

Bupa Care Services NZ Limited - St Kilda Care Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Bupa Care Services NZ Limited

Premises audited: St Kilda Care Home

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

Dates of audit: Start date: 27 March 2025 End date: 28 March 2025

Proposed changes to current services (if any): The audit team was notified on the day of audit that the service wished to verify two rooms (21 and 42) currently used as double room for a married or de-facto couple. Each couple has a second room that they use as a 'lounge' for them only. Both rooms have been verified as suitable for residents who are using rest home or hospital level of care.

Total beds occupied across all premises included in the audit on the first day of the audit: 74

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
	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
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Bupa St Kilda Care Home provides hospital (geriatric and medical), rest home, and dementia-level care for up to 77 residents. On the days of the audit, there were 74 residents.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand Te Whatu Ora. The audit processes included observations; a review of organisational documents and records, including staff records and the files of residents; interviews with residents and their family/whānau; and interviews with the nurse practitioner, staff, and management.

The general manager is appropriately qualified, experienced, and supported by a clinical manager and unit coordinator. The service continues to implement the Bupa quality systems and processes.

Feedback from residents and families/whānau was positive about the care and the services provided.

This audit identified that the service meets the required Ngā Paerewa Standard.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

There are Māori and Pacific health plans and an ethnicity awareness policy with a stated commitment to providing culturally appropriate and safe services. Staff are employed, where able, to represent the ethnicity of the group of residents.

Residents and family/whānau are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumer Rights' (the Code), and these are respected. The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Services provided support personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. Incidences of abuse, neglect or discrimination are reported as per policy and legislative requirements.

Open communication between staff, residents, and family/whānau is promoted and was confirmed to be effective. Family/whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible. The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The leadership team of Bupa is the organisation's governing body responsible for the services provided at St Kilda Care Home, that are planned and coordinated and are appropriate to the needs of the residents and family/whānau. Goals sighted in the strategic plan are formulated and approved by the area leadership team. Quality objectives are also documented, with progress discussed at relevant meetings. A documented quality and risk management system includes processes to meet health and safety requirements, with health and safety goals currently being progressed. All incidents are being reported and recorded.

Workforce planning is fair and equitable. The management and staff have the required skills and experience to provide appropriate services to residents. Human resources guide the service to good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented. Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

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.

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

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met.

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

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

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

The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested and tagged as required. Hot water temperatures are monitored as per policy. Residents can freely mobilise within communal areas, with safe access to the outdoors with seating and shade.

There are appropriate emergency equipment and supplies available. An approved evacuation scheme is in place and fire drills are conducted six-monthly. Hazards are identified with appropriate interventions implemented. There is a staff member on duty on each shift who holds a current first aid certificate. Residents reported a timely staff response to call bells. Security is maintained.

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

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

Subsections applicable to this service fully attained.

The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. The clinical manager is designated as the infection prevention and control coordinator, and they monitor the programme and report monthly and as issues occur.

A pandemic plan is in place. If activated, sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan.

Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. Infection outbreaks are managed and reported appropriately. There have been five outbreaks reported since the last audit.

The environment supports the prevention and transmission of infections. Waste and hazardous substances are well managed, and safe and effective laundry services ensure the comfort and wellbeing of residents.

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.

St Kilda Care home 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	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Bupa St Kilda Care Home (referred to in this report as Bupa St Kilda) is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and evidence is documented in the resident care plans. There are clear processes to include tikanga in everyday practice and staff training. Residents (where able) and family/whānau provide input into the resident's care plan, activities, and dietary needs, as confirmed during interviews with fifteen residents (four rest home and eleven hospital) and six family/whānau (two dementia, two rest home and two hospital).</p> <p>The general manager (GM) stated that they encourage Māori to apply for roles that are advertised and state that they would always interview suitable applicants for roles. They stated that they are committed to increasing Māori capacity within the workforce and will employ more Māori applicants when they apply for work opportunities. At the time of the audit, there were no Māori staff members. The Bupa St Kilda commitment to a culturally diverse</p>

		<p>workforce is evident in the business and Māori health plans.</p> <p>During the audit, the GM, clinical manager (CM), and 14 staff (including kitchen manager, support service coordinator, five registered nurses including a unit coordinator, activities coordinator, one laundry staff member, maintenance manager, cleaner and three caregivers) described how they provide culturally safe care in relation to their role. Bupa St Kilda has Māori Health and Tikanga Māori resources including a tikanga flip chart, with staff knowing how to access these resources.</p> <p>The service has existing partnerships with local iwi and Māori organisations within the region to allow for better service integration, equitable service delivery, planning, and support for Māori. This includes a kaumātua for Ngāti Korokī Kahukura who recently blessed the new serviced apartments. Bupa St Kilda residents and staff participated in the Kaumatua Olympics with Rauawaawa Kaumatua Charitable Trust in 2024.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The organisation has a Pacific Peoples Health Equity plan guided by the principles embodied in the Ministry of Pacific Peoples cultural practices and protocols. It further outlines how it responds to the cultural needs of residents and how staff are supported to ensure culturally safe practices. Bupa St Kilda's education policy on cultural safety includes components of the fonofale model of Pacific Health. The organisation is embracing Pacific models of care through various organisations that can provide guidance when Pacific people are being supported. The service has access to local Pacific churches and Health New Zealand Te Whatu Ora for support with people who identify as Pasifika. Access to interpreter services and cultural care is arranged where English is a second language, and if no staff members speak the resident's language. The Pacific Health Plan clearly sets out actions that are required to be implemented by the service to ensure Pacific worldviews, cultural and spiritual beliefs, and cultural safety are paramount and embedded in the</p>

		<p>service appropriately.</p> <p>The GM and CM actively try to recruit Māori and Pacific staff into the service. Bupa St Kilda recently worked with K’Aute Pasifika as part of a recruitment scheme, with efforts put into recruit Māori and Pacific people into positions. There were staff who identified as Pasifika, and no residents identified as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Residents and family/whānau are provided with information about the Health and Disability Commissioner’s Code of Health and Disability Services Consumer Rights’ (the Code). The nursing team discusses aspects of the Code with residents and their family/whānau on admission. The Code of Health and Disability Services Consumers’ Rights is displayed in English and te reo Māori.</p> <p>Discussions relating to the Code are held during resident and family/whānau meetings. Residents and family/whānau interviewed reported that the service upholds the residents’ rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrances and in the entry pack of information provided to residents and their family/whānau. The policy documents link to spiritual support. The service recognises Māori mana motuhake, and this is reflected in the Māori health care plan that is in place. Residents attend communion services and church services as required.</p> <p>Staff receive education on the Code at orientation and through the annual education and training programme. This includes understanding the role of advocacy services, which are linked to the complaints process. They also receive training on including the family/whānau in discussions particularly for family/whānau of residents in the dementia unit. Managers and staff can also describe how they recognise Māori mana motuhake and state that they encourage any resident, including Māori, if they were admitted,</p>

		to being as independent as possible.
<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>	FA	<p>Bupa St Kilda provides services and support to people in a way that is inclusive and respectful of their individual identities and experiences. Staff were observed using person-centred and respectful language with residents. There is a documented sexuality and intimacy policy, and staff received training in sexuality and intimacy as part of their scheduled in-service training.</p> <p>The residents interviewed were positive about the service in relation to their values and beliefs being considered and felt they were listened to. Privacy is ensured, and independence is encouraged. Staff enable resident participation, within their capabilities, in tasks within the service, such as helping with simple chores. The service ensures that there is continued wellness of residents in a culturally safe environment and within the residents' own personal, worldwide view.</p> <p>Residents interviewed advised that they have choices. They are supported to decide whether they would like family/whānau members to be involved with their care or other forms of support. Residents have control and choice over the activities they participate in. Residents and family/whānau interviewed said they are respected and welcomed at the service.</p> <p>Staff interviewed confirmed they have attended Te Tiriti o Waitangi training as part of their in-service training, also verified through a review of orientation and training records. Staff interviewed stated that care is delivered and reflective of Te Whare Tapa Whā model of care. The service demonstrates an awareness of tikanga, and te reo Māori is often used in greetings and karakia before eating. Māori songs are occasionally sung, as reported by staff. Tāngata whaikaha are supported to participate in te ao Māori through the activities programme.</p>
<p>Subsection 1.5: I am protected from abuse</p>	FA	<p>All staff understood the service's policy on abuse and neglect, including what to do should they identify any signs. The induction</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>process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents and family/whānau, reported that their property and finances are respected, and professional boundaries were maintained. The CM reported that the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and felt safe. Residents also confirmed that they feel safe. Police vetting checks are completed as part of the employment process. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori cultural policy in place identified a strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by the CM who reported that all wellbeing outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and family/whānau reported that communication is open and effective and that they felt listened to. Enduring power of attorney (EPOA) and family/ whānau stated they were kept well informed about any changes to their relative's general health status and were advised in a timely manner about any incidents or accidents, and outcomes of medical reviews. The residents' records reviewed supported this, with 18 of 18 incident forms reviewed confirming that family/whānau had been informed of the adverse event in a timely manner. Staff understood the principles of open disclosure, supported by policies and procedures.</p> <p>Personal, health and medical information from other allied</p>

		<p>healthcare providers is collected to facilitate the effective care of residents. Each resident's file includes a family or next-of-kin contact section. Residents and family/ whānau interviewed stated they are provided with time to discuss any decisions.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services through Health New Zealand- Te Whatu Ora, if required. Staff can provide interpretation as and when needed and use family/whānau as appropriate. The CM reported that any non-subsidised residents who are admitted to the service are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The GM and CM reported that verbal and non-verbal communication cards, simple sign language, use of electronic devices, use of EPOA or family/ whānau to translate, and regular use of hearing aids by residents when required, is encouraged.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The management and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. The residents' files sampled verified that informed consent for care provision had been obtained appropriately using the organisation's standard consent form. These were signed by the enduring power of attorney (EPOA) and residents. The general practitioner (GP) or nurse practitioner (NP) makes a clinically based decision on resuscitation authorisation, in consultation with residents and family/whānau. The nursing team reported that advance directives are explained and encouraged. All residents admitted to the secure unit had an activated EPOA in place.</p> <p>Staff were observed to gain consent for day-to-day care, and they reported that they always check first if a consent form has been signed before undertaking any of the actions that need consent. Interviews with relatives confirmed the service actively involves them in decisions that affect their family members' lives. All consent forms reviewed were signed. In interviews with residents, they reported feeling safe, protected, listened to, and happy with the</p>

		<p>care/consent processes.</p> <p>The staff reported that tikanga best practice guidelines in relation to consent during care were observed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The service has a current complaints policy. Associated forms included the incident form, complaint form, complaint follow-up form, and complaint register. The complaints procedure policy is in line with and reflects the principles of the Code and in accordance with the Code of Health and Disability Services Consumers' Rights. The policy commits to ensuring that any complaint (or any other issue) against a staff member or volunteer is addressed in a fair and equitable manner, ensuring that an individual's dignity, including values and beliefs, is protected.</p> <p>The service's complaints register was viewed. There were 12 complaints in 2024 and one in 2025 (year to date). Three complaints reviewed included acknowledgement, investigation, follow up, and replies to the complainant. No trends were identified, and the complaints were closed as resolved to the complainant's satisfaction.</p> <p>Two external complaints to the Health and Disability Commissioner remain open (in August and September 2024 from the same person). The service has complied with all requests for further information within the required timeframes. One complaint that was put forward prior to the previous audit in 2023 has since been closed by HDC.</p> <p>An interview with the management and staff revealed that complaint forms and information about the advocacy service are available at the service. Residents and family/whānau are aware of their rights to complain, and Consumer Code of Rights posters were sighted in publicly accessible areas. All residents and family/whānau interviewed stated they would feel comfortable making a complaint and that the service would support them throughout the process. Residents and family/whānau lodging a complaint can, if they choose, involve an independent support person or an advocate for advice and support during the complaints process. This was</p>

		<p>confirmed during interviews. Staff also confirmed they would document a complaint for anyone who had difficulty doing this or support the resident or family in accessing independent advocacy services. The GM reported that the complaints policy was updated to ensure the complaints process works equitably for Māori and that a translator and/or an advocate who identified as Māori, would be available to support people if needed, along with face-to-face discussions if requested (always offered).</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Bupa St Kilda is in Cambridge. The facility is purpose-built and is certified to provide care for rest home, hospital (geriatric and medical) and dementia levels of care for up to 77 residents. Physical improvements in the care home include the conversion of six bedrooms to three care suites; previously Bupa St Kilda had a potential occupancy of 80, but now has 77.</p> <p>There are 57 dual-purpose beds and a 20-bed secure dementia unit. On the day of the audit, there were 74 residents: 12 residents at rest home level care (including one resident requiring respite level of care on accident compensation corporation [ACC] funding); 43 residents at hospital level of care (including two young People with Disability [YPD]); and 19 residents requiring dementia level of care (including one using ACC funding). All other residents were under the age-related residential care contract (ARRC).</p> <p>The leadership team of Bupa is the governing body and consists of Directors or heads of - Clinical, Operations, Finance, Legal, Property, Customer transformation, People, Risk, Corporate Affairs and Technology. This team is guided by the Global Bupa strategy, purpose and values and reports to the Bupa Care Services NZ Boards in New Zealand and the Bupa Australia & New Zealand (ANZ) Board. A New Zealand-based managing director reports to a New Zealand-based Board. Each director has an induction to their specific role and the senior leadership team. The directors are knowledgeable about 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 can demonstrate expertise in Te Tiriti o Waitangi, health equity and</p>

		<p>cultural safety. There is a cultural working group alongside the Bupa Leadership team.</p> <p>Bupa has a Clinical Governance Committee (CGC), a 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 are discussed to improve services offered. 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 the head office to support their facilities with improvements to their service. Furthermore, Bupa undertakes national and regional forums as well as local and online training, national quality alerts, use of benchmarking quality indicators, learning from complaints (open casebooks) as ways to share knowledge, and improve the quality of care for Māori and tāngata whaikaha.</p> <p>The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori), which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. Bupa NZ is committed to supporting outcomes for Māori and equitable service delivery. The goals of the Māori strategy permeate through service delivery and are measured as part of the quality programme. The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers.</p> <p>Bupa has an overarching strategic plan with clear business goals to support its person-centred philosophy. The Bupa leadership team annually reviews the business and operational plan for strategy and planning. Guidance in cultural safety for their employees is 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 that 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>Bupa St Kilda’s business plan for 2025 includes a mission statement and operational objectives with site-specific goals related to business and quality outcomes. The 2024 business plan was reviewed prior to the documentation of the 2025 plan. The goals are reviewed as required and annually. 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 (GM) who is a registered nurse (no longer has a current annual practising certificate [APC]) and has been in the role for two years. They have experience in health management previously in Health NZ. The general manager is supported by a clinical manager (CM), who has been in the role for four years, with eight years’ experience in aged care, and a business coordinator (BC). They are supported by the regional operations manager and a team of experienced, long-standing staff. The management team reports that staff turnover has been relatively low.</p> <p>The GM and CM have completed over eight hours of training in managing an aged care facility, including Bupa regional managers’ forums, pandemic and infectious disease planning, and infection control teleconferences.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and 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>FA</p>	<p>Bupa St Kilda has a range of documents that contribute to quality, risk management, and reflect the principles of quality improvement processes. All internal audits were completed according to the schedule. The quality partner completes a monthly quality care home report focussing on quality data. Benchmarking occurs on a national level against other Bupa facilities.</p> <p>Quality data includes incidents/accidents, infection and outbreak</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>events, complaints, satisfaction surveys, internal audits, and staff surveys, all analysed to identify and manage issues and trends. A sample of quality, risk, and other documentation showed that where monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes.</p> <p>Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The outcomes from the resident satisfaction survey conducted in March 2024 with a net promoter score (NPS) of 69 (this was an improvement from the 2023 survey which showed a NPS of 43.3). A November resident survey showed a NPS of 39.5. The family/whānau survey in April 2023 showed a NPS of -4.2; the family/whānau survey in November 2024 showed a NPS of 38.1; and the recently completed family/whānau survey showed a NPS of 48. Minimal corrective actions were identified, and corrective action plans have been implemented. The results of quality data, satisfaction surveys, and corrective actions are discussed with staff at staff meetings. Residents and family/whānau are informed of survey results. Residents, family/whānau, and staff contribute to quality improvement through staff meetings, resident meetings, newsletters, and compliments.</p> <p>Bupa St Kilda has improved through implementation of a Test and Review Quality culture. Quality goals have been in place each year and reported against in meetings, with overall summaries provided in Riskman or now VCare. Physical improvements in the care home include conversion of six bedrooms to three care suites; creation of a sensory room in the dementia community; improved storage by converting unused communal shower rooms to storerooms; and in creating a friendlier reception area through renovation. Resident initiatives have included themed activity days (eg, Halloween, Valentines Day, Easter etc), which are celebrated with residents and staff enjoying a special treat, and separate activity plans for the dementia unit and the rest of the home. Initiatives for staff include having free Influenza vaccinations with a vaccinator who comes on site, and free morning and afternoon tea every day.</p>
---	--	---

	<p>In April 2023, Bupa St Kilda Care Home was towards the bottom of the Bupa KPI “league table”. At the end of December 2024, it was 5th from the top. Furthermore, local families have told the GM that Bupa St Kilda used to have a “bad name” in Cambridge and now it has a great reputation. The Bupa St Kilda team also won the 2024 national Brave value award.</p> <p>The clinical service improvement team has updated all policies and procedures reviewed to meet the requirements of the Ngā Paerewa Standard. The policies reviewed covered all necessary aspects of the service and contractual requirements. Critical analysis of organisational practices to improve health equity occurs, with appropriate follow up and reporting. The GM and CM described the processes for identifying, documenting, monitoring, reviewing, and reporting risks, including health and safety risks, and developing mitigation strategies.</p> <p>Staff documented adverse and near-miss events in accordance with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed that these were fully completed, incidents were investigated, action plans were developed, and actions were followed up in a timely manner. The Severity Assessment Code (SAC) has been implemented for all rating of risk for adverse events.</p> <p>The GM and CM were aware of the Health and Safety at Work Act (2015) and implemented its requirements. All visitors to the service are informed and reminded of health and safety and infection prevention during the outbreaks that have occurred since the last audit. No events required reporting to WorkSafe NZ in the previous 12 months. A hazard register is in place, with this reviewed at regular intervals throughout the year. There is evidence of completed environmental audits, with corrective actions put in place and resolved in a timely manner when required.</p> <p>The service complies with statutory and regulatory reporting obligations. Since the last audit, there have been Section 31 notifications related to a missing resident, choking event, unstageable pressure injury, resident behaviour of concern, and RN shortages. Notifications to Public Health about outbreaks have been</p>
--	--

		<p>completed.</p> <p>Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The management team reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there are adequate staff to complete the work allocated to them. The residents and family/whānau interviewed supported this. Over the past four weeks, rosters showed that all shifts were covered by experienced caregivers, with support from the clinical and management team. Residents and family/whānau interviewed stated they are informed of any changes to staff.</p> <p>The GM, CM and BC each work 40 hours a week from 8 am – 4 pm, Monday to Friday, and are available on-call 24/7 a week, supported by the clinical team. Staff maintain current first aid certificates, so there is always a first aider on site.</p> <p>Ongoing education is planned on an annual basis, including mandatory training requirements. Competency assessments include (but are not limited to) hand hygiene; donning and doffing of personal protective clothing; medication administration; percutaneous endoscopic gastrostomy (PEG); restraint use; fire safety; moving and handling; male catheterisations; syringe driver; and first aid competencies. Training for care staff and registered nurses included: safe moving and handling; Te Tiriti o Waitangi; abuse prevention; health and safety; challenging behaviour; medication management; sluice training for caregivers, chemical safety; information and privacy; risk management; fundamentals of palliative care; incident management; falls management; scabies outbreak management; pressure injury prevention; and identifying acute deterioration. The CM further reported that the service</p>

		<p>partnered with Work Focus to provide moving and handling training. Furthermore, the bundles of care programme has been embedded to provide better care for residents with pressure injuries and those at risk.</p> <p>Care staff have either completed, commenced or are due to commence a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements. Staff reported that they had completed the required dementia units. The GM and CM reported that 14 staff working in the dementia care area have either completed or are enrolled in the required education to meet the requirements of ARRC.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. The staff records sampled demonstrated completion of the required training and competency assessments.</p> <p>Staff records were reviewed to confirm completion of the required training and competency assessments. Staff members interviewed reported feeling well-supported and safe in the workplace. The GM reported that the model of care ensured that all residents were treated equitably. Staff and management completed cultural training.</p> <p>The provider's environment encourages collecting and sharing of quality Māori health information. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p> <p>There is an employee assistance programme in place to promote staff wellbeing. Staff participated in an annual employee satisfaction survey and staff interviewed reported a positive workplace.</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</p>	<p>FA</p>	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police-checked, and referees are contacted before an offer of employment occurs. A sample of nine staff records (CM, GM, two RNs, three caregivers, activities coordinator, laundry staff) reviewed</p>

<p>workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. 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>confirmed that the organisation's policies are being consistently implemented. Each position has a job description.</p> <p>Records confirmed that all regulated staff and contracted providers had proof of current registration with their regulatory bodies, such as the New Zealand (NZ) Nursing Council, the NZ Medical Council, pharmacy, and other allied health service providers.</p> <p>Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and orientation to the environment, including emergency management. Staff performance was reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted.</p> <p>Each staff member's ethnic origin is documented on their personnel records and is used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data is in place and reported to the Board at Board meetings. Following incidents, the GM, CM, support office staff and the Board are available for any required debriefing and discussion. Staff are involved in a debrief and discussion and receive support following incidents.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated, legible, and met documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed.</p> <p>The service uses an electronic information management system and a paper-based system. Staff have individual passwords to the electronic record, medication management system, and interRAI assessment tool. The visiting general practitioner (GP), nurse practitioner (NP), and allied health providers also document the information as required in the residents' records. Policies and procedures guide staff in the management of information. The GM</p>

		<p>reported that staff have their logins. An external provider holds backup database systems.</p> <p>There is a consent process for data collection. The records sampled were integrated. The GM reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned.</p> <p>Bupa St Kilda is not responsible for the National Health Index registration of people receiving services.</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 who are admitted to Bupa St Kilda are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. Completed NASC authorisation forms for all residents were sighted. The clinical manager screens prospective residents prior to admission.</p> <p>A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the EPOA and family/whānau of choice, where appropriate, local communities, and referral agencies.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Family/whānau were updated where there was a delay in entry to the service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The management team 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</p>

		<p>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. Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Nine resident files were reviewed: two rest home; including one on short-term respite funded by the Accident Compensation Corporation (ACC); five hospital level, including one young person with disability (YPD); and two dementia, including one long-term ACC. An RN is 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 multidisciplinary reviews.</p> <p>Bupa St Kilda uses a range of risk assessments alongside the interRAI care plan process. Risk assessments were conducted on admission and included those relating to falls; pressure injury; skin; pain; nutrition; sleep; behaviour; hygiene; dressing; continence; cultural; and activities. The initial care plan is completed within 24 hours of admission, as evidenced in the files reviewed. Initial interRAI assessments have been completed within expected timeframes and outcome scores were identified on the long-term care plans, and interRAI reassessments were completed within the contractual timeframes. For the resident files reviewed, the outcomes of the assessments formulate the basis of the long-term care plan.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions were documented and were resident centred and detailed enough to provide guidance to staff around all the identified medical and non-medical needs. Interventions meet the needs and medical/clinical risks of the residents and address strategies to prevent and recognise early deterioration.</p> <p>There are policies and procedures to guide the use of short-term</p>

	<p>care plans. Short-term care plans are utilised, evaluated, and signed off when acute issues are resolved. Short-term care plans utilised were moved to the long-term care plan after six weeks if there was no resolution. Where residents had been in the facility for more than six months, evaluations were completed and documented resident's progression towards meeting their goals.</p> <p>The service contracts a general practitioner (GP), and nurse practitioner (NP), who visit four times per week, and provide out of hours cover. The GP and/or NP had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to their health status. The NP (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 when there are residents with concerns.</p> <p>Resident files demonstrate integration of allied health professional input into care and a team approach is evident. A physiotherapist visits as required. 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 and RNs interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are completed daily, including caregivers prepopulated interventions and when tasks are completed.</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 the communication was consistently documented in the resident</p>
--	---

		<p>files.</p> <p>A total of 29 wounds (skin tears, lesions, surgical wounds, chronic ulcers, and three pressure injuries (two stage I, and one unstageable) are being actively managed across the service. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans, including wound measurements and photographs, were reviewed. Wound registers have been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring has occurred as planned in the sample of wounds reviewed. There is documented wound care nurse specialist availability for input into chronic wounds as required. Caregivers and RNs interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; and blood glucose levels. Monitoring charts had been completed as scheduled.</p> <p>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 St Kilda provides equitable opportunities for all residents and supports Māori and whānau to identify their own pae ora outcomes in their care plans. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, beliefs, and spiritual needs, which are documented in the care plan. The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The Māori Health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable. Tikanga principles were included within the Māori health</p>
--	--	---

		<p>care plan reviewed.</p> <p>Staff confirmed they understood the process to support residents and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā, and spiritual assistance. Cultural assessments were completed by staff who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities coordinator (qualified diversional therapist) facilitates and ensures implementation of the activities programme. They work full time Monday to Friday, with two activities assistants assisting during the week, and for the weekend, delivering a seven day per week activities planned by the activities coordinator.</p> <p>The activities programme was based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, and interests. These assessments were completed within three weeks of admission, in consultation with the family/whānau and residents. Each resident had a map of life developed, detailing the past and present activities, career, and family. A monthly planner is developed, posted on the noticeboards and residents are given a copy of the planner for their rooms. Daily activities were noted on noticeboards to remind residents and staff. There are resident and family/whānau meetings held to discuss different issues at the facility and provide feedback relating to activities.</p> <p>The activity programme is formulated by the activities coordinator in consultation with the management team, registered nurses, families/whanau, residents, and care staff. The activities sighted on the planners were varied and reviewed to be appropriate for residents with differing interests and abilities. Activity participating registers were completed daily. The residents were observed participating in a variety of activities throughout the audit, including group exercise, and games. The planned activities and community connections were suitable for the residents. There are regular outings and drives for residents, including supported shopping.</p>

		<p>A separate printed programme was in place for the secure dementia unit, which was tailored to the residents' specific physical and cognitive needs.</p> <p>There were residents who identified as Māori. The activities coordinator reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements, celebrating religious, and cultural festivals, Matariki, and Māori language week, with varying events lined up.</p> <p>The family/whānau satisfaction survey completed in November 2024 evidence satisfaction related to the activities provided (NPS +68). On interview, residents and family/whānau reported satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Bupa St Kilda has policies available for safe medicine management that meet legislative requirements. The RN and medication competent caregivers who administer medications had current competencies which were assessed in the last twelve months. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets are electronic. On the days of the audit, a registered nurse was observed to be safely administering medications. The RNs and caregivers interviewed could describe their roles regarding medication administration. Bupa St Kilda uses pharmacy pre-packaged medicines. All medications once delivered are checked by the RNs against the medication chart. Medication reconciliation was conducted by the RNs when a resident is transferred back to the service from the hospital or any external appointments. The RNs checked medicines against the prescription, and these were updated in the electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to the pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the medication trolleys and medication rooms. The medication fridge and medication room temperatures were consistently monitored daily. All eyedrops and creams have been dated on opening. Medication incidents were</p>

		<p>completed in the event of a drug error and corrective actions were acted upon.</p> <p>Eighteen medication charts were reviewed. There is a three-monthly GP or NP review of all the residents' medication charts, and each 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 six residents self-administering medications. Competency assessments were completed, and the residents stored the medications safely according to policy. The service does not use standing orders and there are no vaccines kept on site.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The registered nurse interviewed described how they work in partnership with residents and their family/whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The kitchen manager works full time Monday to Friday and has oversight of the kitchen. There are supported by a second 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 2025. The four-week seasonal menu was reviewed by a registered dietitian. Kitchen staff have attended safe food handling training.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a</p>

		<p>nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. The profile is updated as the resident needs change and a copy is provided to the kitchen. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken. Labels and dates were on all containers. Thermometer calibrations were completed at least every three months. Records of temperature monitoring of food, fridges, and freezers are maintained. Meals are transported and served from a pre-heated bain-marie to the dining room. Residents known to have their meals in their rooms are provided with a tray service and food are kept warm in hot boxes. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service, as evidenced in the satisfaction surveys completed in November 2024 (95%).</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 these are offered to residents who identify as Māori when required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</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 is a documented process in the management of the early discharge and transfer from services. Discharges are overseen by the RNs who manage the process. Discharges or transfers were coordinated in collaboration with the resident, family/whānau and other external agencies to ensure continuity of care. Risks are identified and managed as required.</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 –</p>

		<p>tāngata whaikaha, social support or kaupapa Māori agencies, where indicated or requested. Transfer documents include (but not limited to) transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts, and last 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 physiotherapists, were sighted in the files reviewed.</p> <p>Discharge notes are kept in residents' records and any instructions integrated into the care plan. The registered nurse confirmed a comprehensive handover occurs between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There is a building warrant of fitness certificate that expires on 17 December 2025. The service has a maintenance manager who works 40 hours per week. Maintenance requests are logged through the Safety Culture electronic system and followed up in a timely manner. An annual maintenance plan includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment, and appropriate pest control management. Essential contractors such as plumbers and electricians are available across seven days if required. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. Checking and calibration of medical equipment, hoists and scales is completed annually, last checked in June 2024. Caregivers interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>The corridors are wide and promote safe use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids, where required. There is outdoor furniture and seating with shade in place and there is</p>

	<p>walker and wheelchair access to all areas. The external areas are pleasant with abundant gardens, raised beds and decorative items of interest. All outdoor areas and gardens were well maintained and are accessible and safe for residents' use. The facility has four wings (including secure dementia), all at ground floor level, with a mixture of full and shared ensuites. There are adequate visitor and staff toilet facilities available. Communal toilets and bathrooms have appropriate signage. Fixtures, fittings, and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning.</p> <p>The secure dementia unit has a communal lounge, diner, and kitchenette. There is a secure garden area, with seating, shade, and a walking path with areas of interest in the garden for residents.</p> <p>Lounge/diner areas in each wing provide a pleasant environment which were well utilised by residents during the audit. Residents also have access to library areas and some smaller communal areas dotted throughout the facility. There is active encouragement of integration between village and care residents, particularly around activities, where village residents actively volunteer in the facility. The lounges and dining areas are accessible, large enough to accommodate activities and the equipment required for the residents. Residents can move freely through and around these areas and furniture is placed to facilitate this. Residents were seen to be moving freely, both with and without assistance throughout the audit. There are quiet areas if residents wish to have quiet time or speak privately with friends or family/whānau.</p> <p>All resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. All resident rooms have external windows, with many having direct ranch slider access to the outdoors. There is underfloor heating. Residents are encouraged to bring their own pictures, photos, and furniture to personalise their room, as observed during the audit. Staff interviewed reported that rooms have sufficient space to allow cares to take place. Two rooms were verified as being suitable for double occupancy by a couple (rooms 42 and 21).</p> <p>There are no plans for building or major refurbishments. If this is planned in the future, the general manager and organisation are</p>
--	---

		aware of their obligation to seek advice from Māori.
<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>	FA	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service on 16 December 2014. A trial evacuation drill was performed on 18 February 2025. The drills are conducted every six-months, and these are added to the annual training programme. The staff induction programme includes fire and security training. There are adequate fire exit doors and a designated assembly point. All required fire equipment is checked within the required timeframes. In the event of a power outage, there are barbeques and gas hobs in the kitchen should gas cooking be needed. There are sufficient supplies of food stored in the kitchen. There are civil defence supplies available which are checked regularly. There is sufficient water stored for three litres per day for seven days, per resident.</p> <p>There is no generator on site; however, Bupa head office currently has a mobile generator in which can be quickly deployed and used if required in an emergency. Emergency lighting is available and is regularly tested. There is a first aid trained staff member on duty 24/7. Staff interviewed confirmed their awareness of the emergency procedures. There are call bells in the residents' rooms, communal toilets/bathroom, and lounge/dining room areas. During the audit, residents were observed to have their call bells in proximity to their current position.</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. There is an external security company that completes two security checks at night. There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are</p>

		required to complete visiting protocols.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention and antimicrobial stewardship (AMS) programmes are appropriate to the service's size and complexity. The governance body approved these programmes, which are linked to the quality improvement system, and health and safety and are reviewed and reported on annually. Expertise and advice are sought following a defined process, with the governance, management and leadership team at Bupa able to provide expert advice and support. The CGC is responsible for oversight of any clinical data, and this includes review of the PowerBI dashboard that includes infections and antimicrobial data. A documented pathway supports reporting progress, issues, and/or significant events to management.</p> <p>An emergency pandemic plan is documented and has been reviewed. There are sufficient resources and personal protective equipment (PPE) readily available and accessible to staff. All staff, residents and family/whānau have received training and updates for managing infection outbreaks. Training records are well maintained.</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 governance body approved the IPC and AMS programme that is linked to the quality improvement system and reflects the strategic direction of the organisation. Expertise and advice are sought following a defined process, is reviewed and reported on annually. The CM (registered nurse) is the infection prevention and control coordinator (IPCC), and the position description for IPCC is well-defined and in place. The IPCC has input when infection control policies and procedures are reviewed.</p> <p>The service has a pandemic plan and guidelines to manage and prevent infection exposure. Infection prevention and control training is provided to staff, residents, and visitors. Adequate supplies of personal protective equipment (PPE) and hand sanitisers were in stock. Hand hygiene audits were completed as per schedule. Staff are advised not to attend work if they are unwell or self-isolate and</p>

	<p>get tested if they have been in contact with a person who has tested positive for Covid-19. Information and resources to support staff in managing Covid-19 and other outbreaks were regularly updated and tested.</p> <p>The service has documented policies and procedures that reflect current best practices. These policies and procedures are accessible and available for staff. The care delivery, cleaning, laundry services, and food management processes were observed. Staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand hygiene techniques, and the use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. The training includes hand hygiene procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained. The IPCC has completed various infection prevention and control training online.</p> <p>The IPCC and CM reported they work in consultation with Health New Zealand- Te Whatu Ora infection control specialists in procurement processes for equipment, devices, and consumables. The CM and registered nurse reported that there were processes in place for early consultation with the infection prevention personnel in case of any new building or when significant changes are proposed to an existing facility. In an interview, the CM and registered nurse reported that single-use medical devices are not re-used at the service. Shared equipment is appropriately cleaned between use. The service completed cleaning and environmental audits to safely assess and to provide evidence that these procedures are carried out.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</p>
--	---

<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has an antimicrobial use policy and procedure. The updated Infection Prevention and Control Programme states that ‘antimicrobial stewardship (AMS) aims to improve patient outcomes, reduce the emergence of antimicrobial resistance, and reduce unnecessary costs. The IPC coordinator states that they have a role in guiding the GP’s prescribing practice around the AMS Programme. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines.</p> <p>The antimicrobial policy is appropriate for the resident cohort’s size, scope and complexity. Infection rates are monitored monthly, reported in a monthly quality report, and presented at meetings. The registered nurse (IPCC) collates and analyses the electronic medication management system with pharmacy support. The annual infection control and AMS review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobials prescribed, effectiveness, isolated pathogens and adverse effects.</p> <p>The AMS programme also identifies and analyses trends on antimicrobial usage and infection rates by ethnicity. The IPCC initiates discussion in response to the antimicrobial report which is used to review antimicrobial prescribing. This is discussed during the IPC committee meetings. The CGC has a role in analysis and reporting of relevant clinical and quality indicators, including those related to IPC and including the AMS programme.</p> <p>The PowerBI dashboard provides ‘real-time’ updates on antimicrobial medications used. The service has changed to having to have a clinical reason for testing for a urinary tract infection (random ‘just in case’ dip-sticks are not used) and the RN has to identify what the indication is for sending a sample to the laboratory.</p>
---	-----------	---

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and infection definitions. Infections are entered into the register on the electronic database, and surveillance of all infections (including organisms) is collated into a monthly infection summary. Data is monitored and analysed for trends monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed during infection control, clinical and staff meetings. The IPCC interviewed confirmed the process of creating improvement plans should this be required.</p> <p>Benchmarking graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand-Te Whatu Ora. All infection data is reported to the governing body.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required and to keep family/whānau up to date on any infections. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation.</p> <p>There have been five outbreaks since the last audit. These were two gastro-enteritis outbreaks in July and August 2024; two Covid-19 outbreaks in January and June 2024; and an unspecified respiratory outbreak in January 2025. All were appropriately notified to Health New Zealand-Te Whatu Ora and Public Health. There was evidence of regular communication with the Bupa infection control coordinator, clinical director, aged care portfolio manager, and Health New Zealand- Te Whatu Ora infection control nurse</p>
--	-----------	---

		<p>specialist. Meetings (sighted) were held, and 'lessons learned' were captured and discussed to prevent, prepare for, and respond to future infectious disease outbreaks. Any infections of concern are discussed and reported to the Bupa infection control lead. Outbreak logs were completed. Staff confirmed that resources, including PPE were in stock. Residents and family/whānau were updated regularly through the outbreaks.</p> <p>Hand sanitisers are available for staff, residents, and visitors to the facility. Visitors to the facility sign in at entry to the building and sign out on exit.</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 wearing these as they carried out their duties on the audit days. There are sluice rooms (with sanitisers) and personal protective equipment, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on site by dedicated staff seven days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident. Kitchen linen and mop heads are also done on site. There are sufficient commercial washing machines and dryers. Material safety data sheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys.</p> <p>Cleaners' trolleys are always attended to when in use and stored and locked away in the cleaners' cupboard following use. All chemicals on the cleaner's trolley were labelled. Appropriate personal protective clothing was readily available. The linen cupboards were well stocked with good-quality linen. The washing machines and dryers are checked and serviced regularly.</p>

		<p>The staff interviewed had good knowledge about cleaning processes and infection prevention and control requirements. There were kitchen and laundry audits completed that evidence compliance.</p> <p>The IPCC provides support to maintain a safe environment during construction, renovation, and maintenance activities. There were no construction, installation, or maintenance in progress at the time of the audit; however, the CM stated that they would have input into any change to the building if this was to occur. Infection control internal audits are completed by the IPCC.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to remaining restraint free. A review of the clinical indicator data indicated Bupa St Kilda to be restraint free from June 2023 to date. Any restraint use is benchmarked across the organisation and reported to Bupa leadership and governance groups. Quality data related to incidence of falls, behaviours of concern, and antipsychotic medication use during the same period show they have also decreased and are consistently below the group average.</p> <p>Bupa governance 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 families/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 the unit coordinator. Restraint is discussed at all meetings. Education on the restraint-free organisational objective is included in the orientation programme and as part of the annual training plan. The restraint training is accompanied by a competency questionnaire. Education sessions for staff were provided to include dementia related training, restraint minimisation practices, distressed behaviour management, and behavioural and psychological symptoms of dementia (BPSD) management. This resulted in an increased understanding of the importance of early</p>

		intervention, encourage staff input into residents' cares and empower staff through accountability. Ongoing communication and involvement of the next of kin and with residents improved an understanding of the Bupa strategy to maintain a restraint-free environment.
--	--	--

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.