discuss aspects of the Code with residents (where appropriate) and their family/whānau on admission. Information about the Nationwide Health and Disability Advocacy is available on the noticeboards in each wing and in the information packs provided. Other formats are available such as information in te reo Māori, and Pacific languages.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Education in relation to the Code is completed during orientation and is included in the education planner; however, code of rights training has not yet been completed as part of the annual training schedule (link 2.3.2).</p> <p>Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in 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>PA Low</p>	<p>Caregivers and RNs interviewed described how they support residents to choose what they want to do and provided examples. 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. Resident choice and preferences reflect in the care plan. 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</p>

	<p>their participation in te ao Māori.</p> <p>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. 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.</p> <p>The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with relative’s 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 according to resident need, and spiritual support is available.</p> <p>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. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation for staff covers the concepts of personal privacy and dignity; however, planned privacy training has not occurred as scheduled for 2024 (link 2.3.2).</p> <p>It was noted from discussion with staff and from observation that the service uses communal underwear for residents (‘netti- knickers’).</p> <p>Residents' files and care plans identified resident’s preferred names. Matariki and Māori language week are celebrated at Bupa Willowbank. Caregivers interviewed described how they use common te reo Māori phrases when speaking with Māori residents and for everyday greetings. Te reo Māori signage was evident in a range of locations. Cultural training incorporates Te Tiriti o Waitangi, tikanga Māori and health equity and is scheduled to occur annually. The Māori health plan 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>
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<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 Willowbank policies provide guidelines to prevent any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities. Cultural days are implemented to celebrate diversity. A staff code of conduct is discussed during the employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff received Code of Conduct training through Bupa Learn platform. 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.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds through an external agency. Professional boundaries are defined in job descriptions. Interviews with a RN and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. 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. Staff completed training in recognising elder abuse and neglect.</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</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. The resident/family meetings identifies feedback from residents and</p>

<p>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>consequent follow up by the service.</p> <p>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). A sample of accident/incident forms were reviewed and identified family/whānau are kept informed; this was confirmed through interviews with family/whānau. The activity team send regular newsletters and photos of their resident to keep them informed of what has been happening around the facility and what is planned.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English; however, staff interviewed advised they have used hand and facial gestures in addition to word cards with previous residents, and family/whānau acting as translators when required.</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.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services. The management team hold fortnightly head of department meetings to enhance internal communication and facilitate a holistic approach to care. The RN described an implemented process around providing residents and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices</p>	<p>FA</p>	<p>There are policies 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 an advance directive</p>

<p>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>policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. 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 all residents receiving dementia level care.</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 equitable and is provided to residents and family/whānau on entry to the service. The relieving clinical manager maintains a record of all complaints, both verbal and written, by using a complaint register which is kept electronically. The service logs all negative feedback (including those received through survey) as complaints and follow each complaint / negative feedback individually. There have been eight complaints year to date since the previous audit. The complaints included an investigation, follow up, and reply to the complainant. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted). Documentation demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There have been no complaints from external agencies.</p> <p>The welcome pack includes comprehensive information on the process for making a complaint. Interviews with residents and family/whānau confirmed they have been provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility.</p> <p>A suggestions box is adjacent to where the complaints forms are held. The contact details for a resident advocate from advocacy services is posted in large print on resident noticeboards. Residents or family/whānau making a complaint can involve an independent support</p>

		<p>person in the process if they choose. The relieving clinical manager is aware of the preference for face-to-face communication with people who identify as Māori. Residents and family/whānau interviewed confirm the management are open and transparent in their communications.</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>Willowbank Care Home (Bupa Willowbank) is part of the Bupa group of facilities. The facility is a new single level purpose-built care facility. The service is certified to provide hospital (geriatric and medical), rest home level care and dementia level care for up to 56 residents. This includes 36 dual-purpose beds across three 12 bed wings (households). There are 20 dementia beds across two 10 bed wings (households).</p> <p>On the day of the audit, there were 46 residents: seven hospital residents (including one respite and one funded through Accident Compensation Corporation [ACC] ,25 rest home residents and 14 dementia level residents. All residents apart from the ACC and respite were under the age-related residential care contract (ARRC).</p> <p>Bupa has an overarching strategic plan in place with clear business goals to support their person-centred philosophy of ‘Helping people live longer, healthier, happier lives and making a better world. We take pride in endeavouring to delivering quality care with a personal touch.’ The business plan includes a mission statement and operational objectives with site specific goals. The Bupa executive team reports to Asia Bupa based in Melbourne. There is a New Zealand based managing director that reports to a New Zealand based Board. The operations manager for Midlands 2 reports to the national operations director. The Bupa Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The governing body of Bupa consists of directors of clinical, operations, finance, legal, property, customer transformation, people, risk, corporate affairs, and technology. This team is governed by Bupa strategy, purpose, and values. Each director has an orientation to their specific role and to the senior leadership team. The directors are</p>

	<p>knowledgeable around legislative and contractual requirements and are experienced in the age care sector.</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 the best health outcomes for Māori and guidance for their employees by developing cultural safety awareness around Māori health equity, and disparities in health outcomes, including in aged residential care. The Towards Māori Health Equity policy states Bupa is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collectives needs of residents who identify as Māori, to ensure they live longer, healthier, happier lives.</p> <p>Bupa has engaged with a cultural advisor to work alongside the Bupa Leadership team. Bupa leadership team has undertaken the Te Kaa Māori immersion training programme. Additional training has been undertaken by the leadership team to ensure competence with Te Tiriti, health equity, and cultural safety through shared learning, presentations at leadership team meetings and completion of online modules. The cultural advisor collaborates with the Boards 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>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. The Clinical Services Director chairs the Clinical governance committee (CGC) with oversight from Bupa's second line Clinical Governance and compliance team and the Chief Medical Officer. The clinical support improvement team (CSI) includes clinical specialists in restraint, infections and adverse event investigations and a customer engagement advisor, based in head office. The organisation</p>
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		<p>benchmarks quality data with other NZ aged care providers. Each region has a clinical quality partner who support the on-site clinical team with education, trend review and management.</p> <p>Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in the bi-monthly quality meetings, and there are quality action forms that are completed for any quality improvements/initiatives during the year. The regional operations manager and the relieving clinical manager discussed short term goals for this new facility. It was discussed that the service has undergone considerable change in the last 12 months. This has included staff moving from the (now closed) sister facility and a change of management. The relieving clinical manager and the regional operations manager are focusing on implementing and embedding the robust Bupa system. There is an emphasis on staff recruitment, staff training and supporting staff in their role. Staff interviewed stated that they feel supported with the relieving clinical manager and have noticed “traction and things are getting done.”</p> <p>The relieving clinical manager has been working in the role at Bupa Willowbank since February 2024 and is very experienced in managing Bupa facilities. The relieving clinical manager is supported by RNs, the care staff team, the regional operations manager, and quality partner.</p> <p>The relieving clinical manager has completed more than eight hours of training related to managing an aged care facility and includes Bupa regional managers forums, Māori health plan, 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 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</p>	<p>PA Low</p>	<p>Bupa Willowbank is not consistently implementing the Bupa 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>A range of 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; however, meeting have not consistently taken place. Where meetings have taken place, some information appeared to be a copy</p>

<p>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>from meeting to meeting. Internal audits, meetings, and collation of data were documented; however, corrective actions were not consistently documented where indicated to address service improvements, and there was a lack of evidence showing progress and sign off when achieved. Quality goals and progress towards attainment are discussed at monthly management meetings. Benchmarking occurs on a national level against other Bupa facilities and support critical analysis of the organisational practices.</p> <p>Resident family satisfaction surveys are managed by head office who rings and surveys family/whānau. An independent contractor is sent to survey residents using direct questioning and a tablet. The 2024 quarter one resident/family satisfaction surveys have been correlated and analysed at head office and indicate that residents have reported increasing levels of satisfaction with the service provided particularly around: good quality care and meals.</p> <p>Friendly staff, cultural safe care and a clean environment have consistently scored very well with 100% for this quarter. Results have been communicated to residents in the quarterly resident/family meetings, and monthly newsletter (sighted). A 'you said – we did' summary for each survey is prominently displayed in the facility, to ensure resident and family wishes are acted upon.</p> <p>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 Bupa overarching health and safety goals are documented with evaluation and progress towards goals. The health and safety goals specific for Bupa Willowbank are linked to the overarching Bupa goals and were developed in May 2024; however, no evaluation/ progress towards meeting the goals has been documented.</p> <p>The elected health and safety representatives have achieved relevant unit standards via external training. An up-to-date hazard register was</p>
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	<p>sighted. Health and safety policies are implemented, and hazard identification is monitored by the health and safety committee. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented. There were no serious work-related staff injuries.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available when required. Strategies implemented to reduce the frequency of falls included: provision of non-slip socks for high-risk residents; intentional rounding; and the regular toileting of residents who require assistance. Hip protectors are available for at-risk residents who consent to wearing them. Residents are encouraged to attend daily exercises as part of the activities programme.</p> <p>Electronic reports are completed for any incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in a sample of accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Not all incidents have been reported.</p> <p>The system generates a report that goes to each operational team/governance team, with automatic alerts depending on the risk level. Results were evidenced in the available quality and staff meetings and at handover.</p> <p>Discussions with the regional operations manager and relieving clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications submitted appropriately for stage 3 and above pressure injuries, changes in management and absconding. There have been two outbreaks since the previous audit which were appropriately notified.</p> <p>Cultural training is included in orientation and in the annual training schedule. However, education topics related to cultural training awareness, Te Tiriti and health equity have not yet been completed as part of the annual training schedule (link 2.3.2).</p>
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<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>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support; however, on the two days of audit the dementia unit lounge was not supervised, leaving residents unattended.</p> <p>The RNs and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The relieving clinical manager and RNs are available Monday to Friday and on call.</p> <p>There is an annual education and training schedule documented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. Training around Te Tiriti/ cultural safety, health equity, code of rights and privacy have not been provided as per schedule. Training sessions around dementia, and behaviours of concern are held regularly. Staff have access to resources and literature related to cultural awareness, Te Tiriti and health equity on the intranet.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. The Bupa orientation programme qualifies new caregivers at a level two NZQA. Of the 20 caregivers, 11 have achieved level four NZQA, five have achieved a level 3 NZQA and four level two. All ten of the caregivers working in the dementia unit have achieved the dementia unit standards.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to) restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. There are five RNs (not including the relieving clinical manager). All RNs 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). External training opportunities for care staff include training through</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 resources policies in place, including recruitment, selection, orientation and staff training and development. The Bupa recruitment team advertise for and screen potential staff, including collection of ethnicity data. Bupa has commenced the process of formally collecting ethnicity data on existing staff. Once applicants pass screening, suitable applicants are interviewed by the Bupa Willowbank relieving clinical manager. Seven staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Staff sign an agreement with the Bupa code of conduct. This document includes (but is not limited to): the Bupa values; responsibility to maintain safety; health and wellbeing; privacy; professional standards; celebration of diversity; ethical behaviour; and declaring conflicts of interest.</p> <p>There are job descriptions in place for all positions that 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 (e.g., RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is a schedule for the completion of staff appraisals and</p>

		<p>this is consistently implemented.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>The service has no volunteers currently; however, an orientation programme and policy for volunteers is in place. Information held about staff is kept secure and confidential. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<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.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and easily retrievable when required.</p> <p>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</p>	FA	<p>Residents who are admitted to Bupa Willowbank are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. Completed NASC authorisation forms for</p>

<p>the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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>hospital level, rest home and dementia level of care were sighted. The relieving clinical manager screens prospective residents prior to admission.</p> <p>A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the EPOA and family/ whānau/ of choice, where appropriate, local communities, and referral agencies. Residents in the dementia communities were admitted with appropriate EPOA or welfare guardian documents in place and these were sighted in resident records reviewed.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required time frames and signed on entry. Family/whānau were updated where there was a delay in entry to the service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The relieving clinical manager reported that all potential residents who are declined entry are recorded. When an entry is declined the resident and family/whānau are informed of the reason for this and made aware of other options or alternative services available. The resident and family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. Routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service has existing engagements with local iwi Ngāti Kahungunu, health practitioners, and organisations to support Māori individuals and family/whānau. The relieving clinical manager stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p>	<p>PA Low</p>	<p>Seven resident files were reviewed: Three hospital including one</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>resident on Accident Compensation Corporation (ACC) funding; two rest home, and two dementia level care. The remaining of the resident files reviewed were under the age-related residential care (ARRC) agreement. The RNs are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed; however, there were no consistency with the six monthly multi-disciplinary reviews.</p> <p>Bupa Willowbank uses a range of risk assessments alongside the interRAI care plan process. Risk assessments conducted on admission include those relating to falls, pressure injury, skin, pain, continence, cultural and activities. The initial care plans have not always been completed within 24 hours of admission. InterRAI assessments (excluding ACC resident) and reassessments have not been completed within expected timeframes. When completed outcome scores from interRAI assessments were identified on the long-term care plans. All residents in the dementia area have a behaviour assessment completed on admission with associated risks and supports needed and includes strategies for managing/diversion of behaviours. The assessments identified the type of behaviours presented and triggers. The long-term care plan includes a 24-hour reflection of close to normal routine for the resident to assist caregivers in management of the resident behaviours. For the resident files reviewed the outcomes of the assessments formulate the basis of the long-term care plan.</p> <p>Long-term care plans have not been completed within 21 days. Care plan interventions are resident centred and provided guidance to staff around all medical and non- medical requirements; however, they do not always provide detailed interventions to provide guidance for staff. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan. However, not all short-term needs identified had short term care plans. Evaluations were not always completed at the time of interRAI re-assessments (six-monthly). Evaluations did not document the progression towards goals. Written evaluations reviewed and those documented in the resident six-month review form do not identify if the</p>
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	<p>resident goals had been met or unmet.</p> <p>The service contracts a general practitioner from a local medical centre for twice weekly visits and is available on call 24/7. The general practitioner had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The psychogeriatrician and mental health services are readily available as required. The general practitioner was not available for interview on the days of the audit.</p> <p>Resident files identify the integration of allied health professional input into care and a team approach is evident. A physiotherapist is available from Health New Zealand- Hawkes Bay on referral basis. A podiatrist visits regularly and a dietitian, speech language therapist, psychogeriatrician, older person mental health team, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand – Hawkes Bay. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Caregivers and a RN interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The handover is between a RN to the incoming RN and caregivers on each shift, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written on every shift by the caregivers and the RNs document at least daily for all resident records and when there is an incident or changes in health status.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the RNs who then assesses the resident and initiate a review with the general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes and this was consistently documented in the resident files.</p>
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	<p>There were a total of 10 wounds from five residents being actively managed across the service. These included skin tears, lesions, chronic ulcers, and cancerous lesions. There were no pressure injuries being managed at the care home. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans including wound measurements and photographs were reviewed. Wound registers have been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is documented wound care nurse specialist input into chronic wounds as required. Caregivers and a RN interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. New behaviours are charted on 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. Not all monitoring charts have been completed as scheduled. Neurological observations have not been routinely completed for unwitnessed falls or where head injury was suspected as part of post falls management.</p> <p>Bupa Willowbank provides equitable opportunities for all residents and supports Māori and whānau to identify their own pae ora outcomes in their care plans. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, beliefs, and spiritual needs which are documented in the care plan. The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The Māori Health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga</p>
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		<p>principles were included within the Māori health care plan.</p> <p>Staff confirmed they understood the process to support residents and family/whānau. There were residents who identify 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 were completed by staff in consultation with the residents, family/whānau and EPOA.</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>PA Low</p>	<p>The resident's activities programme is implemented by an activity coordinator who works 64 hours a fortnight and is supported by a newly appointed activity coordinator (day three orientation at the time of the audit) and caregivers to provide all residents with their activities. The activities were based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These assessments were completed within three weeks of admission in consultation with the family/whānau and residents. Each resident had a map of life developed detailing the past and present activities, career, and family. A monthly planner has not always been developed as per policy. Daily activities were noted on notice boards to remind residents and staff. Residents and family/whānau have not met monthly to discuss different issues at the facility and provide feedback relating to activities (link 2.2.2).</p> <p>The activity programme is formulated by the activity coordinator in consultation with the management team, RNs, EPOAs, residents, and care staff. The activities on the programme were varied and appropriate for residents assessed as requiring dementia, rest home and hospital level of care. The care plans have sufficient interventions recorded in the activities plan to guide staff in the management of behaviour over 24 hours. Activity participating registers were completed daily. The residents in the rest home and hospital communities were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. Activities sighted on the planners included quiz, bingo, floor games, Matariki, table games, sensory, outdoor walks, van outings,</p>

		<p>music, pet therapy, entertainment and exercise. The service promotes access to EPOA and family/whānau and friends. There are regular outings and drives for all residents (as appropriate).</p> <p>The dementia community's activities calendar sighted for August and July has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities including domestic like chores, baking and music therapy. There were no activities observed on the days of the audit in the dementia community between residents and the activities team or caregivers.</p> <p>There were residents who identified as Māori. The activity coordinator reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals with varying events lined up.</p> <p>Residents and family/whānau did not report favourably 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>PA Moderate</p>	<p>Bupa Willowbank has policies available for safe medicine management that meet legislative requirements. The RNs, and medication competent caregivers who administer medications had current competencies which were assessed in the last twelve months. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets are electronic. On the days of the audit, a medication competent caregiver was observed to be safely administering medications. A RN, and caregivers interviewed could describe their roles regarding medication administration. Bupa Willowbank uses robotic rolls for all regular, short course and 'as required' medicines. All medications once delivered are checked by the RNs against the medication chart. Medication reconciliation was conducted by the RNs when a resident is transferred back to the service from the hospital or any external appointments. The RNs checked medicines against the prescription, and these were updated in the electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. There is no system in place to</p>

		<p>consistently check for expired, medicines for deceased residents and unused medicines stored in the medication rooms.</p> <p>Medications were appropriately stored in the medication trolleys and the two medication areas. The medication fridges and medication room temperatures are not consistently monitored. All eyedrops and creams have been dated on opening. Controlled drugs are stored appropriately; however, the weekly stock check has not been completed regularly by medication competent staff. The six-monthly controlled drug audit was completed by the pharmacist 20 June 2024. Medication incidents were completed in the event of a drug error and corrective actions were acted upon.</p> <p>Fourteen medication charts were reviewed. There is a three-monthly general practitioner review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. Indications for use were documented for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications for bowel management and anti-psychotics was consistently documented in the electronic medication management system and progress notes.</p> <p>There is a policy in place for residents who request to self-administer medications. At the time of audit, there were four residents self-administering medicines. Competency assessments were completed, and the residents stored the medicines safely according to policy. The service does not use standing orders and there are no vaccines kept on site.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The relieving clinical manager described how they work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The kitchen manager oversees the kitchen and undertakes cooking responsibilities Monday to Friday. They are supported by a</p>

<p>consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>second part time cook and two kitchen assistants. The service is in the process of recruiting more staff. All food and baking is prepared and cooked on-site. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires 22 September 2024. The four-week seasonal menu was reviewed by a registered dietitian. Kitchen staff have completed safe food handling training during orientation.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and over night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed at least every three months. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All food at mealtimes is plated in the kitchen and delivered to the respective communities in scan boxes. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service. There are specialised utensils and lip plates to promote independence with eating.</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. including ‘boil ups,’ hāngi, Māori bread, and corned beef were included on the menu, and these are offered to residents who identify as Māori when required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know</p>	<p>FA</p>	<p>There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe</p>

<p>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>manner. There is a documented process in the management of the early discharge and transfer from services. The relieving clinical manager reported that discharges are normally into other similar facilities or residents following their respite stay. Discharges are overseen by the RNs who manage the process until the resident is transferred. Discharges or transfers were coordinated in collaboration with the resident, family/whānau and other external agencies to ensure continuity of care. Risks are identified and managed as required.</p> <p>The residents (if appropriate) and family/whānau are involved for all transfers to and from the service, including being given options to access other health and disability services – tāngata whaikaha, social support or kaupapa Māori agencies, where indicated or requested. Transfer documents include but not limited to transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts and last general practitioner review records.</p> <p>Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and filed for archiving. If a resident's information is required by a subsequent general practitioner, a written request is required for the file to be transferred. Evidence of residents who had been referred to other specialist services, such as podiatrists, and nurse specialists, were sighted in the files reviewed.</p> <p>Discharge notes are kept in residents' records and any instructions integrated into the care plan. The relieving clinical manager advised a comprehensive handover occurs between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we</p>	<p>FA</p>	<p>The building has a current certificate of public use which expires on 11 October 2024. The facility was purpose built with a physical environment that supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective communities with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the care home. Quiet spaces for residents and their family/whānau to utilise are</p>

<p>deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>available inside and outside in the gardens and courtyards.</p> <p>The 52-week planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales are due for next calibration in July 2025. Test and tag of electrical equipment was last completed in October 2023. Hot water temperatures were monitored weekly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by the maintenance manager who works full time Monday to Friday (and provides on call for emergencies after hours and weekends) and certified tradespeople where required. The care home contracts a gardener for landscape maintenance and lawns. The environment is maintained at appropriate temperatures with central heating across the facility. There are control panels in resident rooms for adjustment to desired air temperature.</p> <p>The building is single level and designed around two internal courtyards. All the rooms at Bupa Willowbank are single occupancy. There are three 12-bedroom communities (Charleston; Jazz and Fred Astaire communities) in the dual-purpose area. Each community has their own communal lounge/dining and kitchenette. Each room in the three communities is fitted with a ceiling hoist. All the rooms are spacious with own ensuite and ranch sliders that open to the courtyards and outdoor space. There is a family/whānau lounge with kitchenette available.</p> <p>The dementia community is secure and has two 10-bedroom communities (Gatsby and Ritz communities) each with their own communal open plan dining / lounge and kitchenette. The dementia area is circular around an internal courtyard. The outdoor area is secure, safe, well maintained and appropriate to the resident group and setting. It includes paths, seating and shade and raised gardens. There is easy access to the courtyard from the main lounges and hallway exit doors. The walking paths are designed to encourage purposeful walking around the gardens. As with the dual-purpose rooms, each room in the dementia community has an ensuite with a disability friendly shower, toilet, handbasin and paper towels. There are glass sliding doors that open into the secure courtyards and outdoor space. There are decals to distract residents from exit doors. The</p>
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		<p>dementia area has a quiet lounge and a whānau room available for residents and their family/whānau. Entry and exit into the dementia community is by use of a combination keypad. The layout provides secure environments for residents needing dementia care.</p> <p>There is a centrally located general practitioner / nurses office that ensures staff are in close proximity with residents from both the dementia area and the rest home and hospital level care residents. There are also well-placed communal toilets near the communal lounges in each community with picture signs, sensor lights, and can be locked for privacy and unlocked from the outside by staff if needed. Communal, visitor and staff toilets are available and contained flowing soap and paper towels. Fixtures, fittings, and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p> <p>All areas are easily accessible to the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they were able to move around the facility and staff assisted them when required. Activities take place in the large lounges of the communities. Residents' rooms are personalised according to the residents' preferences. Shared facilities and toilets are of a suitable size to accommodate mobility equipment. All rooms have external windows to provide natural light and have appropriate ventilation and heating.</p> <p>The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>The official opening of the facility included guidance and support by the local iwi. The service has no current plans to build or extend; however, should this occur in the future, the regional operations manager advised that the service will liaise again with local iwi to ensure aspirations and Māori identity are included.</p>
Subsection 4.2: Security of people and workforce	FA	The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence

<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>planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service on 13 December 2023. The last trial evacuation drill was performed on 26 June 2024. The drills are conducted every six-months, and these are added to the annual training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and there is a designated assemble point in the main car park area. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency including food, water (equivalence of ten litres per person per day for three days), candles, torches, continent products, and a gas BBQ to meet the requirements for up to 56 residents including rostered staff. There is Bupa generator that can be transported from local storage for use as evidenced during the events of cyclone Gabrielle where it was connected to the building and was able to provide power for all the services. Emergency lighting is available and is regularly tested. The RNs and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system in place that is used by the residents, whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance person. Call bell audits were completed as per the audit schedule. Residents and family/whānau confirmed that staff respond to calls promptly.</p> <p>Appropriate security arrangements are in place. External gates are locked at 9 pm and unlocked at 7am. The entry and exit doors auto-lock at set times at sunset and unlocked at sunrise. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. There is a private security company that patrols the care home at least twice over night. There is a closed-circuit television (CCTV) in public spaces and externally.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and well-being are not compromised by visitors to the service.</p>
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		Visitors and contractors are required to complete visiting protocols and sign into the visitors register. Visitors are asked not to visit if they are unwell.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The relieving clinical manager (RN) undertakes the role of infection control officer to oversee infection control and prevention across the service. The job description 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. Infection control is linked into the quality risk and incident reporting system. The infection control programme and AMS is reviewed annually by the infection control and prevention specialist at Bupa head office, who reports to and can escalate any significant issues to Board level. Documentation review evidenced recent outbreaks were escalated to the executive team 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. Infection rates are presented and discussed at infection control meetings. Infection prevention and control are part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Health New Zealand- Hawke's Bay, 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.</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</p>	FA	<p>The designated infection officer is supported by the clinical team and Bupa infection control lead. The service has a Covid-19 and pandemic response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and Covid-19 positive tests. 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 equipment available and accessible. The Bupa infection control lead and the infection control</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>officer have input into the procurement of good quality PPE, medical and wound care products.</p> <p>The infection control officer has completed courses in the basics of infection control and AMS, Ministry of Health online learning, and other training through Health New Zealand. There is good external support from the GP, laboratory, and the Bupa infection control 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. The infection control programme is approved by Bupa governance body. Policies and procedures are reviewed quarterly by Bupa in consultation with infection control coordinators/officers. The infection control programme links to the quality system. Policies are available to staff.</p> <p>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. All shared equipment is appropriately disinfected between use. Infection control is included in the internal audit schedule and evidenced full compliance. Hospital acquired infections are collated along with infection control data.</p> <p>There are regular environmental audits completed that include appropriate decontamination of surfaces, high touch areas and medical equipment.</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 orientation 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 handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated on Covid-19 policies and procedures through emails.</p>
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		<p>The service incorporates te reo information around infection control for Māori. Posters in te reo are in evidence throughout the facility and additional information in te reo Māori is readily available. The Māori health strategy includes the importance of ensuring culturally safe practices in infection prevention. The infection control officer has access to a Māori health advisor as needed. 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 environment; however, the organisation will consult with the infection control officer if this occurs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<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. Monotherapy and narrow spectrum antibiotics are 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</p>	<p>FA</p>	<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; however, not all infections have been reported (link 2.2.4). This data is monitored and analysed for trends, monthly and annually.</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand.</p> <p>There has been two outbreaks since the previous audit (one covid and one gastroenteritis). Appropriate management was in place, with Health New Zealand, and Public Health being appropriately notified. There was evidence of regular communication with the Bupa infection control lead, clinical director, aged care portfolio manager, Health New Zealand infection control nurse specialist. Daily outbreak management meetings and toolbox meetings (sighted) capture `lessons learned` to prevent, prepare for and respond to future infectious disease outbreaks. Outbreak logs are completed. Staff confirmed resources, including PPE, are sufficient. There were evidence of communication with residents and family/whānau during outbreaks or progression of individual infections.</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. Sharp's 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) in each wing with personal protective equipment available, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There is a laundry in the service area of the facility. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. There are two commercial washing machines and two dryers. Material safety datasheets are available, and all chemicals are within closed systems. All laundry is processed on site by dedicated laundry</p>

		<p>assistants seven days per week.</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 were well stocked. 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.</p> <p>The infection control officer provides support to maintain a safe environment.</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>Bupa Willowbank is committed to providing service to residents without use of restraint. At the time of the audit there were no residents using restraints. The service has been restraint free since it opened and is committed to remaining restraint free. Policies and procedures meet the requirements of the standards. The national 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>A restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, Bupa Willowbank will work in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the resident, EPOA, general practitioner, and restraint coordinator.</p> <p>Restraint related training which includes policies and procedures related to restraint, cultural practices and de-escalation strategies is completed as part of the mandatory training plan and orientation. Staff have completed the annual restraint free and restraint competency. A restraint free audit was completed as scheduled and demonstrated</p>

		compliance with expected standard. The restraint coordinator (a registered nurse) has attended the Bupa national restraint teleconference.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.4.3</p> <p>My services shall be provided in a manner that respects my dignity, privacy, confidentiality, and preferred level of interdependence.</p>	PA Low	<p>Staff were observed to use person-centred and respectful language with residents. Privacy is ensured and independence is encouraged. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity. The service has a process of providing communal underwear for residents.</p>	<p>It was noted from discussion with staff and from observation that the service uses communal underwear for residents ('netti- knickers').</p>	<p>Ensure that all residents are treated with respect and provided with personal clothing.</p> <p>90 days</p>
<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>Bupa has a robust quality system documented. The relieving clinical manager has commenced the implementation of this system with a noted improvement since her arrival in the post; however, for 2024, meeting minutes have been</p>	<p>(i). Audits are being completed as per the schedule; however, they are not signed off as being complete and corrective actions are not consistently documented when required.</p> <p>(ii). Meeting minutes have been inconsistently documented. Only one</p>	<p>(i). Ensure audits are signed off when complete and corrective actions are documented and implemented where required.</p>

		<p>inconsistently documented as taking place, and many meetings were a copy of the preceding meetings.</p> <p>Internal audits were documented as taking place; however, there was a lack of evidence showing progress and sign off when achieved.</p>	<p>resident and family/whānau meeting occurred in 2024, quality meetings have not been held monthly as per schedule and the health and safety meetings were missed for February and March 2024.</p> <p>(iii). Meeting minutes, particularly the health and safety/infection control meeting minutes were copies of the preceding meetings.</p>	<p>(ii). Ensure meetings (as per the schedule) are documented as taken place.</p> <p>(iii). Ensure that meeting minutes are a reflection of the interaction of each individual meeting.</p> <p>90 days</p>
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	<p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. The Bupa overarching health and safety goals document evaluation and progress towards goals. The Bupa Willowbank health and safety goals are linked to the overarching Bupa goals and were developed in May 2024; however, no evaluation/ progress towards meeting the goals has been documented.</p>	<p>Bupa Willowbank health and safety goals have not been documented as evaluated and progress towards goals is not documented.</p>	<p>Ensure that progress towards the stated goals is monitored including progress towards meeting goals.</p> <p>90 days</p>
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	PA Low	<p>Electronic reports are completed for incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. A review of individual resident progress notes evidenced that not all incidents have been reported.</p>	<p>Individual resident progress reviewed documented that one infection, one bruise and one cellulitis had not been reported to the incident and accident reporting system.</p>	<p>Ensure that all reportable events are reported through the electronic reporting system as per Bupa policy.</p> <p>90 days</p>

<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA Moderate</p>	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support; however, on the two days of audit the dementia unit lounge was not supervised on four separate occasions leaving residents unattended.</p>	<p>On the two days of audit the dementia unit lounge was not supervised on four separate occasions leaving residents unattended.</p>	<p>Ensure residents in the dementia unit are supervised.</p> <p>60 days</p>
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	<p>PA Low</p>	<p>There is an annual education and training schedule documented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. Training around Te Tiriti / cultural safety, health equity, code of rights and privacy have not been provided as per schedule. Training sessions around dementia and behaviours of concern are held regularly.</p>	<p>Training around Te Tiriti / cultural safety, health equity, code of rights and privacy have not been provided as per schedule.</p>	<p>Ensure staff training is provided as per schedule.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Low</p>	<p>All assessments are completed by an RN on admission. An initial summary care plan is developed within 24 hours of admission to provide guidance for caregivers on care delivery for the residents. However, two of the seven files reviewed did not have these completed within the timeframe. InterRAI assessments and long-term care plans were not always</p>	<p>(i). One rest home and one dementia level care resident did not have initial summary care plans completed within 48 hours of admission.</p> <p>(ii). Five (two rest home, two hospital and one dementia) of seven long term care plans were not completed within three weeks of admission.</p> <p>(iii). Four (two rest home, one</p>	<p>(i)-(v). Ensure assessments, care plans and multi-disciplinary reviews are completed as scheduled.</p> <p>90 days</p>

		<p>completed within three weeks of admission. Care plan evaluations for three residents were not completed as scheduled.</p> <p>Review of the residents' records indicate that multi-disciplinary reviews have not been completed for four residents six months post admission.</p>	<p>dementia, one hospital) of six interRAI assessments were not completed within three weeks.</p> <p>(iv). Three (two dementia and one hospital) of five care plan evaluations were not completed as scheduled.</p> <p>(v). Four (two rest home and two dementia) of five multi-disciplinary reviews have not been completed as scheduled six monthly.</p>	
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(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;</p> <p>(f) Strengths, goals, and</p>	PA Low	<p>The RNs are responsible for the development of the resident care plans. Assessment tools including cultural assessments were completed to identify key risk areas. Alerts are indicated on the resident long term care plans and include (but are not limited to) high falls risk, weight loss, wandering, choking and pressure injury risks. The RNs interviewed understand their responsibility in relation to assessment and care planning. There are comprehensive policies in place related to assessment and care planning; however, not all resident care plans reviewed provided detailed interventions to provide guidance to staff in care delivery.</p> <p>There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or</p>	<p>(i). There are no detailed interventions to guide care staff in the delivery of care service for:</p> <p>(a). One dementia level care resident in relation to their risk of absconding.</p> <p>(b). One hospital level care resident in relation to oxygen management, shortness of breath and pain management.</p> <p>(c). One hospital level care resident in relation to falls minimisation and management strategies.</p> <p>(d). One rest home level care resident in relation to social activities; and</p> <p>(e). One of the couples in relation to their relationship and how their needs are supported.</p> <p>(ii). The care plan for one hospital level care resident has not been updated to reflect significant changes in care requirements following discharge from</p>	<p>(i)-(ii), Ensure care plans have detailed interventions to provide guidance to staff on care and are updated to reflect changes to resident needs and the management plan.</p> <p>(iii). Ensure short term care plans are developed for short term needs as guided by the policy.</p> <p>90 days</p>

<p>aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(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;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>moved to the long-term care plan. However, not all short-term needs identified in the resident records had short term care plans in place.</p> <p>Caregivers are knowledgeable about the care needs of the residents and the family/whānau interviewed were complimentary of the care provided. The findings relate to documentation only.</p>	<p>hospital and changes in level of care.</p> <p>(iii). No short-term care plan (STCP) for one rest home resident with a bruise; one dementia resident with clostridium difficile infection; another dementia resident with swollen legs; one hospital resident with oral thrush.</p>	
<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</p>	<p>PA Low</p>	<p>There is a policy for neurological observations being undertaken for unwitnessed falls or where there is suspected injury to the head. Six fall related incidents that required neurological observations were reviewed. One did not have any neurological observations completed and two were not completed according to policy.</p> <p>There are a suite of monitoring charts that are available; however, not all monitoring charts have been completed as per care plan.</p>	<p>(i). Neurological observations have not been completed as per policy for three of six fall related incidents that required neurological observation to be completed.</p> <p>(ii). Blood glucose monitoring was not documented consistently for one rest home resident prior to insulin administration as evidenced on the monitoring record.</p> <p>(iii). Pain assessments/monitoring were not completed for hospital level care resident prior to and following administration of 'as required' analgesia.</p>	<p>(i). Ensure neurological observations are completed as per policy.</p> <p>(ii)-(iii). Ensure monitoring records are completed as per policy and care plan requirements.</p> <p>90 days</p>

process and that any changes are documented.				
<p>Criterion 3.2.5</p> <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>	PA Low	The registered nurses are responsible for the development of the support plan on the electronic resident management system. The registered nurse interviewed understands their responsibility in relation to care planning. There are comprehensive policies in place related to assessment, care planning and care plan evaluations. Review of care plan evaluations completed demonstrated that progression towards goals was not consistently documented in two of five care plans. The other three resident records did not have care plan evaluations completed as scheduled.	Residents' progression towards meeting goals were not consistently documented in care plan evaluations for two of five resident care plans reviewed.	<p>Ensure care plan evaluations provide evidence of resident progress towards goals.</p> <p>90 days</p>
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be</p>	PA Low	The resident's activities programme is implemented by an activity coordinator who works 64 hours a	(i). There have not been consistent documented meaningful activities planned for the dementia unit for the	(i)-(iii). Ensure that meaningful activities shall be planned and

<p>planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>		<p>fortnight. Another activity coordinator was in their third day of orientation at the time of audit. They will be working 64 hours a week. The activities were based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. A monthly planner has not always been developed as per policy. For the dementia community the only planners sighted were for July and August. There were none developed or in place prior to July 2024.</p> <p>The residents in the rest home and hospital communities were observed participating in a variety of activities on the audit days that were appropriate to their group settings. However, there were no activities observed on the days of the audit in the dementia community between residents and the activities team or caregivers. Residents and family/whānau interviewed did not report favourably on the level and variety of activities provided.</p>	<p>months prior to July 2024.</p> <p>(ii). No activities were held on the days of the audit in the dementia community.</p> <p>(iii). Residents and family/whānau interviewed did not report favourably on the level and variety of activities provided.</p>	<p>facilitated to develop and enhance resident's strengths, skills, resources, and interests.</p> <p>90 days</p>
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>The RNs, and medication competent caregivers who administer medications had current competencies which were assessed in the last twelve months. Education around safe medication administration is provided. All medication charts and signing sheets</p>	<p>(i). Weekly stock take for controlled drugs has not been completed consistently for the eight months reviewed (December 2023 – August 2024).</p> <p>(ii). Medication room temperature has not been consistently monitored for</p>	<p>(i). Ensure that stock check of controlled drugs is completed weekly.</p> <p>(ii-iii). Ensure that medication room and fridge temperature</p>

		<p>are electronic. On the days of the audit, a medication competent caregiver was observed to be safely administering medications.</p> <p>There are two medication rooms (one for rest home and hospital residents and another for the dementia community). There is no system to consistently check for expired, medicines for deceased residents and unused medicines stored in the medication rooms.</p> <p>Medications were appropriately stored in the medication trolleys and the two medication areas. With the exception of the month of July 2024, the medication fridges and medication room temperatures were not consistently monitored daily since the facility opened. Controlled drugs are stored appropriately; however, the weekly stock check has not been completed regularly by medication competent staff. With the exception of May 2024, the other months since the facility was opened did not evidence weekly controlled drug stock check being completed.</p>	<p>both medication rooms.</p> <p>(iii). Medication fridge temperature has not been consistently monitored for both fridges where medications are stored.</p> <p>(iv). There is no evidence that there is a system to consistently check for expired medicines for deceased residents and unused medicines stored in the medication rooms.</p>	<p>monitoring is completed as per policy.</p> <p>(iv). Ensure that there is a system in place to check for stock medicine.</p> <p>60 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.