Bupa Care Services NZ Limited - Ascot Care Home

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity: Bupa Care Services NZ Limited

Premises audited: Ascot Care Home

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

Dates of audit: Start date: 25 March 2025 End date: 26 March 2025

Proposed changes to current services (if any): None.

Total beds occupied across all premises included in the audit on the first day of the audit: 99

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 haumaru │ 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

Ascot Care Home is part of the Bupa organisation and is certified to provide hospital (geriatric and medical), rest home, residential disability services (physical) services for up to 104 residents. There were 99 residents on the days of audit.

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

The general manager is supported by a clinical manager, two experienced unit coordinators, a business coordinator and a team of experienced staff.

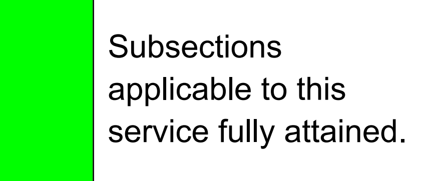
There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed two of the previous shortfalls in relation to activities and medication management.

Ongoing shortfalls remain around staffing, training and orientation.

This surveillance audit identified shortfalls around health and safety, annual appraisals, monitoring of residents and care plan evaluations.

Ō tātou motika | Our rights

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

There is a Māori health plan in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care activities. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. Ascot Care Home demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse and staff are aware of professional boundaries. The complaints process is responsive, fair and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The service is implementing quality and risk management systems that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. The business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed and services delivered that improve outcomes for Māori. There is a process for following the National Adverse Event Reporting policy and management have an understanding and comply with statutory and regulatory obligations in relation to essential notification reporting. Staff recruitment policies are followed.

Ngā huarahi ki te oranga | Pathways to wellbeing

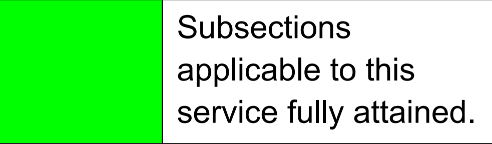
Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this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

The unit coordinators, registered nurses assess and enrolled nurses, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Interventions are documented in detail to address medical, physical, social and cultural needs. Resident files included medical notes by the contracted nurse practitioner and visiting allied health professionals.

All staff responsible for administration of medication complete education and competencies. The electronic medicine charts reviewed were reviewed at least three-monthly by the nurse practitioner. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

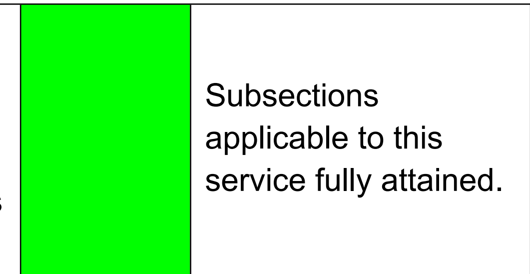
All residents’ transfers and referrals occurs in a coordinated manner.

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

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

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

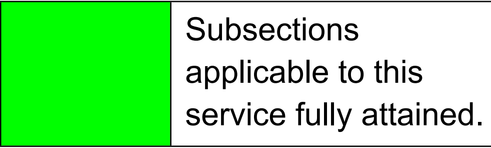
Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

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

All policies, procedures, the pandemic plan, and the infection prevention and control programme have been developed and approved at Board level. Infection prevention and control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There have been outbreaks recorded and reported on since the last audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.

The restraint coordinator is an experienced unit coordinator (registered nurse). The facility has one resident using a restraint. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	15	0	1	3	0	0
Criteria	0	42	0	2	6	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	A Māori health plan is documented for the service which Ascot Care Home utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At the time of the audit the service had both residents and staff who identified as Māori. The service recognises Māori mana motuhake and this is reflected in the Māori health plan.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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.	FA	The Ola Manuia Pacific Health and Action Plan and Te Mana Ola are the chosen models for the Pacific health plan and Pathways to Pacific Peoples Health Equity Policy. At the time of the audit there were no residents who identified as Pasifika. There were Pacific staff who could confirm that cultural safety for Pacific peoples, their worldviews, cultural and spiritual beliefs are embraced at Ascot Care Home.

Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The general manager and clinical manager interviewed, demonstrated how it is also provided in welcome packs in the language most appropriate for the resident, to ensure they are fully informed of their rights. Interviews with six family/whānau (three hospital, two rest home and one dementia level of care), and eight residents (four hospital level and four rest home level) confirmed they are informed of their rights and their choices are respected.
Subsection 1.5: I am protected from abuse 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.	FA	The Bupa organisational policies provide guidelines to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff at Ascot Care Home are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Fourteen staff were interviewed; six caregivers, five registered nurses (RN) including two unit -coordinators, one kitchen manager, one cleaner and one laundry person) and management (one general manager and one clinical manager) demonstrated an understanding of professional boundaries when interviewed.
Subsection 1.7: I am informed and able to make choices 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. 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. As service providers: We provide people using our services	FA	Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA, and activation is on file.

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.		
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code and complaints process is visible, and available in te reo Māori, and English. A complaint register is being maintained which includes all complaints, dates and actions taken. The have been eight complaints received since the previous audit in September 2023. There was one external complaint which was made through Health and Disability Commissioner (HDC) in November 2023. The complaint was investigated by the service and closed off by HDC in December 2024. Complaints documentation reviewed included follow up and outcome letters demonstrated that complaints are being managed in accordance with guidelines set by the HDC. All complaints are visible to the complaints team at Bupa head office that support the general managers in the management of complaints. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and family/whanau confirmed they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The general manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include family/whānau participation.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the	FA	Ascot Care Home is located in Invercargill and is part of the Bupa organisation. The service is certified to provide care for hospital (medical and geriatric), residential disabilities-physical and dementia levels of care for up to 104 residents. The facility is divided into three communities which

communities they serve. 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. 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.		include: 40 bed hospital beds in the Hollyford and Grebe communities, 40 rest home beds in the Tutoko and Waikaia communities and 24 dementia beds in the Arthur and Cleddau communities. At the time of the audit there were 99 residents in total: 37 residents at hospital level, including one resident on an Accident Compensation Corporation (ACC) contract, 40 residents at rest home level, including three residents on long term support-chronic health care (LTS-CHC) contracts and one resident on respite care and 22 residents at dementia level of care including one resident on respite care. All other residents were on the age-related residential care (ARRC) contract. There were no residents under the residential disabilities – physical contract. The service wishes to retain this on their certificate. There were two private paying residents who were on hospital extended aftercare at the time of the audit. There are no double or shared rooms. There is a clinical support improvement (CSI) team that includes clinical specialists in restraint, infections and adverse event investigations and a customer engagement advisor, based in head office to support their facilities with improvement to their service. Furthermore, Bupa undertakes national and regional forums, as well as local and online training, national quality alerts, use of benchmarking quality indicators, and learning from complaints (open casebooks) as ways to share learning and improve quality of care for Māori and tāngata whaikaha. The Bupa 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 is committed to supporting outcomes for Māori and address barriers to provide equitable service delivery. Goals of the Māori strategy permeates through service delivery and measured as part of the quality programme. The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers. Bupa has an overarching strategic plan in place, with clear business goals to support their person-centred philosophy. The business and operational plan is reviewed annually by the leadership team as part of strategy and planning. A vision, mission statement and objectives are in place. Annual goals for Ascot Care Home have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in each quarterly quality meeting. Bupa has a

		clinical governance committee (CGC), risk and governance committee (RGC), a learning and development governance committee and a work health safety governance committee where analysis and reporting of relevant clinical and quality indicators is discussed in order to improve. The general manager has been in the role for fifteen months and is supported by a clinical manager, who has been in the role for one year. The management team are supported by a business coordinator, two unit - coordinators, care staff and the wider Bupa management team, which includes a regional operations manager and quality partner. The general manager and clinical manager have completed the required eight hours of training related to managing an aged care facility.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	PA Low	Ascot Care Home is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Bi-monthly quality and general staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints; staffing; and education. Internal audits, meetings and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements and evidence of progress and sign off when achieved. Quality, health and safety goals and progress towards attainment are discussed at quality and general staff meetings. Quality data and trends are added to meeting minutes and held in folders in the staffroom. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign off when completed. Quality improvement projects include minimising the incidence of pressure injuries, resident falls and a food uplift programme to improve the dining experience. Benchmarking occurs on a national level against other Bupa facilities. Resident and family/whānau satisfaction surveys are managed by head office. The most recent resident and family/whānau satisfaction survey (March 2025) had been correlated and analysed at head office and indicates that residents have reported levels of satisfaction in most areas of the service provided. The service were implementing any required corrective actions at the time of the audit. Results have been

		communicated to residents in the quarterly resident and family/whānau meetings and on the noticeboard at the main entrance. A health and safety system is in place. Hazard identification forms are completed electronically. There is a hazard and risk register in place; however, it was last reviewed in March 2023. There is a health and safety committee; however, there have been no documented meetings completed for 2024 and 2025 year to date. Staff are kept informed on health and safety issues in handovers, meetings and via toolbox talks. Electronic entries are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in a sample of fifteen accident/incident records reviewed. This included timely notification to the residents' family/whānau or primary contact. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and general staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by a RN. Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications and severity assessment code (sac) reports made as required since the previous audit. There have been eight outbreaks reported since the previous audit. All have been appropriately notified to Health New Zealand and Public Health.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	PA Moderate	There is a staffing rationale and `roster right` policy that describes rostering requirements. The general manager, clinical manager and unit-coordinators are available full time from Monday to Friday. On-call cover for all Bupa facilities in the South Island region is covered by an eight-week rotation of one general manager and one clinical manager each week. The RNs, activities staff and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. The roster is divided to provide staff in the following areas. The RN on duty at night covers all communities. Two weeks of rosters were reviewed. The reviewed roster indicated that there was insufficient and appropriate coverage for the effective delivery of care and support,

		especially relating to the hospital (Hollyford and Grebe) and rest home (Tutoko and Waikaia) communities. The RNs and caregivers stated that there have been occasions over recent weeks (afternoon and weekend shifts) where the rostered number of caregivers have not been met. During the facility tour and subsequent visual inspection on four different occasions, it was evident that the caregivers were struggling to complete their allocated tasks in these two communities. A number of the residents and family/whānau interviewed stated that there were insufficient care staff available at times. The previous audit shortfall (2.3.1) continues. There is an annual education and training schedule in place. The schedule lists compulsory training and is available through online and in-service training. Training records document low attendance for care staff for a number of compulsory training requirements. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are forty-four caregivers in total with thirty-six caregivers having achieved a level three NZQA qualification or higher. Caregivers working in the dementia (Arthur and Cleddau) communities are required to have the dementia specific standards according to the aged related residential care services agreement (ARRC clause E4.5.f). There are ten caregivers work permanently in the dementia communities; however, not all have completed the required dementia specific standards. The previous audit shortfall (2.3.2) continues. All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to) restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 undertake many of the same competencies as the RN staff (e.g., medication administration, controlled drug administration, nebuliser use, blood sugar levels and insulin administration, oxygen administration, and wound management). Additional RN specific competencies include the interRAI assessment competency. There were gaps in the completion of annual competencies for RNs and caregivers in relation to abuse/neglect; the ageing process; death/dying; end of life care; cultural awareness; Te Tiriti o Waitangi; restraint; nutrition/hydration/safe food handling; chemical safety; sexuality/intimacy and complaints management.

Subsection 2.4: Health care and support workers 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. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. 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.	PA Moderate	Six staff files (one clinical manager, one unit coordinator, one RN, and three caregivers) reviewed included evidence of the recruitment process, employment contracts, police checking, and reference checks. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed; however, not all of the staff files reviewed evidenced completion of the orientation. The previous audit shortfall (2.4.4) continues. All staff who have been employed for over one year are required to have an annual appraisal completed; however, not all of the staff files reviewed evidenced an up-to-date annual performance appraisal. The previous audit shortfall (2.4.5) continues.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Moderate	Six resident files were reviewed: two hospital (including one resident was funded ACC), two residents in the dementia files (including one resident on respite) and two rest home including one LTS-CHC resident’s file. The RNs are responsible for all residents’ assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments and information from pre-entry assessments. Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. One respite resident had a short stay nursing assessment and care plan completed within 24hours. All long term residents have an interRAI and long-term care plan completed within the required 21 days. All long-term care plans and interRAI assessments (including LTS-CHC) sampled had been completed within three weeks of the residents’ admission to the facility. The finding related to the completion interRAI and long-term care plans within the required 21 days (3.2.1) has been addressed. Documented interventions and early warning signs meet all of the residents’ assessed physical, medical, social and cultural needs. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident’s individual activity care

		plan. Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RNs and enrolled nurses. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by a RN or enrolled nurse. The evaluations were completed in the appropriate timeframes; however, not all evaluations reflected progression towards goals and included the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services. Residents had care plans to manage cognitive deficits with associated risks and supports needed and includes strategies for stress and distress managing/diversion of behaviours. The long-term care plan includes my day my way which describes as close to normal routine of the resident's usual pattern of behaviour and behaviour management strategies to assist caregivers in management of the resident behaviours. The initial medical assessment is undertaken by the nurse practitioner within the required timeframe following admission. Residents have ongoing reviews by the nurse practitioner within required timeframes and when their health status changes. The nurse practitioner visits regularly during the week and as required. Medical documentation and records reviewed were current. The nurse practitioner interviewed stated there was good communication with the service and they were informed of concerns in a timely manner. The contracted nurse practitioner service is available on call after hours for the facility. A physiotherapist visits the facility weekly and on request, to review residents referred by the RNs. There is a physiotherapist who visits twice weekly. A podiatrist, dietitian, speech language therapist,

		continence advisors, hospice and medical specialists are available as required through Health New Zealand. An adequate supply of wound care products were available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photographs were taken when this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit there were 19 active wounds, including three pressure injuries (two stage ones and one stage two) all had wound care plans and appropriate notifications were sighted. The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Post fall observations are completed as per policy; however, neurological observations are commenced but do not always meet the required time frames. This is an ongoing shortfall. All appropriate notifications are made to family/whānau. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure; weight monitoring; bowel records; repositioning chart; blood glucose levels; intentional rounding, food intake charts, fluid balance monitoring, stress and distress monitoring. Monitoring of restraint takes place as required; however, the monitoring does not provide information regarding applied or removed (the associated long term care plan was also not reflective of the restraint monitoring including time for bed and time up in the morning. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift, as observed on the day of audit.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our	FA	There are activity calendars for each area. These are made available to residents and family/whānau. Each household has dedicated activities staff who work Monday to Friday. On the days of the audit group activities and one to ones with residents were witnessed. Activity schedules are planned by the activities coordinator based in the dementia unit and are available to residents and family/whānau. Resident and family/whānau spoken with

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.		were happy with the programmes provided. The shortfall (3.3.1) has been addressed with consistent activities staffing available across all areas of the facility.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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.	FA	There are policies available for safe medicine management that meet legislative requirements. Staff who administer medications on the days of the audit have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses are required to complete syringe driver training. The annual medication competency schedule was fully completed. Staff were observed safely administering medications. The RNs, enrolled nurses and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics rolls for regular medication, blister packs for controlled drugs and short course, and bottles for as required medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in the facility medication rooms. The medication fridge and medication room temperatures are monitored daily, and all were within accepted ranges. All stored medications are checked weekly. Eyedrops have been dated on opening. Eleven electronic medication charts and one paper chart were reviewed. The medication charts reviewed identified that the nurse practitioner had reviewed all resident medication charts three-monthly, and each drug chart has photographic identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were three residents self-administering medications. Where residents were self-administering their medications the care plans reflected required interventions and safe storage to align with the Bupa Types of Medication Administration policy. Competency assessments to self-administrate

		medications are completed for all residents and reviewed every six months. The previous shortfall (3.4.6) has been addressed. No vaccines are kept on site and no standing orders are used. There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The kitchen manager reported they accommodate residents' requests. There is a verified food control plan with an expiry date of 22 September 2025. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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.	FA	Documented policies and procedures to ensure residents who were discharged or transferred have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.
Subsection 4.1: The facility	FA	The buildings, plant, and equipment are fit for purpose at Ascot Care Home

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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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.		and comply with legislation relevant to the health and disability services being provided. The building warrant of fitness is current with the expiry date, 22 January 2026. The environment is inclusive of people's cultures and supports cultural practices. There is an annual maintenance plan in place that documents and includes the annual calibration of medical equipment (last checked in August 2024) and annual testing and tagging of electrical equipment (last completed in July 2024). Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when any temperatures were above the required 45 degrees Celsius.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	There is an infection prevention and control, and antimicrobial programme and procedures that have been developed by Bupa and their in-house infection control specialists, including the pandemic plan. The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight of the infection prevention and control team, and training and education of staff. Policies and procedures are reviewed quarterly by Bupa in consultation with infection prevention and control coordinators. This links to the overarching quality programme and the infection prevention and control programme is reviewed, evaluated, and reported on annually. The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to) standard precautions; isolation procedures, hand hygiene competencies, and donning and doffing personal protective equipment (PPE).
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.	FA	Infection surveillance is an integral part of the infection prevention and control programme and is described in the Bupa infection prevention and control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and

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.		annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection prevention and control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection prevention and control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Health New Zealand. There have been eight outbreaks; four Covid-19 outbreaks (November 2023, December 2023, July 2024 and November 2024), two respiratory tract outbreak (October 2023 and June 2024), a norovirus outbreak (June 2024) and viral gastroenteritis outbreak (August 2024). All have been appropriately notified to Health New Zealand and Public Health. There was evidence of regular communication with the Bupa infection prevention and control lead. Toolbox meetings (sighted) were held, and staff were debriefed with 'lessons learned' captured and discussed to prevent, prepare for, and respond to future infectious disease outbreaks. Outbreak logs were completed. Residents and family/whānau were updated regularly through the outbreaks.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The governance body demonstrates a commitment to eliminating restraint. The facility maintains a focus on ensuring care is provided in the least restrictive way possible. There was one hospital level resident using a bedrail and a PRN lap belt (this hasn't been used since November 2024). The restraint coordinator (RN) undertakes the restraint portfolio and drives the ongoing Bupa philosophy of eliminating restraint. The restraint policy confirms that restraint consideration and application must be made in partnership with family/whānau, and the choice of the device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana-enhancing. This was evident in the resident's file. Training for all staff occurs at orientation and annually, as sighted in the training records. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Restraint competencies are completed on orientation and annually. It was noted the number of staff who had

		completed competencies for restraint and staff who had attended restraint training were low (link 2.3.3).

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.2.4 Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.	PA Low	A health and safety system is in place. Hazard identification forms are completed electronically. There was a hazard and risk register in place; however, it was last reviewed in March 2023. There is a health and safety committee; however, there have been no documented meetings completed for 2024 and 2025 year to date.	(i) The hazard and risk register was last reviewed in March 2023. (ii) There have been no health and safety committee meetings completed for 2024 and 2025 year to date.	(i) Ensure that the hazard and risk register is reviewed and up to date. (ii) Ensure that the health and safety committee meetings are completed as per policy requirements. 90 days
Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally	PA Moderate	There is a staffing rationale and ‘roster right’ policy that describes rostering requirements. The current roster is as follows: There were 37 of 40 hospital residents in the Hollyford and	There were gaps in the rosters reviewed where shifts were not covered by a full compliment of staff in the hospital (Hollyford and Grebe) and rest home (Tutoko and Waikaia) communities.	Ensure there is adequate staff available in the hospital (Hollyford and Grebe) and rest home (Tutoko and Waikaia) communities with

and clinically safe services.		Grebe communities. Staff in the hospital communities; there are five caregivers in the morning (four full shifts and one short shift), five caregivers in the afternoon (three full shifts and two short shifts) and two caregivers at night. There are two RNs or one RN and one enrolled nurse rostered on to the morning, afternoon and one on the night shift. There were 40 of 40 rest home residents in the Tutoko and Waikaia communities. Staff in the rest home communities; there are three caregivers in the morning (two full shifts and one short shift), two caregivers in the afternoon (one full shift and one short shift) and one caregiver at night. There is one RN rostered on to the morning and afternoon shifts, the afternoon shift may have an experienced rostered enrolled nurse instead of a RN. There were 22 of 24 dementia residents in the Arthur and Cleddau communities. Staff in the dementia communities; there are three caregivers in the morning (two full shifts), two caregivers in the afternoon (one full shift and one short shift) and two caregivers at night. There is either a RN, enrolled nurse or senior caregiver rostered on to		consideration of the number of residents, the acuity of residents, and non-clinical tasks allocated to caregivers. 60 days

		the morning and afternoon shifts. Two weeks of rosters were reviewed. The reviewed roster indicated that there was insufficient and appropriate coverage for the effective delivery of care and support, especially relating to the hospital (Hollyford and Grebe) and rest home (Tutoko and Waikaia) communities. The RNs and caregivers stated that there have been occasions over recent weeks (afternoon and weekend shifts) where the rostered number of caregivers have not been met. During the facility tour and subsequent visual inspection on four different occasions, it was evident that the caregivers were struggling to complete their allocated tasks in these two communities. A number of the residents and family/whānau interviewed stated that there were insufficient care staff available at times. This is an ongoing shortfall.		
Criterion 2.3.2 Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for	PA Moderate	Staff are encouraged to complete NZQA qualifications. Caregivers working in the dementia (Arthur and Cleddau) communities are required to have the dementia specific standards according to the aged related residential care services agreement (ARRC	There are ten caregivers work permanently in the dementia communities, five have completed, one is in progress of completing and four have not completed the dementia specific standards and are all outside the 18-month required timeframe period.	Ensure that caregivers employed in the dementia communities complete the dementia specific standards according to the ARRC clause E4.5.f within the required timeframes.

the services being delivered.		clause E4.5.f). There are ten caregivers work permanently in the dementia communities; however, not all have completed the required dementia specific standards.		60 days
Criterion 2.3.3 Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.	PA Low	There is an annual education and training schedule in place. The schedule lists compulsory training and is available through online and in-service training. Training records document low attendance for care staff for a number of compulsory training requirements. There are competencies that caregivers and RNs must complete. Records are maintained; however, not all RNs and caregivers were evidenced to have completed the required competencies. The training records evidenced while mandatory training sessions have been offered, attendance records were low.	(i) Training records documented low attendance for care staff for a number of compulsory training requirements, including abuse/neglect; the ageing process; death/dying; end of life care; cultural awareness; Te Tiriti o Waitangi; restraint; nutrition/hydration/safe food handling; chemical safety; sexuality/intimacy and complaints management. (ii) There were gaps in the completion of annual competencies for RNs and caregivers in relation to restraint; correct use of personal protective equipment; hand hygiene; moving and handling, medication administration and wound management.	(i) Ensure that care staff attend and complete all compulsory training requirements. (ii) Ensure that all RNs and caregivers complete annual competencies as required. 90 days
Criterion 2.4.4 Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.	PA Moderate	The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed; however, not all of the staff files reviewed evidenced completion of the	Four of the six staff files reviewed did not evidence completion of the orientation.	Ensure there is evidence of completed orientation on staff files. 60 days

		orientation.		
Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Moderate	There is an appraisal policy documented; however, not all staff files reviewed evidenced an annual appraisal where staff had been employed for over a year.	Four of the six staff files reviewed did not evidence an up-to-date annual performance appraisal.	Ensure all staff complete annual performance appraisals as scheduled and that a copy is retained on file. 60 days
Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes	PA Moderate	The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. The previous shortfall # 3.2.4 regarding neurological observations continues, as the timeframes for neurological observations are not completed as per policy; however, all appropriate notifications are made to family/whānau.	i). Neurological observations were not always completed within the frequency required for six documented unwitnessed falls. ii). Monitoring of restraint does not provide information regarding applied or removed (the associated long term care plan was also not reflective of the restraint monitoring - time for bed and time up in the morning.	i). Ensure neurological observations are completed within the required frequency for all unwitnessed falls with or without a head injury. ii). Ensure monitoring of restraint meets the required work instruction, 60 days

are documented.				
Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.	PA Moderate	Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RNs and enrolled nurses. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by a RN or enrolled nurse. The evaluations were completed in the appropriate time frames; however, not all evaluations reflected progression towards goals and included the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.	Long term care plan evaluations are not reflective of the care and support provided over the previous six months for two rest home residents and two hospital files reviewed.	Ensure care plan evaluation reflect the residents identified goals 60 days

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, these 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.