Bupa Care Services NZ Limited - Fergusson Rest Home & Hospital

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:	Fergusson Rest Home & Hospital
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: 28 April 2025 End date: 29 April 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: 109

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Bupa Fergusson rest home and hospital provides hospital (geriatric and medical), rest home, and dementia-level care for up to 112 residents. On the days of the audit, there were 109 residents.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand. 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 a business coordinator. The service continues to implement the Bupa quality systems and processes.

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

This audit identified areas for improvement related to care plan development, care plan interventions and care plan evaluations, employment processes including staff appraisals and the implementation of cleaning schedules.

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 are fully attained.

There is a Māori and Pacific health plan and 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 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.

The complaints process is responsive, fair, and equitable. Complaints are 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 are partially attained and of medium or high risk and/or unattained and of low risk.

The leadership team of Bupa is the organisation's governing body responsible for the services provided at the service 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.

The service has quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff and includes processes to meet health and safety requirements. Quality improvement projects are implemented. Internal audits, and meetings were documented as taking place as scheduled.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

There is an admission package available prior to or on entry to the service. Admissions are managed by unit coordinators, registered nurses, and general practitioner or nurse practitioner. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care.

The care plans are documented. The planned activities programme provides residents with various individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication-competent caregivers are responsible for the administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner or nurse practitioner.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on-site. The residents' food, fluid, and nutritional needs are provided in line with recognised nutritional guidelines, and additional requirements/modified needs are being met. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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 are fully attained.

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. The dementia unit is secure. There is a mix of rooms with full ensuites and shared facilities. There are communal shower rooms with privacy signs. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. Call bells are located strategically throughout all communal areas, toilets, bathrooms, and resident bedrooms. Security checks are performed each evening, and security lights and closed-circuit television cameras are installed externally.

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

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. A registered nurse coordinates the programme.

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 were several outbreaks reported since the last audit.

There are documented policies and procedures for the cleaning and laundry services, with monitoring systems in place to evaluate the effectiveness of these services. Chemicals are stored securely and safely. Fixtures, fittings, and flooring are appropriate for cleaning.

Here taratahi | Restraint and seclusion

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

There is a Bupa governance commitment to eliminate restraint in their care home. Restraint minimisation and safe practice policies and procedures are in place. The restraint coordinator is the rest home unit coordinator, registered nurse. Five hospital level residents were listed as using a restraint. Encouraging a restraint-free environment 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. Education is provided to staff around restraint use and strategies to work towards eliminating restraint. There are documented processes to monitor the use of restraint. A quality review process of restraint use is taking place.

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	26	0	1	2	0	0
Criteria	0	170	0	3	3	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
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. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. The Māori Health plan supports increased recruitment of Māori employees by embedding recruitment processes that utilise te reo Māori and engage with local iwi for recruitment strategies at a local level. The general manager (GM), clinical manager (CM), and regional operations manager (ROM) stated that they support increasing Māori capacity within the workforce and will employ Māori applicants when they apply for employment opportunities at Bupa Fergusson. Ethnicity data is reported in the care home's dashboards to monitor success. At the time of the audit, there were Māori staff members. Clinical staff described their commitment to supporting Māori residents and their family/whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and authority in decision-making that supports their health and wellbeing. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs,

		evidenced in interviews with seven residents (two hospital and five rest home) four family/whanau (one dementia, two hospital and one rest home) and one resident advocate. Management and twenty-five staff interviewed (seven caregivers, one activities assistant, one support services coordinator, three housekeepers, two maintenance staff, one kitchen manager, eight registered nurses [including two unit-coordinators[UCs] and one restraint coordinator] and one enrolled nurse described how the delivery of care is based on each resident's values and beliefs. The service has existing partnerships with Orongamai marae including support from kaumātua to allow for better service integration, equitable service delivery, planning, and support for Māori.
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 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 Fergusson's education policy on cultural safety includes components of the Fonofale model of Pacific Health. The organisation is embracing Pacific models of care through staff and various organisations that can provide support and guidance when Pacific people are being supported. The service has access to local Pacific churches and Health New Zealand for support with people who identify as Pasifika. Access to interpreter services and cultural support 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 service appropriately. There were staff and residents who identified as Pasifika at the time of the audit. The service continues to strengthen relationships and seek guidance on its Pacific Plan, thereby increasing its involvement in a

		collaborative service delivery approach to ensure equitable, quality health and disability outcomes for Pacific people.
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	Residents and family/whānau are provided with information about the 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 is displayed in English, sign language and te reo Māori. Discussions relating to the Code are held during resident and family/whānau meetings. Residents, family/whānau and one resident advocate interviewed reported that the service upholds the residents' rights. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available on the notice boards and in the entry pack of information provided to residents and their family/whānau. The policy documents link to spiritual support. Residents attend communion services and church services as required. The service recognises Māori mana motuhake, and this is reflected in the Māori health care plan that is in place. Staff receive education on the Code at orientation and through the annual education and training programme. This includes (but is not limited to) understanding the role of advocacy services, which are linked to the complaints process.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Caregivers and registered nurses (RNs) interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or

		other forms of support. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Residents are encouraged to have control and choice over activities they participate in, as evidenced in resident` care plans. The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were two couples receiving service at the time of the audit. The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with family/whānau involvement and integrated into the residents' care plans. Staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, church services are available according to resident need, and spiritual support is available. It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and family/whanau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation for staff covers the concepts of personal privacy and dignity. Residents' files and care plans identified resident's preferred names. Waitangi Day, Matariki and Māori language week are celebrated at Bupa Fergusson. Caregivers interviewed described how they use common te reo Māori phrases when speaking with Māori residents and for everyday greetings. Te reo Māori signage was evident in a range of locations. Cultural training and policies which incorporate Te Tiriti o Waitangi and tikanga Māori are in place. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living & non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.

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	All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction 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. Residents and family/whānau, reported that their property and finances are respected, and professional boundaries were maintained. The clinical manager 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 stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and felt safe. Police 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. The Māori health plan 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 clinical manager 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).
Subsection 1.6: Effective communication occurs 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.	FA	Information is provided to residents and family/whanau on admission. Bi-monthly resident, and family/whānau meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau and next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). Twelve accident/incident forms reviewed identified relatives are kept informed; this was confirmed

		through interviews with family/whanau. The care home sends monthly newsletters and photos of residents to keep family informed of what has been happening around the care home and what is planned. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were residents who did not speak English. Staff interviewed advised they have used hand and facial gestures in addition to cue cards, google translate and family/whānau acting as translators for the residents. Non-subsidised residents (or their appointed representative) are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services. The management team hold weekly head of department meetings to enhance internal communication and facilitate a holistic approach to care. The registered nurses described an implemented process around providing residents and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.
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 or their legal representatives with the information necessary to make	FA	There are policies around informed consent that reflect the requirements of the Code. Resident files reviewed included appropriately signed general consent forms. The residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. The advance directive policy is implemented. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The general practitioner (GP) or nurse practitioner (NP) makes a clinically based decision on resuscitation authorisation in consultation with residents and family/whānau. The service follows relevant best practice tikanga

informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.		guidelines and welcoming the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. All residents admitted to the dementia unit had an activated EPOA or current welfare guardian in place. Copies of enduring power of attorneys (EPOAs) were on resident files. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files reviewed. 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.
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 equitable and is provided to residents and family/whānau on entry to the service. The general manager maintains a record of all complaints, both verbal and written, by using a complaint register which is kept electronically. There have been three complaints logged and investigated since the last audit which included one complaint from the HDC (September 2024) which remains open, awaiting an outcome from HDC. The complaints included an investigation, follow up, and reply to the satisfaction of the complainant. No trends were identified, and the two internal complaints were closed as resolved to the complainant's satisfaction. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted). Documentation demonstrated that complaints are being managed in accordance with guidelines set by HDC. The Ministry requested follow up against aspects of a HDC complaint (dated 31 October 2024) related to Subsection 3.2: My Pathway to wellbeing which include falls risk assessment and care plans updates and reviews. This audit has identified issues related to risk assessments and care plan updates and reviews (link 3.2.4 and 3.2.5). The general manager interviewed advised complaints logged were

		classified into themes (operational issues, quality of care, communication, customer rights) in the complaint register. The complaint related to care provision and medication management. The service has complied with all requests for further information within the required timeframes and remedial work completed at the care home to prevent future similar incidents occurring. The welcome pack included comprehensive information on the process for making a complaint. All residents and family/whānau interviewed stated they were provided with information on complaints process, would feel comfortable making a complaint and that the service would support them throughout the process. Complaint forms are easily accessible at the entrance to the care home and the nurses' office. A suggestions box is adjacent to where the complaints forms are held. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident and family/whānau meetings are held bi-monthly, chaired by the general manager. The contact details for a resident advocate (current resident) is posted in large print on resident noticeboards. Residents or relatives making a complaint can involve an independent support person in the process if they choose. Staff also confirmed they would document a complaint for anyone who had difficulty doing this or support the resident or family/whanau in accessing independent advocacy services. The general manager was aware of the preference for face-to-face communication with people who identify as Māori and involving family/whanau. Residents and family/whānau interviewed confirm the management are open and transparent in their communications.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance	FA	Bupa Fergusson provides hospital (medical and geriatric), rest home and dementia level care for up to 112 residents. There are 53 rest home level care beds including 10 dual purpose beds (rest home and hospital), 41 Hospital level care beds and 18 dementia beds. There are no double / shared rooms. Occupancy on the day of audit was 109 residents; 17 residents at

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.		dementia level care, 49 rest home level care residents and 43 hospital level care residents including four on a younger person with disability (YPD) contract, one on long-term support chronic health contract (LTS-CHC), one on respite care and two on Accident Compensation Corporation (ACC) funding. All other residents were under the age-related residential care contract (ARRC). The leadership team of Bupa is the governing body and consists of Directors or heads of – Clinical and quality, Operations, Finance, Legal, Property, Customer transformation and technology, People, Marketing and Corporate Affairs. This team is guided by Global Bupa strategy, purpose and values and reports to the Bupa Care Services NZ Boards in New Zealand and the Bupa Australia & New Zealand (ANZ) Board. A New Zealand-based managing director reports to the 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 cultural safety. There is a cultural working group alongside the Bupa Leadership team. Bupa has a Clinical Governance Committee (CGC), a Risk and Governance Committee (RGC), a Learning and Development Governance Committee, and Wellbeing Health and Safety Governance Committee where analysis and reporting of relevant clinical and quality indicators are discussed to improve services offered. Issues raised in governance committees also report through to the Bupa leadership team meetings and Boards. 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 care homes with improvements to their service. Each region has a regional quality partner who supports the on-site clinical team with education, trend review, internal audits and management. 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 learning, improve equity and the

		quality of care for Māori and tāngata whaikaha. The cultural advisor collaborates with the Boards and Bupa leadership team in business planning and service development to support the improvement of Māori and tāngata whaikaha wellbeing. 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. 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. Bupa has an overarching three-year strategic business and operational 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. Bupa Fergusson's business plan for 2025 includes a mission statement and operational objectives with site-specific goals related to business and quality outcomes. The goals are reviewed as required and there is evidence of review and evaluation of the 2024 goals. The regional operations manager reports to the national operations director. 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. The service is managed by a general manager (non-clinical) who has been in the role since July 2022. Prior to joining the organisation, they have held a range of roles in private hospitals, education, finance and the public sector. They are supported by a clinical manager who has been in the role for four years and a business coordinator(not available on the day of the audit). The management team works alongside and is supported by a team of

		long-standing staff, a regional operations manager and a regional quality partner. The management team reports that staff turnover has been relatively low. The general manager and clinical manager 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.
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.	FA	Bupa Fergusson has a range of documents that contribute to quality, risk management, and reflect the principles of quality improvement processes. The quality and risk management systems include performance monitoring through internal audits, surveys and through the collection of clinical indicator data. Monthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; internal audits; benchmarking; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions related to clinical data and audits followed up on and signed off when completed. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and displayed for staff on the notice boards. Benchmarking occurs on a national level against other Bupa care homes. Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The outcomes from the recent resident and family/whānau satisfaction survey conducted in March 2025 demonstrated satisfaction with service delivery showing a net promoter score of +77 (up from 67.2 in quarter three 2024), with home presentation, cleanliness, safety, valued feedback and team member explanations scoring 100%. Minimal corrective actions were identified in activities and food, which are being implemented. Results have been communicated to residents in the care home newsletter and displayed on the resident notice boards.

		There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the care home is meeting accepted good practice and adhering to relevant standards. New policies or changes to policy are communicated and staff sign as acknowledgement. A health and safety system is in place with an annual identified health and safety goal that is directed from head office. The 2024 health and safety goals have been measured and evaluated. A health and safety team meets monthly, and the elected health and safety representatives have achieved relevant unit standards via external training. An up-to-date hazard and risk register (last reviewed January 2025) was sighted. Health and safety policies are implemented and monitored by the health and safety committee. The noticeboard in the staffroom keeps staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented. There were no serious work-related staff injuries reported since last audit. Electronic incident and accident reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Corrective actions are developed, implemented and signed off when completed for any clinical indicators out of the expected benchmarking ranges. The system generates a report that goes to each operational team/governance team, with automatic alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover. Discussions with the general manager and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 and Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) have been completed. These include those related to pressure injuries grade three and above, fall related fractures and health and safety risks. There have been seven outbreaks appropriately documented and reported since last audit. Positive outcomes for Māori and people with disabilities are

		considered at all 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 of Māori models of care, health and wellbeing, and culturally competent staff.
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.	FA	There is a staffing policy and procedure that describes rostering and staffing rationale. This includes documented processes for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day seven days a week. The care home adjusts staffing levels to meet the changing needs of the residents. At the time of the audit the service was going through a roster review process with the revised roster due to take effect on 12 May 2025. Review of the current rosters showed shifts were covered by experienced caregivers, there was 24/7 registered nurse cover and support of the clinical and management team. There are dedicated activities, maintenance, housekeeping and cleaning staff supporting service delivery. The general manager interviewed confirmed staff needs and shortages are reported to the national senior team. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. The general manager, business coordinator and clinical manager are available Monday to Friday. On-call cover for all Bupa care homes in the region is covered by a rotation of one care home general manager and one clinical manager each week. There is an annual education and training schedule being implemented for 2025. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes Māori health, Tikanga, and Te Tiriti o Waitangi. Cultural awareness training is part of orientation and provided annually to all staff. Training to care for residents living with dementia includes (but is not limited to) person-first/dementia-second sessions, behaviours of concern, and de-escalation. Review of the records demonstrates

		that the training schedule/ programme has been implemented. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Bupa Fergusson supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 51 caregivers employed in total, with 42 (82%) having achieved level 3 and above NZQA qualification. Twelve caregivers are permanently rostered in the secure dementia unit, nine have achieved the required dementia unit standards, and the remaining three staff are enrolled and have been employed within the last 18-months. A record of completion is maintained on an electronic human resources system. 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 and have undertaken extra training, complete many of the same competencies as the registered nurse staff (e.g., medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, and wound management). Additional registered nurse specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. There are sixteen registered nurses (including the clinical manager and three unit-coordinators) and one enrolled nurse. Ten registered nurses are interRAI trained. All registered nurses are encouraged to complete a professional development recognition programme (PDRP). All registered nurses attend relevant quality, staff, registered nurses, restraint, health and safety, and infection control meetings where possible. External training opportunities for care staff include training through Health New Zealand and hospice. A record of completion is maintained on an electronic register. Staff wellness is encouraged through participation in health and wellbeing activities of the ‘take five’ Bupa wellness programme. A staff recognition programme is in place, and a range of initiatives are in place, including flu vaccinations, quit smoking programmes and

		seasonal staff nomination vouchers. Staff welfare is promoted through provision of regular cultural themes and shared meals at staff meetings. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations. Staff participated in an annual employee satisfaction survey and staff interviewed reported a positive workplace. Bupa Fergusson's environment encourages collecting and sharing 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.
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	There are human resources policies in place, including recruitment, selection, orientation and staff training and development that reflect standard employment practices and relevant legislation. The Bupa recruitment team advertise for and screen potential staff, including collection of ethnicity data. Each staff member's ethnic origin 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. Once applicants pass screening, suitable applicants are interviewed by the Bupa Fergusson general manager. Eleven staff files reviewed (four caregivers, one kitchen manager, one activities assistant, one registered nurse, one enrolled nurse, one clinical manager, one maintenance person and one housekeeper) evidenced an organised recruitment process, reference checking and completed orientation. However not all staff had evidence of employment agreement on file. Staff sign the Bupa code of conduct on employment. This document includes (but is not limited to): the Bupa values; responsibility to maintain safety; health and wellbeing; privacy; professional standards; celebration of diversity; ethical behaviour; and declaring conflicts of interest. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. All regulated staff and contracted providers had proof of current

		registration with their regulatory bodies. A register of practising certificates is maintained for all health professionals including (but not limited to) registered nurses, enrolled nurses, general practitioners, nurse practitioners, pharmacy, physiotherapy, podiatry, and dietitian. Staff who have been employed for over one year have not all had an annual appraisal completed. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses, enrolled nurses and caregivers to provide a culturally safe environment for Māori. An orientation programme and policy for volunteers is in place. Information held about staff is kept secure and confidential. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.
Subsection 2.5: Information 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.	FA	There are policies and procedures that guide staff in the management of information. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type. All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, timely and met current documentation standards. Signatures that are documented include the name and designation of the service provider. Archived records are held securely on-site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. There is a consent process for data collection. The general manager 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. The general manager is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration of people receiving services.
Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. A review of residents' files confirmed that entry to service complied with entry criteria. Eleven admission agreements reviewed align with service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they had received the information pack and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed needs of the resident and the contracts under which the service operates. The GM and CM are available to answer any questions regarding the admission process, and a waiting list is managed. The service openly communicates with prospective residents and family/whānau during the admission process, and declining entry would be if the service had no beds available. Or if the resident's care needs require the staff to be upskilled, the admission would be delayed until staff were confident with the tasks. Potential residents are provided with alternative options and links to the community if admission is not possible. Any delay in the admission process is communicated to the resident and family/whānau. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process that combines a collection of ethnicity data from all residents and the analysis of the same for the purposes of identifying entry and decline rates. The care home has established links with a local iwi to support Māori and

		whānau through the admission process. The service has information available for Māori, in English and in te reo Māori. The care home is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and employment opportunities.
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	Eleven resident files were reviewed for this audit: seven hospital resident files(including three ARRC, and one funded by ACC; one LTS-CHC; one YPD and one on respite care); two rest home residents and two residents at dementia level of care. The unit coordinators and the registered nurses are responsible for conducting assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meetings where the long-term care plans are reviewed. Family/whānau involvement is documented in the progress notes and resident records. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified, and strategies to manage these are documented in the resident's care plan. A Māori health plan and cultural awareness policy are in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. All residents have admission assessment information collected and a completed initial care plan upon admission. All reviewed files had interRAI assessments and initial long-term care plans completed in a timely manner. The long-term care plan includes interventions to guide care delivery; however, these were not always sufficiently detailed to support staff to provide resident care. A care plan summary supplements the long-term care plan; however, changes made to the care plan summary are not always transferred to the long-term care plan. The care plans align with the service's model of person-centred care. For residents in the dementia unit, a behaviour care plan includes a description of activities to meet the resident's needs in

		relation to diversional, de-escalation strategies over a 24-hour period. The long-term care plan also includes 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 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. Care plan evaluations were completed in a timely manner. Evaluations did not consistently provide detail to determine resident progress against goals. Short-term care plans for infections, weight loss, behaviours, bruises, and wounds were well utilised. Interventions recorded on the short-term care plans were not always implemented as prescribed. General practitioners (GPs) and nurse practitioner (NP) from one practice ensure residents are assessed within five working days of admission. The GP/NP reviews each resident at least three-monthly and is involved in the six-monthly resident, family/whānau reviews (multi-disciplinary meetings). Residents can retain their own GP if they choose to. The contracted medical practice ensures the provision of a call service after hours and on the weekend. The clinical manager participates in the rostered-on-call schedule, which is shared between other clinical managers from other Bupa care homes in the region. When interviewed, the NP expressed satisfaction with the standard of care and quality of nursing proficiency. The NP was complimentary of the clinical assessment skills and the quality of referrals received from the RNs after hours. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a contracted physiotherapist. A podiatrist visits regularly, and a dietitian, speech-language therapist, occupational health therapist, continence advisor, hospice specialists and wound care specialist nurse are available as required. Caregivers and RNs interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery. Handover was observed and found to be comprehensive. Progress notes are written daily by caregivers and RNs. The RN

		adds to the progress notes if there are any incidents, GP/NP visits or changes in health status. Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their relatives. When a resident's condition alters, the unit coordinator or RN initiates a review with a GP/NP. Family/whānau stated they were notified of all changes to health, including infections, accidents/incidents, GP/NP visits, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes. A wound register is maintained. Two residents had three pressure injuries (one suspected deep tissue injury, one stage three, one unstageable) on the day of the audit. The completed notifications had been sent to the Ministry of Health. The reviewed wounds had assessments, management plans, documented evaluations, and photographs showing progression towards healing. The wound care specialist had input into chronic wounds and pressure injuries. The caregivers and RNs interviewed confirmed adequate clinical supplies and equipment, including continence, wound care, and pressure injury prevention resources. Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; and restraint. Restraint monitoring was completed for those residents with restraint/s applied; however, there was no evidence that the restraint was being released. Neurological observations are generally completed for unwitnessed falls and suspected head injuries according to policy.
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 services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are	FA	There is an activities team with four activities assistants. The activity program is seven days per week in the dementia unit and six days per week for the rest home and hospital areas. A change programme is underway that will result in activities being provided seven days per week in all service areas. The activity team have current first-aid certificates. The programme is supported by the caregivers, various church denominations and community groups. The programme is planned monthly and includes themed cultural

suitable for their age and stage and are satisfying to them.		events, including those associated with residents and staff. There is a monthly newsletter, which includes the weekly programme and weekly menu, and it is placed in large print on noticeboards in all areas. The activity team facilitate opportunities to participate in te reo Māori and te ao Māori, incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki. A separate planner is developed for the dementia unit which includes specific activities designed to meet resident needs. Activities are delivered to meet the residents' cognitive, physical, intellectual, and emotional needs. The activities assistant (who is a qualified DT) outlined how the monthly activity programme is put together in line with the needs of the residents across the three care levels. This includes a focus on maintaining independence and ensuring the connection with the community is maintained. Those residents who prefer to stay in their rooms or cannot participate in group activities have one-on-one visits, and activities such as manicures, hand massages and technology-based activities are offered. There are several lounges where residents and family/whānau can watch television and access newspapers, games, puzzles, and specific resources. There are quiet, low-stimulus areas in the dementia unit. A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; pet therapy; board gaming; hand pampering; housie; happy hour; and cooking. There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational services. There are resident meetings planned two monthly. Meeting minutes sighted evidenced these are occurring as per schedule and are well attended.

		Family/whānau are welcome to attend these. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.
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	Medication management is available for safe medicine management that meets legislative requirements. All medication rooms were sighted for the audit. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training. Staff were observed to be safely administering medications. The interviewed registered nurses, enrolled nurse and caregivers could describe their role in medication administration. The service uses blister packs for regular use and 'as required' medications in blister packs. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications were stored securely in the hospital, rest home and dementia unit. Medication trolleys were locked when not in use and remained in the medication rooms. The medication fridge and medication room temperatures are monitored daily. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. Medication requiring six monthly physical checks and reconciliation had been completed. All eyedrops were dated upon opening and discarded as per the manufacturer's instructions. All over-the-counter vitamins, supplements, or alternative therapies residents choose to use are prescribed by the GP/NP and charted on the electronic medication chart. Twenty-two electronic medication charts were reviewed. The medication charts reviewed confirmed that the GP/NP reviews all resident medication charts three-monthly, and each chart has a photo identification and allergy status identified. There were two

		residents self-administering medications (inhalers) during the audit. The residents had three-monthly competency assessments by the GP/NP, and lock boxes were supplied. The care home follows documented policies and procedures should residents wish to administer their medications. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication-competent caregivers or RNs or EN sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The RNs, EN and CM described the process of working in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required. The CM described how they will provide appropriate support, advice, and treatment for Māori when required.
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	All meals are prepared and cooked on site. The kitchen manager (chef) oversees the on-site kitchen. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring 22 September 2025. All dry goods had a decanting date and expiry date visible. The four-weekly seasonal menu has been reviewed by a dietitian (1 April 2025). There is a food services manual available in the kitchen. The kitchen manager receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy-free, pureed foods) or residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Dietary profiles sighted were current and showed evidence of amendments when the resident's requirements changed. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents are provided with the menu in advance to select their

		preferences and submit them to the kitchen. Staff support residents who cannot choose for themselves. Residents have access to nutritious snacks. On the day of the audit, meals were observed to be well presented. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. The kitchen team (total 13 including the kitchen manager) all have specific duties they complete daily or weekly. This includes cleaning schedules and completing daily fridge, freezer, and chiller temperature recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Meals are plated in the kitchen and transported to resident dining areas in hot boxes. Residents were observed enjoying their meals and all dining room areas provide for a pleasurable dining experience. Staff were observed assisting residents with meals in the dining areas, and modified utensils were available for residents to maintain independence when eating as required. The residents and family/whānau were satisfied with the quality of the meals produced. They can offer feedback at the resident meetings and through resident surveys.
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	Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure that the discharge or transfer of residents is undertaken in a timely and safe manner. 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 and social support or Kaupapa Māori agencies, where indicated or requested. The RNs explained the transfer between services includes a comprehensive verbal handover between providers and the completion of specific transfer documentation.

Subsection 4.1: The facility 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.	FA	The building holds a current warrant of fitness, which expires 19 November 2025. The environment is inclusive of peoples' cultures and supports cultural practices. There are two full-time maintenance staff who address day to day repairs and complete planned maintenance. There is a maintenance request book for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed February 2025). Calibration of medical equipment was included in the maintenance plan and was completed in February 2025. Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required. The care home is one level and has 112 beds across hospital, rest home and dementia levels of care. Lavender unit (dementia) is an 18-bed secure unit. The unit is designed to give residents easy access to internal and external areas. There is a dining room, and a separate main lounge which opens out to a securely fenced courtyard with raised beds and walking pathways. There are alternative small lounge areas with library and activity resources throughout the care home. Eleven of the eighteen rooms have toilet ensuites. There are also communal toilets and showers near resident rooms. The nursing station is in the main hub of the unit, providing a clear vision of the residents in the main lounge, dining area and external courtyard. All resident rooms were identifiable with the resident name and photo. The noise levels were noted to be kept to a low level over the course of the audit. The Lilac and Iris (hospital) wings have 41 beds, and in the Rainbow wing (rest home) there are 43 rest home beds and 10 dual-purpose. The three wings have a mixture of full ensuites, shared ensuite, toilet only, or no ensuite. Communal toilet and shower facilities are situated nearby for those rooms with no ensuite facilities. There are toilets situated close to communal areas, in addition to separate staff

		and visitor toilets. Across all service levels the communal toilets and bathrooms are well signed and have privacy locks. There is flowing soap and paper towels, and space to allow for mobility equipment. Fixtures fittings and flooring across all service levels is appropriate and toilet/shower facilities are constructed for ease of cleaning. Handrails are appropriately placed in ensuites, toilets, and corridors for safe mobility. Bedrooms and ensuites are spacious for safe mobility and transfer of residents. Caregivers reported the spaces are adequate to provide care. There is sufficient natural light, ventilation, and heating. There are adequate spaces to meet the residents` needs. Residents have safe access to different communal areas within all levels of the care home to have privacy, spend time with visitors and partake in cultural activities. Residents were observed to move freely within the corridors and spaces. There is no further development planned for the care home; however, should this occur, a co-design approach would be implemented, including the provider's current connections with local Māori and the support of the head office.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the care home in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. Fire evacuation drills are held six-monthly; the last one was completed on 10 February 2025. There are four civil defence kits in key areas of the care home which are checked monthly. Observation evidenced that they are well stocked with appropriate provisions to support the care home appropriately. In the event of a power outage, there is a small generator and battery packs to support the care home until power is restored. There is gas cooking (BBQ and gas cookers) also available. There is an adequate food supply available for each resident for a minimum

		of seven days. There are adequate supplies in the event of a civil defence emergency, including water supplies to meet the civil defence requirements for the region. Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, ensuites, communal toilets/bathrooms, and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways to alert them of who requires assistance, and staff carry pagers. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The dementia unit is secure and accessible by keypad entry. The care home is secured at night and there are security cameras located strategically outside of the care home. A contracted security company performs security checks twice every evening. Residents and visitors are made aware of emergency procedures.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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.	FA	The organisational infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The governance body approved these programmes, which are linked to the quality improvement system. The infection control programme is reviewed annually by the infection control and prevention specialists at Bupa head office, who report to and can escalate any significant issues to management and Board level. Documentation review evidenced recent outbreaks were escalated to the leadership team within 24 hours. Bupa has regular infection control teleconferences for information, education and discussion and updates. Infection rates are presented and discussed at infection control, quality and staff meetings. Infection prevention and control are part of the strategic and quality plans. The service has access to an infection prevention and control clinical

		nurse specialist from the local Health New Zealand, in addition to expertise at Bupa head office.
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	The clinical manager (a registered nurse) is the infection prevention and control (IPC) coordinator, who leads, oversees and coordinates the implementation of the infection control programme at Bupa Fergusson. Infection prevention and control coordinator's role, responsibilities and reporting requirements are defined in the IPC coordinator's job description. The IPC coordinator has completed external education on infection prevention and control for clinical staff (April 2025) with Health New Zealand. They have access to shared clinical records and diagnostic results of residents. The governance body approved the infection prevention and control and anti-microbial stewardship 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 service has documented policies and procedures that reflect current best practices. These policies and procedures are accessible and available for staff. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. The infection prevention and control coordinator has input when infection control policies and procedures that have impact on healthcare associated infection risk are reviewed. Staff were observed following organisational policies, such as appropriate hand hygiene, use of hand sanitisers, 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. The service has a pandemic plan and guidelines to manage and prevent infection exposure. Sufficient resources, including personal protective equipment (PPE), were sighted on the days of the audit. Resources were readily accessible to support a pandemic response plan if required. Staff have received infection control education at orientation and through ongoing annual online education sessions and competencies. The training includes hand hygiene procedures,

		donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained. Additional staff education has been provided to keep updated with current best practice. Hand hygiene audits were completed as per schedule. Staff are advised not to attend work if they are unwell. Education with residents was on an individual basis and included reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed in interviews with residents. The infection and control coordinator liaises with Health New Zealand infection control specialists in procurement processes for equipment, devices, and consumables. The infection prevention and control coordinator 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. Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. The last infection control audits completed in February 2025 demonstrated compliance with expected guidelines. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body. There were culturally safe practices observed and thus acknowledge the spirit of Te Tiriti. The infection prevention and control coordinator reported that residents who identify as Māori will be consulted on infection control requirements as needed. The service has printed off educational resources in te reo Māori for staff and residents.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials	FA	The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the resident cohort's size, scope, and complexity.

prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.		Infection rates are monitored monthly, reported in a monthly quality report, and presented at meetings. The registered nurse 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 antimicrobial prescribed, effectiveness, isolated pathogens, and adverse effects. Results show that Bupa Fergusson has low use of antimicrobials when benchmarked with other care homes. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Monotherapy and narrow spectrum antibiotics are preferred when prescribed
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. 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.	FA	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 care homes. 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 infection control coordinator interviewed confirmed the process of creating improvement plans should this be required. 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. All infection data is reported to the governing body. 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 (link 3.2.4). 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. 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. There have been seven outbreaks since last audit; four Covid-19 (February 2024, June 2024, November 2024 and January 2025), one influenza like illness in October 2024 and two suspected gastroenteritis outbreaks (July and August 2024). All the outbreaks 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, Health New Zealand- Te Whatu Ora infection control nurse specialist. Outbreak 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 coordinator. Outbreak logs were completed. Staff confirmed that resources, including PPE were in stock. Residents and family/whānau were updated regularly through the outbreaks. Hand sanitisers are available for staff, residents, and visitors to the care home. Visitors to the care home sign in at entry to the building and are requested not to visit if unwell.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and	PA Low	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.

transmission of antimicrobialresistant organisms.		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 at separate times to resident clothes and linen. 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. Cleaners' trolleys are attended to at all times and locked away in the cleaners' cupboard when not in use. Cleaning schedules have not been consistently maintained for daily and periodic cleaning. All chemicals on the cleaner's trolley were labelled. Appropriate personal protective clothing was readily available. The numerous linen cupboards were well stocked with good-quality linen. The washing machines and dryers are checked and serviced regularly. The support services coordinator (interviewed)has oversight over all the support services. The staff interviewed had good knowledge about cleaning processes and infection prevention and control requirements. There were cleaning and laundry audits completed that evidence compliance. The infection control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities. There was no construction, installation, or maintenance in progress at the time of the audit. Infection control internal audits are completed by the infection control committee.
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 demonstrate a commitment to eliminating restraint. The care home maintains a focus on ensuring care is provided in the least restrictive way possible. The restraint policy confirms that restraint consideration and application must be made in partnership with families/whānau, and the choice of the device must be the least restrictive possible. When restraint is considered, the staff works in partnership with the resident and family/whānau to ensure services are mana-enhancing. The designated restraint coordinator is the rest home unit

		coordinator/RN. The restraint coordinator was interviewed and described the staff's focus on maintaining a restraint-free environment. There were five residents with six restraints in use at the time of audit. The restraints used include t-belts and bed rails, approved Bupa restraint devices. A restraint register is maintained by the restraint coordinator. Restraints are reviewed three monthly and are discussed in the clinical review meetings, handovers, and general staff. Restraint use is available to head office for benchmarking purposes. Restraint minimisation and managing behaviours that challenge is included as part of the mandatory training plan and orientation programme. All staff have completed the relevant training. Seclusion is not used.
Subsection 6.2: Safe restraint The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.	FA	A restraint register is maintained by the restraint coordinator. Two hospital level residents recorded on the register were reviewed. One resident had a t-belt and bedrail and one a t-belt only. The restraint assessment addresses alternatives to restraint use before restraint is initiated (e.g. falls prevention strategies, managing behaviours). Restraint is used only as a last resort. Written consent was obtained by the resident's EPOA. The use of the restraints, risk associated with restraint use and frequency for monitoring are stated in the resident's care plan. Care plans include residents cultural, physical, psychological, and psychosocial needs, and address wairuatanga in relation to the use of restraint. Monitoring is completed for each resident using restraint. As per policy, bedrails are required to be monitored two-hourly and the safety belt (t-belt) on an hourly basis. Monitoring was seen to have been completed as required, however there is no indication that the resident has been released from the restraint as required (link 3.2.4). Restraints are reviewed three monthly and are discussed in the clinical review meetings, handovers, and general staff meeting. A policy is in place for the use of emergency restraint. No emergency restraints have been required. No accidents or incidents

		have occurred because of restraint use.
Subsection 6.3: Quality review of restraint The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.	FA	The restraint programme is monitored and reviewed regularly by Bupa at an organisation level with the intent to eliminate the need for restraint. Restraint meetings at the regional restraint meetings that take place six monthly via teleconference with Bupa restraint coordinators. Included in this process is the evaluation of the staff restraint education programme. Meeting minutes reflect discussions on how to minimise the use of restraint and to ensure that it is only used when clinically indicated and when all other alternatives have been tried. Restraint use is available to head office for benchmarking purposes.

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 2.4.1 Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation.	PA Low	There are human resources policies in place, including recruitment, selection, orientation and staff training and development that reflect standard employment practices and relevant legislation. The Bupa recruitment team advertise for and screen potential staff, including collection of ethnicity data. Once applicants pass screening, suitable applicants are interviewed by the Bupa Fergusson general manager. Six of eleven staff files reviewed did not have evidence of employment agreement on file.	Six of eleven staff files reviewed did not have evidence of employment agreements on file.	Ensure that there are employment agreements on file for all staff. 90 days
Criterion 2.4.5 Health care and support workers	PA Moderate	There are policies to ensure that staff at Bupa Fergusson have an	Five of eight staff files reviewed did not have current performance	Ensure that performance appraisals are completed

shall have the opportunity to discuss and review performance at defined intervals.		opportunity to discuss and review performance annually. Review of the staff files showed that of the eight staff who have been employed for over one year five have not had an annual appraisal completed.	appraisals completed.	as scheduled. 90 days
Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks	PA Moderate	All residents have completed cultural assessments. The long-term care plan is developed based on assessment undertaken by registered nurses. The care plan includes interventions to support goal achievement. For residents in the dementia unit, the long-term care plan includes 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; however, not all interventions were documented to guide care.	(i). One hospital resident and one rest home resident had insufficient falls prevention strategies documented to prevent further falls. (ii). One hospital resident` interventions related to urinary incontinence were not documented in detail to guide caregivers in the care needs of the resident. (iii). One hospital resident had an intervention recorded as "receives appropriate care".	(i).-(iii). Ensure care plan interventions are sufficiently detailed to provide guidance for staff on care management. 90 days

that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.				
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 are documented.	PA Moderate	In addition to the long-term care plan a care plan summary is used to summarise resident care interventions. Changes made to the care plan summary are to be part of the long-term care plan. There are instances where changes have been made to the care plan summary that have not been transferred to the long-term care plan. Residents using restraints are on prescribed monitoring regimes. Monitoring of care is occurring; however, releasing the restraint as part of restraint care is not always evident in the files reviewed. There was one incidence where neurological observations were required but not implemented. Short-term care plans are used for acute problems and record the required interventions. There are instances where interventions had not been implemented as required.	(i). One hospital resident's long-term care plan has not been updated to reflect change from a one-person transfer to a two-person transfer. (ii). One hospital resident's long term care plan has not been updated to reflect change from two-person transfer (standing) to a sling hoist transfer. (iii). One hospital resident's care plan did not align with assessed requirement for thickened diet. (iv). Two hospital residents who have restraint applied did not evidence the restraint had been released as part of the monitoring process. (v). One short term care plan related to infection did not evidence daily skin assessment as per required interventions. (vi). Two short term care plans related to infection did not evidence fluid intake and output as	(i)-(iii) Ensure that the interventions in the care plan summaries reflect in the long-term care plan. (iv).Ensure restraint monitoring reflect when the restraint has been released. (v)-(vi). Ensure interventions recorded in the short-term care plans evidence implementation . (vii). Ensure neurological observations are documented when this is required. 60 days

			per required interventions. (vii). One resident who was hit by another resident in the head did not have neurological observations completed as part of the assessment.	
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 Low	Long-term care plans are evaluated six monthly as part of the reassessment and review process. Evaluation of goals, and the degree they are met are used to inform the update of the long-term care plan; however, the goals were not always documented at defined intervals or the degree of which the goals were met/or not met were not documented.	(i). Two hospital residents did not evidence goal evaluation had occurred at prescribed intervals. (ii). The degree of achievement against the agreed goal of supporting urinary incontinence was not recorded in one hospital resident's goal evaluation (recorded as met agreed goal), (iii). The degree of achievement against the agreed goal of supporting behaviour in one rest home resident's goal evaluation was documented as "staff will treat them with dignity and respect."	(i)-(iii). Ensure evaluation of resident goals occur as required within the long-term care plan and records the degree of achievement against the resident`s agreed goals. 90 days

Criterion 5.5.3 Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include: (a) Methods, frequency, and materials used for cleaning processes; (b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team; (c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.	PA Low	There are designated housekeepers responsible for cleaning duties. There are cleaning guidelines and schedules in place which are ticked off by staff to indicate cleaning processes have been completed each shift. Review of the cleaning checklist for the months of January 2025 to April 2025 (to date) shows that there are resident rooms over the period that have not been ticked off to indicate that the required cleaning has occurred. For one of the records, it was recorded as 'annual leave' against the rooms that were scheduled to be cleaned over a period of three weeks. Interview with staff confirms their awareness of what is expected of their roles as per cleaning guidelines. Staff have received the required training including that of chemical safety completed. Cleaning equipment and supplies were stored safely in locked storerooms.	There are clearly documented cleaning schedules for each area with guidelines to direct staff on what is required with the daily and periodic cleaning. However, staff have not consistently indicated on the cleaning tick sheet when rooms requiring thorough cleaning have been completed and sign off for periodic cleaning as scheduled.	Ensure that cleaning has been completed and clearly documented as per schedule. 90 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.