

# Bupa Care Services NZ Limited - Windsor Park Specialist Senior Care Centre

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## 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:** Windsor Park Specialist Senior Care Centre

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care

**Dates of audit:** Start date: 20 August 2024 End date: 21 August 2024

**Proposed changes to current services (if any):** The provider has reconfigured four beds since 2021, in consultation with HealthCERT. On 10 July 2024, the provider requested the four beds (currently rest home) be reconfigured back to dementia-

specific beds. This will increase the dementia beds from 16 to 20, the dual-purpose beds remain 59 and the total beds remain at 79. These four beds were verified as suitable for dementia beds during this audit.

**Total beds occupied across all premises included in the audit on the first day of the audit: 63**

# Executive summary of the audit

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## 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

Windsor Park Specialist Senior Care Centre (Bupa Windsor Park) is owned and operated by Bupa Group NZ. The service provides hospital (medical and geriatric), rest home, dementia and residential disability (physical) levels of care for up to 79 residents. On the day of the audit there were 63 residents.

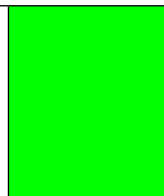
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora and Ministry of Disabled People- Whaikaha. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner. The support auditor participated as a consumer auditor in the audit process.

There was no change in management since the last audit. The service continues to upgrade the environment. The general manager is suitably qualified and experienced in aged care. The general manager is supported by the clinical manager, business coordinator, support services coordinator, and team of experienced care staff. These roles are supported by the regional operations manager and a quality partner.

This audit has identified improvements required related to the implementation of the quality system, training of staff, care planning and medication management.

## Ō tātou motika | Our rights

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



Subsections applicable to this service fully attained.

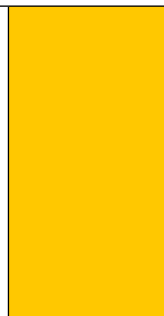
Bupa Windsor Park provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Bupa Windsor Park provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service respects and listens to the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

## 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.

Bupa Windsor Park has a business plan that includes a mission statement and operational and clinical objectives. Quality improvement projects are implemented. Internal audits and collation of data were all documented as taking place as scheduled.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented. Staff incidents, hazards and risk information is collated at facility level.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

The service ensures the collection, storage, and use of personal and health information of residents and staff 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. The registered nurses are responsible for the assessment, development, and evaluation of care plans. There are policies in place to guide the care planning process.

There are planned activities that are developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme in place. Younger persons are supported to engage with the community.

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

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 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 building holds a current building warrant of fitness certificate. There is a preventative maintenance programme implemented. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms are single occupancy with a mix of shared facilities and full ensuite. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff received training in fire and emergency management. The call bell system is appropriate.

There is always a staff member on duty with a current first aid certificate. There is a secure dementia unit on site with a secure outdoor area.

Security is maintained to safeguard residents, visitors and staff.

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

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

Subsections applicable to this service fully attained.

A suite of infection control policies and procedures are documented. There is a comprehensive pandemic plan. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by the clinical governance committee.

A registered nurse is the infection control officer. The infection control officer is supported by representation from all areas of the service. There is access to a range of resources. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. Staff are informed about infection control practices through handover, and education sessions.

There are documented processes for the management of waste and hazardous substances in place. There are dedicated housekeeping staff, who provide all cleaning duties, and laundry service is undertaken on site. 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.



## 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.

Bupa Windsor Park is committed to maintain a restraint free environment for their residents. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions and would only use an approved restraint as the last resort. There were no residents using restraint at the time of the audit. The restraint coordinator is a registered nurse. Education on the restraint-free organisational objective is included in the orientation programme and as part of the annual training plan.

## 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	23	0	2	2	0	0
Criteria	0	166	0	3	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>	FA	<p>A Māori Health strategy is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. The Māori health care plan is based on Te Whare Tapa Whā. Links are established with local Māori community members, current residents, their family/whānau, and staff. Cultural assessments are in place and are completed for residents who identify as Māori. The Māori Health strategy supports increased recruitment of Māori employees, by embedding equitable recruitment processes. Ethnicity data is regularly reported in individual's dashboards to monitor success.</p> <p>At the time of the audit there were Māori staff members. Bupa Windsor Park Specialist Senior Care Centre (Bupa Windsor Park) has links with Hokonui Rūnanga for kaumātua support and guidance as required.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs as evidenced in interviews with residents (four rest home [including two younger persons with disability] and three hospital) and five family/whānau members (two hospital, one rest home)</p>

		[family/whānau of younger person with disability] and two dementia level care).
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>During the admission process, the resident's family/whānau are encouraged to be present to assist with identification of all needs including cultural beliefs. On admission all residents' ethnicities are recorded. Individual cultural beliefs are documented for all residents in their care plan and activities plan. Cultural awareness training introduced the staff to components of the Fonofale model of health. At the time of the audit there were no Pasifika residents.</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 to provide guidance. The service would also utilise the residents family/whānau and ensure their community relationships continued. At the time of the audit there were no Pasifika staff members. The Bupa organisation is supportive of all applicants including Pasifika through the application and employment processes. All staff are encouraged to participate in education ensuring the service is responsive to residents needs. Health New Zealand provides Bupa Windsor Park with support and guidance when required. The service also has access to Pacific advocate support if required.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Policies and procedures are being implemented at Bupa Windsor Park 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 is displayed in multiple locations in English and te reo Māori. The general manager or clinical manager discuss aspects of the Code with residents (where appropriate) and their family/whānau on admission. Information about the Nationwide Health and Disability Advocacy is available on the noticeboards in each wing and in the</p>

		<p>information packs provided. Other formats are available such as information in te reo Māori, and Pacific languages. Quarterly resident and family/whānau meetings provide a forum for residents to discuss any concerns.</p> <p>Four managers (one general manager, one clinical manager, one business coordinator and one support services coordinator) and 16 staff interviewed; including five caregivers, four registered nurses (including a unit coordinator), enrolled nurse, one cook, one maintenance officer, two activities coordinator (one a qualified diversional therapist), one cleaner and one laundry assistant described how the delivery of services to residents upholds their rights and complies with legal requirements. Staff receive education in relation to the Code at induction and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi, health equity, Māori models of care and tikanga Māori.</p> <p>The service recognises Māori mana motuhake; self-determination, independence, sovereignty and authority, as evidenced through interviews and as documented in the Towards Māori Health Equity policy and residents care plans.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers, the enrolled nurse and registered nurses interviewed described how they support residents to choose what they want to do. Residents interviewed (including two YPD) stated they have choice; they are treated with respect, and they participate in decision making. 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. Residents have control over their choice and personal matters including choice over activities they participate in and who they socialise with.</p> <p>The Bupa Windsor Park annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in</p>

		<p>nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed that residents are treated with dignity, respect and spoken to in a courteous manner.</p> <p>The Bupa Care Services NZ model of care of `person first approach`, which aligns with the enabling good lives principles for the YPD residents. The staff have not yet been trained in Enabling of good life principles related to their young persons with disability (link 2.3.5).</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule (scheduled for October 2024). Staff interviewed stated they respect each resident's right to have space for intimate relationships, including for the couples admitted to the service. 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. Family/whānau interviewed stated that they enjoy coming and going as they please to visit their family member.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place. Satisfaction surveys are completed annually to survey resident satisfaction in relation to upholding residents' spiritual and cultural needs.</p> <p>The general manager confirmed that cultural diversity is embedded at Bupa Windsor Park, and this was confirmed during interviews with staff. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. A tikanga Māori flip chart is available for staff to use and te reo Māori resources are available on the education platform. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi, health equity, Māori models of care and tikanga Māori.</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>Bupa Windsor Park policies provide guidelines on the prevention of any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of ethnicities. Cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the employee’s induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are responsible for creating a positive, inclusive and a safe working environment. Staff received Code of Conduct training through Bupa Learn platform. The staff engagement survey evidenced staff are participating in creating a positive workplace.</p> <p>There is a safe anonymous pathway for staff to report issues related to racism and harassment, and the Māori Health Equity policy addresses institutional racism. Staff complete education on induction and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. There is a management of valuables policy providing guidelines related to the management and safeguarding of residents’ property and finances. Residents’ payments for incidentals is managed by a third-party technology platform. Police vetting checks are completed as part of the employment process.</p> <p>The service implements a process to manage residents’ comfort funds through an external agency. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of induction. The service promotes a strengths-based and holistic model ` Person First Care` to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care and included interventions to promote positive outcomes. On interview, care staff confirmed an understanding of holistic care for all residents.</p>

		<p>Cultural awareness training completed in 2023 and 2024 included recognition of explicit and non-explicit bias and supports the recognition and reduction of bias in health care.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission related to the type of services provided. Quarterly resident meetings identify feedback from residents and consequent follow up by the service. Residents in the dementia unit are supported by the resident's EPOA (enduring power of attorney) to develop their goals and staff provide choice.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure 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 of an accident/incident. This is also documented in the progress notes. Twenty-four accident/incident forms reviewed identified family/whānau were kept informed. This was also confirmed through interviews with five family/whānau.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. Resident and family/whānau participation is encouraged through general feedback, case conference meetings, surveys and meetings. Regular newsletters and activity calendars are printed in large font format.</p> <p>Non-subsidised residents 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 residents such as hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding services involved. The clinical manager and unit coordinator described an implemented process around providing residents with time for discussion around care,</p>

		time to consider decisions, and opportunities for further discussion, if required. The electronic register captured numerous compliments from family/whānau which evidenced effective communication.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Consent, Advance Directives / Resuscitation and Advance Care Planning policies guide staff around informed consent processes. The resident files reviewed included signed general consent forms. Other consent forms include vaccinations, media release and van outings. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place; these are regularly reviewed. The service follows relevant best practice tikanga guidelines, 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. Staff have received training related to informed consent.</p> <p>Admission agreements had been signed and sighted in all the files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated an activation letter and incapacity assessment was on file. This was evident in all the files reviewed of residents in the dementia unit.</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</p>	FA	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The general manager maintains a record of all complaints, both verbal and written, using a complaint register. This register is held electronically. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commission (HDC).</p> <p>Two complaints were lodged in 2023 and none in 2024 year to</p>



<p>in a manner that leads to quality improvement.</p>		<p>date. The complaints logged included an investigation, follow up, and replies to the satisfaction of the complainants. Staff are informed of complaints (and any subsequent corrective actions) in the staff, registered nurse and quality meetings (meeting minutes sighted). Higher risk complaints are managed with the support of the regional operational manager and quality partner.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. There are several feedback and suggestion boxes placed throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern including but not limited to resident meetings, or one on one feedback with management. During interviews with family/whānau, they confirmed the general manager and clinical manager are available to listen to concerns and act promptly on issues raised.</p> <p>Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori residents in the complaints process. The complaints management procedure ensures Māori residents are supported to ensure an equitable complaints process. The general manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and</p>	<p>FA</p>	<p>Bupa Windsor Park is certified to provide rest home, hospital, dementia and residential disabilities- physical levels of care for up to 79 residents. The service has reconfigured four beds used as rest home beds back to dementia beds. This has increased the dementia beds from 16 to 20. These four beds have been verified as suitable for the care of dementia residents. The number of dual-purpose beds is 59.</p> <p>On the day of the audit, there were 63 residents; 20 rest home residents, including two younger persons with disability (YPD); and 26 hospital residents. There were 17 residents assessed as</p>

<p>sensitive to the cultural diversity of communities we serve.</p>		<p>dementia level of care. Sixty-one residents were under the age-related residential care contract (ARRC). There were no double/shared rooms.</p> <p>The Leadership team of Bupa is the governing body and consists of Directors of Clinical, Operations, Finance, Legal, Property, Customer transformation, People, Risk, Corporate Affairs and Technology. This team is guided by Global Bupa strategy, purpose and values, and reports to the Bupa Care Services NZ Boards in New Zealand, and the Bupa Australia &amp; New Zealand (ANZ) Board. Bupa has a three-year strategic business and operational plan which aligns to Bupa global '3 x 6' strategy and "our ambition to be the world's most customer-centric healthcare company". The business and operational plan is reviewed annually by the Leadership Team as part of strategy and planning. There is a New Zealand based managing director who reports to a New Zealand based Board. Each director has an induction to their specific role and to the senior leadership team. The directors are knowledgeable around legislative and contractual requirements and are experienced in the aged care sector. The Bupa Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is a cultural advisor who is working alongside the Bupa Leadership team.</p> <p>Bupa has a Clinical Governance Committee (CGC), Risk and Governance Committee (RGC), a learning and development governance committee and a work health safety governance committee where analysis and reporting of relevant clinical and quality indicators is discussed for improvements. There is a clinical support improvement team (CSI) that includes clinical specialists in restraint, infections and adverse event investigations and a customer engagement advisor, based in head office to support their facilities with improvement to their service. Furthermore, Bupa undertakes national and regional forums as well as local and on-line training, national quality alerts, benchmarking quality indicators, learning from complaints (open casebooks) as ways to share learning and improve quality of care for Māori and tāngata whaikaha.</p>
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		<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 Care Services NZ is committed to supporting outcomes for Māori and equitable service delivery. Goals of the Māori strategy permeates through service delivery and are measured as part of the quality programme. The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers.</p> <p>Bupa Care Services NZ has an overarching strategic plan in place with clear business goals to support their person-centred philosophy. The business and operational plan is reviewed annually by the Leadership Team as part of strategy and planning. Guidance in cultural safety for their employees are provided through training in cultural safety awareness around Māori health equity, barriers to care and disparities in health outcomes as documented in the Towards Māori Health Equity policy. The Towards Māori Health Equity policy states Bupa is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collective needs of residents who identify as Māori, to ensure they live longer, healthier, happier lives.</p> <p>Each care home sets annual quality goals at the beginning of the year based on improving outcomes from the internal quality programme. Bupa Windsor Park has reviewed the quality goals quarterly and discussed at quality meetings. The Bupa Windsor Park operational objectives and site-specific goals links to the overall strategic direction. The regional operations manager reports to the national operations director. The cultural advisor collaborates with the Boards and Bupa Leadership Team in business planning and service development to improve Māori and tāngata whaikaha health outcomes. Tāngata whaikaha provide feedback around all aspects of the service through general feedback including completion of satisfaction surveys. Feedback from surveys is collated which provides the opportunity to identify barriers and improve health outcomes.</p> <p>The service is managed by a general manager (non- clinical), who</p>
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		<p>has been in the role for two years. The general manager is suitably qualified in management of aged care facilities and has a business qualification. The general manager is supported by a clinical manager who has been in the role for five years. They are supported by a business coordinator, support services coordinator, quality partner, regional operations manager and a team of experienced staff. The management team report the turnover of staff has been relatively low; however, newly graduated nurses have been added to the team recently. The general manager and clinical manager provides a combined general manager report to the regional manager including business and quality related goals and the progress thereof.</p> <p>Both the general manager and the clinical manager have completed more than eight hours of training related to managing an aged care facility, including Bupa regional managers' forums, 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 improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>Bupa Windsor Park is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. There is a meeting schedule; however, not all meetings have occurred as planned. Staff meetings occurred regularly; however, the meeting minutes did not evidence that all quality data including quality goals, infections and restraint use are discussed. Internal audits and collation of quality data occur monthly, with corrective actions documented to address service improvements; however, there was not always evidence of progress and sign off.</p> <p>Benchmarking occurs on a national level against other Bupa facilities. The service has implemented improvement plans that includes projects to reduce falls and to reduce skin tears. The service reviews the progress toward the goals at regular intervals. Critical analysis of practice using benchmarking occurs monthly as evidenced in the monthly general manager and quality partner report to the regional operations manager.</p>

	<p>Resident and family/whānau satisfaction surveys are managed by head office. The July 2024 resident and family/whānau satisfaction surveys indicate that residents and family/whānau are satisfied with the overall service provided. Results have been communicated to residents in the resident and family/whānau meetings. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. New policies or changes to policy are communicated and staff sign as acknowledgement.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. The health and safety committee team meets bi-monthly. The maintenance office (health and safety officer) has completed external health and safety level three training. Hazard identification forms and an up-to-date hazard register were reviewed (last updated April 2024). Health and safety policies are implemented and monitored by the health and safety committee. Staff are kept informed on health and safety issues in handovers, meetings and via toolbox talks. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Reports using the electronic system are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are posted in the staff room. Opportunities to minimise future risks are identified during fortnightly clinical meetings.</p> <p>The Clinical Services Director chairs the Clinical Governance Committee (CGC) with oversight from Bupa's second line Clinical Governance and Compliance (CGC) team and the Chief Medical Officer. Regional quality partners support the care homes within each region and work in close collaboration with the Regional Operations Managers.</p> <p>Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications; however, the notification for one event related to missing medications were not</p>
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		<p>able to be sighted as this was dealt with through head office. There have been one section 31 notification submitted for a pressure injury since the last audit (September 2023) and one facility acquired pressure injury to the Health Safety and Quality Commission on 26 July 2024. There have been four Covid-19 outbreaks (November 2023, February 2024, April 2024, June/July 2024) and two gastroenteritis outbreaks (May 2023 / October 2023). All the outbreaks were appropriately notified.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p>
<p><b>Subsection 2.3: Service management</b></p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.  Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate cover for the effective delivery of care and support. The general manager, clinical manager and unit coordinator are full time and rostered on from Monday to Friday. Agency staff are contacted if necessary; but rarely used due to unavailability. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. Interviews with the residents and family/whānau confirmed staffing overall was satisfactory and increased to manage resident acuity and occupancy.</p> <p>The roster is developed to cover rest home, hospital and the dementia unit. There is a registered nurse available 24/7.</p> <p>On call cover for all Bupa facilities in the region is covered by a six-week rotation of the general managers and clinical managers. Registered nurse cover is provided 24 hours a day, seven days a week. The unit coordinator (based in the dementia unit) and RNs are supported by an experienced team of caregivers. A selection of RNs and caregivers hold current first aid certificates. There are sufficient medication competent staff on each shift to support safe medication administration. There is a first aid trained staff member on duty 24/7 including when taking residents on outings. Separate cleaning staff and laundry staff are employed seven days a week.</p> <p>There is an annual education and training schedule being implemented for 2024. The education and training schedule lists</p>

	<p>compulsory training (learning essentials and clinical topics) which includes cultural safety, Māori health, tikanga, Te Tiriti o Waitangi and how this applies to everyday practice. Staff reported they are provided with resources to learn and share of high-quality Māori health information. Training sessions around dementia and behaviours of concern are held regularly.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Fifty-two caregivers are employed. The completed Bupa induction programme qualifies new caregivers at a level two NZQA. There is a Careerforce assessor on staff. Of the 52 caregivers, 27 have achieved a level 3 NZQA qualification or higher. Sixteen caregivers work in the dementia unit, fourteen attained their dementia specific standards, two are in progress of completing.</p> <p>All staff are required to complete competency assessments as part of their induction. Annual competencies include (but are not limited to) restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 have undertaken additional competencies to support the RNs (e.g., medication administration, controlled drug administration, blood sugar levels and insulin administration). Additional RN specific competencies include subcutaneous fluids, syringe driver management, and interRAI assessment competency. There are 11 RNs (including the clinical manager and unit coordinator). Five of the RNs are interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year and encouraged to commence and complete a professional development recognition programme. External training opportunities for care staff include training through Health NZ - Southern. A record of completion is maintained on an electronic register.</p> <p>A management of agency staff policy is documented for the organisation. If the agency nurse has never worked in the Care Home before, a 'bureau staff information booklet' is provided to them. Induction including health and safety, and emergency procedures are the responsibility of the delegated person on duty. Agency contracts indicate the requirements to be met by the</p>
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		<p>agency regarding meeting specific competencies. Staff wellness is encouraged through participation in health and wellbeing activities of the 'take five' Bupa wellness programme. Signage supporting the Employee Assistance Programme were posted in visible staff locations.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, induction and staff training and development. The Bupa recruitment team advertise for and screen potential staff and collects staff ethnicity data. Once applicants pass screening, suitable applicants are interviewed by the general manager. Ten staff files reviewed (one clinical manager, one unit coordinator, one RN, five caregivers, one activities assistant and one maintenance officer) evidenced implementation of the recruitment process, employment contracts, police checking and completed induction.</p> <p>There is a staff performance appraisal policy. All staff who have been employed for a year or more have a current performance appraisal on file. Staff sign an agreement, and the Bupa code of conduct. Job descriptions are in place for all positions; these include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, podiatry, and dietitian). The service has a role-specific induction programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at induction. The service demonstrates that the induction programme supports RNs and caregivers to provide a culturally safe environment to Māori. The service has volunteers and an induction 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>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained electronically and in hard copy. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Bupa business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents' paper files are securely stored in a locked room. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents admitted to Bupa Windsor Park are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. Completed NASC authorisation forms for dementia, rest home and hospital level of care residents were sighted. The clinical manager and/or unit coordinator screen prospective residents prior to admission.</p> <p>A policy for the management of enquiries and entry to the service is in place. Admissions are facilitated by the business coordinator who ensures all documentation is completed and uploaded to the electronic resident management system. 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 wing 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.</p>

		<p>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 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 Māori communities, health practitioners, and organisations to support Māori individuals and whānau. The unit coordinator stated that Māori health practitioners and traditional Māori healers can be sourced through the local Rūnanga for residents and family/whānau who may benefit from these interventions.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Eight resident files were reviewed; three hospital files, three rest home including one YPD contract and two at dementia level care. The remainder of the files reviewed were under the age-related residential care (ARRC) agreement. Registered nurses 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, long-term care plans reviewed and six monthly multi-disciplinary reviews.</p> <p>Bupa Windsor Park uses a range of risk assessments alongside the interRAI assessment. Risk assessments have been conducted on admission and included those relating to falls, pressure injury, skin, pain, nutrition, sleep, behaviour, hygiene, dressing, continence, cultural requirements and activities. The initial care plan is completed within 24 hours of admission as evidenced in the</p>

	<p>files reviewed. InterRAI assessments have been completed within expected timeframes and outcome scores were identified on the long-term care plans. InterRAI reassessments were completed within the contractual timeframes. All residents in the dementia wing have a behaviour assessment completed on admission with associated risks and supports needed.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions were resident centred; and detailed enough to provide guidance to staff around medical and non-medical needs; however, these did not always include all identified needs. The care plans for residents in the dementia unit did not always include a 24-hour reflection of close to normal routine for the resident, with interventions to assist caregivers in management of the resident behaviours. The YPD residents interviewed stated their independence is respected; the care model for YPD residents sits within the framework of Te Whare Tapa Wha.</p> <p>There are policies and procedures to guide the use of short-term care plans. Short-term care plans (STCP) were utilised on occasions however, not all acute changes in health status had a STCP in place or were updated in the LTCP.</p> <p>Where residents had been in the facility for more than six months evaluations were completed with files evidencing documented progression towards goals.</p> <p>The service contracts six general practitioners (GP) from two local medical centres for three mornings a week and they are available for urgent advice seven days a week until 9:00pm. After that time, staff contact the local community Hospital for support or advice. If required, an ambulance is called, and paramedics make the appropriate decision. The GP had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. Frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to their health status. The GP (interviewed) commented positively on the service and confirmed appropriate and timely referrals were completed. They were satisfied with the competence of the RNs, care provided and timely communication</p>
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		<p>when there are residents with concerns.</p> <p>Resident files demonstrate integration of allied health professional input into care and a team approach is evident. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Caregivers, RNs and the enrolled nurse interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The handover was observed on the day of audit and was found to be comprehensive in nature. Progress notes reflect completion of scheduled interventions and monitoring. When RNs complete assessments, these are documented as progress notes.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the registered nurses who then assesses the resident and initiates a review with the GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes and any changes to health status and that communication was consistently documented in the resident files.</p> <p>There are a total of ten wounds being actively managed across the service. These included skin tears, chronic lesions, and surgical wounds. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Wound registers have been fully maintained. Wound assessment, management, monitoring and evaluation occurred as planned in the sample of wounds reviewed. There is documented wound care nurse specialist input into chronic wounds as required. Caregivers, RNs and the enrolled nurse 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</p>
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		<p>required.</p> <p>Care plans reflect the 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. Behaviours of concern are charted on an electronic monitoring chart to identify new triggers and patterns. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls or where head injury was suspected as part of post falls management. Incidents reviewed indicate that these were completed in line with policy and procedure.</p> <p>Bupa Windsor Park 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. Tikanga principles were included within the Māori health care plans reviewed.</p> <p>Staff confirmed they understood the process to support residents and whānau. The cultural safety assessment process validates Māori healing methodologies, such as Karakia, Rongoā, and spiritual assistance. Cultural assessments were undertaken by staff who have completed cultural safety training 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</p>	<p>FA</p>	<p>A diversional therapist has overall responsibility for coordinating and implementing the activities programme. The diversional therapist is supported by one activity coordinator in training and three activity assistants who work part time to ensure a seven-day cover of activities and a designated activities person for each area.</p> <p>The activities programme was based on assessments and reflected the residents' social, cultural, spiritual, physical, cognitive</p>

<p>suitable for their age and stage and are satisfying to them.</p>		<p>needs/abilities, past hobbies, interests. These assessments were completed within three weeks of admission in consultation with the family/whānau and residents. Each resident had a map of life developed detailing the past and present activities, career, and family/whānau. A monthly planner for the rest home and hospital is developed, posted on the notice boards and residents are given a copy of the planner for their rooms. A separate planner is developed for the dementia unit which includes specific activities designed to meet resident needs. Copies are available for family/whānau to collect when visiting or the service provides an email copy on request. Daily activities were on notice boards to remind residents and staff. There are resident and family/whānau meetings held to discuss different issues at the facility and provide feedback relating to activities.</p> <p>The activity programme is formulated by the activities team in consultation with the management team, registered nurses, EPOAs, residents, and care staff included quiz, music sessions, exercises, newspaper reading, housie, word activities, floor games, dancing sessions, sensory, outdoor walks, van outings, pet therapy, entertainment, and visits from schools. The service promotes access to EPOA and family/whānau and friends. There are regular outings and drives for residents (as appropriate). Church services are held weekly. Special events are celebrated, such as Anzac Day, Easter, Olympics, cultural events and mid-winter celebrations.</p> <p>Activities are adapted to encourage sensory stimulation and physical capabilities. Younger people are supported to access the community including weekly lions club concerts, outings with family/whānau and café visits. The diversional therapist described one on one conversations with younger residents focusing on their specific interests such as hunting and fishing.</p> <p>There were residents who identified as Māori. The diversional therapist and activities coordinator reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with traditional leaders, and by celebrating religious and cultural festivals, and Māori language week.</p>
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		<p>The family/whānau satisfaction survey completed in 2024 evidence satisfaction related to the activities provided. On interview, residents and family/whānau reported satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>Bupa Windsor Park has policies available for safe medicine management that meet legislative requirements. The RNs, ENs and medication competent caregivers who administer medications had current competencies which were assessed in the last twelve months. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets are electronic. On the days of the audit, a RN was observed to be safely administering medications. The RNs, an enrolled nurse and caregivers interviewed could describe their roles regarding medication administration. Bupa Windsor Park uses pharmacy pre-packaged medicines. All medications, once delivered, are checked by the RNs against the medication chart. Medication reconciliation is conducted by the RNs when a resident is transferred back to the service from the hospital or any external appointments. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the medication trolleys and the three medication areas. The medication fridges and medication room temperatures were monitored daily in the dementia and rest home communities; however, temperatures in the hospital area were not consistently monitored. All eyedrops and creams have been dated on opening. Controlled drugs are stored appropriately; the weekly stock check has been completed regularly by medication competent staff. The six-monthly controlled drug audit was completed. A review of the controlled drug register identified that not all entries evidenced two staff signatures. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. An incident was documented and investigated for missing controlled medication,</p>

		<p>which was handled by head office.</p> <p>Sixteen medication charts were reviewed. There is a three-monthly GP review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system.</p> <p>There is a policy in place for residents who request to self-administer medications. At the time of audit, there were no rest home residents self-administering medications. There are documented policies and procedures for residents who do wish to administer their own medications. 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 unit coordinator interviewed 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 consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The kitchen is overseen by the support services coordinator, the cook works full time Monday to Friday and has oversight of the kitchen. There are supported by a weekend cook and a team of kitchen hands who are assigned to the areas to assist with plating and serving of meals. All food and baking 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 in May 2024. Kitchen staff have attended safe food handling training.</p> <p>Diets are modified as required and the kitchen staff confirmed</p>



		<p>awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. The profile is updated as the residents' needs change and a copy is provided to the kitchen. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and overnight. A lunch meal was observed in the dementia unit and residents are provided with specialised utensils to promote independence when eating. There were sufficient staff to supervise mealtimes.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed at least every three months. Records of temperature monitoring of food, fridges, and freezers are maintained. Meals are served directly from the kitchen servery to the rest home residents. Food is transported in hotboxes to the hospital and the dementia unit and served by the caregivers. Residents who choose to have their meals in their rooms are provided with a tray service. 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 satisfaction with the meals.</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 and these are offered to residents who identify as Māori when required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p>	<p>FA</p>	<p>There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. There was a documented process in the management of the early discharge and transfer from services. The unit coordinator reported that discharges are normally into other similar facilities or</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>the resident's home following their respite stay. Discharges are overseen and managed by the RNs. Discharges or transfers were coordinated in collaboration with the resident, family/whānau and other external agencies to ensure continuity of care.</p> <p>The residents (if appropriate) and family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services – tāngata whaikaha, social support or Kaupapa Māori agencies, where indicated or requested. Transfer documents include but not limited to transfer form, copies of medical history, family/whānau contact details, resuscitation form, medication charts and latest GP 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, nurse specialists, and mental health, were sighted in the files reviewed.</p> <p>Discharge notes are kept in resident's records and any instructions integrated into the care plan. The unit coordinator advised a comprehensive handover occurs between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging,</p>	<p>FA</p>	<p>The building has a current warrant of fitness that expires on 2 September 2024. The environment and setting is designed to be appropriate for all cultures.</p> <p>The 52-week planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the clinical equipment. The weigh scales were checked annually, with next check end of August 2024. All electrical equipment has been tested and tagged in June 2024. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by the maintenance officer who works</p>

<p>independence, interaction, and function.</p>		<p>full time Monday to Friday (and provides on call for emergencies after hours and weekends) and certified tradespeople where required. There are gardeners employed to look after the landscaping and gardens. The environment is maintained at appropriate temperatures with central thermostatically controlled, underfloor heating, ceiling heaters in the residents' rooms and heat pumps/air conditioning systems in the communal areas. Call bell audits are regularly performed and outcomes of the audit evidence an appropriate response time. There is a process in place for contractors to assist YPD residents` with the servicing of their own equipment.</p> <p>There are several lounge and dining areas throughout the facility which include small areas for family/whānau to visit. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe movement. Residents were observed moving freely in their respective areas 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 available inside and outside in the gardens and courtyards.</p> <p>There are 59 dual purpose beds (Croydon, Waimumu, Waimea and Hokonui), over three wings, which accommodates both rest home and hospital level of care. The entry or exit into Charlton (dementia wing) is by use of a combination keypad. There is a central nurse's station for ease of supervision over the lounge/dining room. The layout provides secure environments for residents needing dementia care. There is quieter space available for residents and family/whānau to use. Charlton has 20 spacious bedrooms, all single occupancy with a mix of no ensuites or own ensuite. The outdoor areas were secure, safely maintained, and appropriate to the resident group and setting. The walking paths and interior are designed to encourage purposeful walking around the gardens with access to the raised vegetable and flower gardens.</p> <p>All the rooms in Croyden, Waimumu, Waimea and Hokonui are single occupancy, with hand basins and a mix of own ensuites or no ensuites. All the handwashing areas have free-flowing soap and paper towels in the toilet areas. Fixtures, fittings, and flooring are</p>
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	<p>appropriate, and toilet/shower facilities are constructed for ease of cleaning. There is ample space in toilet and shower areas to accommodate shower chairs and a hoist if appropriate. There are enough communal showers, access to disability toilets and communal toilets throughout the dual-purpose wings and dementia unit. Toilet seats in the dementia unit are coloured. All communal visitors and staff toilets and shower facilities have a system that indicates if it is engaged or vacant. 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 wings.</p> <p>Dining rooms physical layout accommodates for easy access for residents with all size of mobility equipment. Activities occur in the larger lounges and smaller areas where residents who prefer quieter activities or visitors may sit. Residents' rooms are personalised according to the residents' preferences.</p> <p>All rooms have external windows to provide natural light and have appropriate ventilation and heating. Heating can be adjusted if necessary.</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>There are plenty of storage for equipment and linen. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home, dementia, and hospital level of care residents.</p> <p>A recent refurbishment of the dementia unit, saw four rest home beds (rooms 1-4) became part of the dementia unit. The door that provides entry to the dementia unit has therefore been adjusted/ moved with the secure keypad. The dementia unit beds increased from 16 to 20; these beds have been verified as suitable to provide</p>
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		<p>for dementia level of care. Kaumātua blessed the new rooms.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the general manager advised that the service will liaise with local Māori providers to ensure aspirations and Māori identity are included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the staff 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 15 December 2004 (sighted). A trial evacuation drill was performed on 9 July 2024. The drills are conducted every six-months, and these are added to the annual training programme. The staff induction programme includes fire and security training.</p> <p>There are adequate fire exit doors, and a designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. There is a Bupa water management plan for Bupa Windsor Park. There were adequate supplies in the event of a civil defence emergency including food, water (in excess of 30,000 litres), candles, torches, continence products, and two gas BBQ to meet the requirements of residents including rostered staff. Civil defence supplies are checked at regular intervals. There is no generator on site; however, the general manager and maintenance officer confirmed that there are arrangements in place with a supplier in Invercargill. This is documented in the Business Contingency plan that provide a risk management approach to the regular power surges and power outages in Gore for a period of up to 72 hours. Emergency lighting is available and is regularly tested. The RNs, ENs 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. There is a current resident mobility support list to</p>

		<p>provide a coordinated evacuation in an emergency event.</p> <p>The service has a working call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. Staff carry pagers. All residents have access to a call bell, and these are checked monthly by the maintenance officer. There are sensor mats in the dementia unit. 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. Doors are locked at sunset and unlocked at sunrise. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. Any sliding doors from residents' rooms leading to the outdoors are alarmed at night. There is a security company that patrols and supports security at night.</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. Visitors and contractors are required to complete visiting protocols.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Bupa's infection prevention (IP) and antimicrobial stewardship (AMS) programme aligns with Bupa's strategy of "helping people live longer, healthier, happier lives and making a better world, with continuous improvement of customer outcomes". The strategic plan documents commitment to the goals recorded to achieve an effective implementation of IP and AMS. The IP and AMS programmes are endorsed through the Clinical Governance Committee, and Bupa's consultant geriatrician has oversight of the AMS programme, and both programmes are reviewed annually.</p> <p>A RN is the infection control officer, appointed six months ago, who oversees the infection control and prevention programme across the service. The RN has a job description (which has been signed) and outlines the responsibility of the role. The organisational infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident</p>

		<p>reporting system. The Infection control officer is supported by the National Infection Control Coordinator who also leads monthly teleconference meetings.</p> <p>The infection control programme is reviewed annually by the National IPC coordinator at Bupa head office, who reports and escalates to the clinical support improvement team (CSI). Documentation reviewed showed evidence that recent outbreaks were escalated to the National IPC coordinator within 24 hours. Bupa has monthly infection control teleconferences for information, education and discussion and updates, which increase in frequency should matters arise in between scheduled meeting times. The infection control officer completed training and induction to their role. Infection rates are collated, and the data is presented and discussed at infection control meetings, quality and staff meetings. However, not all meetings have occurred as scheduled and not all quality information have been consistently tabled at meetings for discussions (link 2.2.2).</p> <p>The service has access to an infection prevention clinical nurse specialist from Health New Zealand – Southern and the Bupa Geriatrician 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. Hand sanitisers are strategically placed around the facility.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The designated infection control officer is supported by the wider clinical team and National Infection Control Coordinator. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. There is commitment to infection control and AMS documented in the strategic plan. The infection control and AMS programme is reviewed annually by the Bupa Infection Control coordinator in consultation with the infection control officers. The service has a Covid-19 and pandemic response plan. The National IPC coordinator oversees any outbreaks and provides daily oversight and support during the event to reduce spread and</p>

	<p>minimise risk. Significant infection control events are escalated to the Clinical and Operations Directors and where appropriate discussed within the clinical governance committee.</p> <p>There are outbreak kits readily available, and a personal protective equipment (PPE) cupboard and trolleys prepared for use. The PPE stock is regularly checked against expiry dates. There are supplies of extra PPE equipment available and accessible. The National IPC coordinator and the infection control officer have input into the procurement of good quality PPE, medical and wound care products.</p> <p>The infection control officer completed training to support their role. There is good external support from the GPs, laboratory, Bupa Geriatrician, and the National IPC lead.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed quarterly by Bupa in consultation with infection control officers and the National IPC coordinator. Policies are available to staff. There are policies and procedures in place around reusable and single use equipment. Staff reported that all shared equipment is appropriately disinfected between use. Infection control (and decontamination of equipment and cleaning of high touch surfaces) is included in the internal audit schedule as part of the care home (clinical) environment audit. Hospital acquired infections are collated along with infection control data.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff induction and included in the annual training plan. There has been additional training and education around pandemic response (including Covid-19) and staff were informed of any changes by noticeboards, handovers, toolbox talks, text message and emails. Staff have completed education in hand hygiene and use of personal protective equipment. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed through newsletters, and emails</p>
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		<p>when outbreaks occurred.</p> <p>The service incorporates te reo Māori information around infection control for Māori. Posters are in evidence throughout the facility and additional information in te reo Māori is readily available. The Māori health strategy includes the importance of ensuring culturally safe practices in infection prevention. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi. There are no further plans to change the current built 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>	FA	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported in a monthly quality report and presented at meetings. The monitoring and analysis of the quality and quantity of antimicrobial prescribing occurs monthly with support from the quality partner.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged with the use of monotherapy and narrow spectrum antibiotics preferred when prescribed.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto an infection summary. Data is monitored and analysed for trends,</p>

<p>specified in the infection prevention programme, and with an equity focus.</p>		<p>monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is not always discussed at infection control, clinical and staff meetings (link 2.2.2). Benchmarking graphs are displayed for staff. Action plans are documented in the monthly general manager report for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand.</p> <p>Residents and family/whānau are informed on the treatment and progression of infections related to the individual.</p> <p>There have been four Covid-19 outbreaks and two gastroenteritis outbreaks since the last audit. There was no regular infection control meetings held; however, daily outbreak meetings were held at time, and Health New Zealand and Public Health were being appropriately notified. Significant IPC events are escalated to the Clinical and Operations Directors and where appropriate discussed within the clinical governance committee. Toolbox meetings (sighted) were held; and `lessons learned` were captured and discussed to prevent, prepare for and respond to future infectious disease outbreaks. Outbreak logs were completed. Staff confirmed resources, including PPE were sufficient.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms (with sanitisers) and personal protective equipment available, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There is a laundry in the service area of the facility. All laundry is</p>

		<p>done on site by assigned laundry personnel, seven days per week. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. Kitchen linen and mop heads are laundered on site. There are enough commercial washing machines and dryers. Material safety datasheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys.</p> <p>Cleaners' trolleys are attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The numerous linen cupboards were well stocked with good quality linen. The washing machines and dryers are checked and serviced regularly. Laundry staff have also completed chemical safety training.</p> <p>The staff interviewed had good knowledge about cleaning processes and requirements relating to infection prevention and control. There were kitchen and laundry audits completed that evidence compliance.</p> <p>The infection control officer provides support to maintain a safe environment during construction, renovation and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility has recently achieved a restraint free status and is committed to continuing this. Any restraint use is benchmarked across the organisation and reported to Bupa leadership and governance groups. The Bupa governance group is committed to providing services to residents without the use of restraint. At the time of the audit there were no residents using restraints. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. The designated restraint coordinator is a RN. There is no evidence of discussion of restraint at meetings (link 2.2.2.). Education on the</p>

		<p>restraint-free organisational objective is included in the orientation programme and as part of the annual training plan, last completed in March 2024. The restraint training is accompanied by a competency questionnaire. In the event of restraint, there is a resident advocate available to represent younger persons.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 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>	<p>PA</p> <p>Moderate</p>	<p>Clinical, operational and people dashboards including incidents, complaints, audit results, workforce, quality /antimicrobial stewardship, restraint, infections, medication prescribing/risk information and data are discussed at each CGC meeting and fed to other relevant governance committees. At Bupa Windsor Park there are quarterly staff meetings, fortnightly clinical review meetings, weekly head of department (HOD) meetings residents and family/whānau meetings and health and safety meetings held; however, not all meetings have occurred as planned.</p> <p>The quality partner completes a monthly quality report for the facility that include reporting on quality data, quality</p>	<p>(i) There are no quality meetings documented for 2023 and 2024; and no IPC meetings documented between April 2023 and March 2024.</p> <p>(ii) Staff meeting minutes occurred as planned; however, did not provide consistent evidence that staff are aware of review of quality goals, discussions around KPIs, benchmarking, corrective actions, internal audit results, restraint minimisation.</p>	<p>(i). Ensure all meetings occur as scheduled.</p> <p>(ii) Ensure meeting minutes evidence staff engagement/ discussions around quality data (including quality goals, infections, restraint, benchmarking), internal audit results and related corrective actions.</p> <p>90 days</p>

		goals and benchmarking. The CM provides information for the GM to document in their monthly report to the regional operations manager. There were quality data, improvement data and quality goals posted on the quality noticeboards for staff to view; however, there was inconsistent evidence in staff meeting minutes of staff engagement/ discussions around quality data. Residents of concern are discussed in clinical meetings (fortnightly clinical review meetings). The evidence of last related restraint discussions was held in January 2023 and July 2024.		
Criterion 2.2.4 Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.	PA Low	Internal audits were completed for 2023/2024 year to date. Where audits required a corrective action; these were not always completed or signed off.	Corrective actions identified are not consistently signed off as complete.	Ensure corrective actions are signed off when complete.  90 days
Criterion 2.3.5 Service providers shall assist with training and support for people and service providers to maximise people and whānau receiving services participation in the service.	PA Low	There is an education planner documented for the year. The education planner includes all compulsory education sessions to meet the ARRC contract requirements; however, Enabling Good Lives training has not been completed as scheduled. A record of attendance is maintained.	The service is certified to provide care for younger residents with physical disabilities and it unclear where the Principles of Enabling Good Lives fits into the content of the training calendar.	Ensure that the training /education are completed as per schedule or rescheduled to occur at a later stage.  90 days
Criterion 3.2.3	PA Low	The registered nurses are responsible for the development of the care plan.	(i). Short term care plans were not commenced for recent	(i) – (iii) Ensure care plans are fully reflective of

<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 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</p>		<p>Assessment tools including cultural assessments were completed to identify key risk areas. Alerts are indicated on the resident's profile and include (but not limited to) high falls risk, allergies, weight loss, behaviour, swallowing difficulties, resuscitation status and pressure injury risks. Care planning documentation is completed; however, not all required interventions were documented in sufficient detail to guide staff. Caregivers are knowledgeable about the care needs of the residents and the family/whānau interviewed provide positive comments related to the care experience.</p>	<p>changes in medication (commencement of insulin); same (rest home) resident's care plan was not updated.</p> <p>(ii). Significant behaviours identified (dementia) did not have appropriate strategies/ de-escalation to manage the behaviours or antipsychotic management plan documented.</p> <p>(iii). One hospital level resident has no documented oxygen management plan including equipment management.</p>	<p>residents assessed needs.</p> <p>90 days</p>
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integration as required.				
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>There are policies and procedures in place for safe medicine management. The service uses an electronic medication management with a blister pack dispensing system. Medication room temperatures have been recorded daily in the rest home and dementia unit; however, temperatures have not been consistently documented in the hospital area. The controlled drug register was reviewed. Weekly checks were consistently documented; however, not all administration identified two staff signatures when checking out medication.</p>	<p>(i). Room temperatures were not consistently documented in the hospital area.</p> <p>(ii). Controlled drug entries (two) did not evidence two staff signatures.</p>	<p>(i). Ensure temperatures of areas where medication is stored are consistently monitored as per policy.</p> <p>(ii). Ensure two staff check out controlled drug medication and sign as per legislative requirements and policy.</p> <p>60 days</p>



## Specific results for criterion where a continuous improvement has been recorded

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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.

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End of the report.