

Bupa Care Services NZ Limited - Totara Gardens Care Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Totara Gardens Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 13 May 2025 End date: 14 May 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:	55

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Bupa Totara Gardens Care Home provides hospital (geriatric and medical), rest home, and dementia-level care for up to 56 residents. On the days of the audit, there were 55 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 general practitioner, staff, and management.

The general manager is appropriately qualified, experienced, and supported by a clinical manager. 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 shortfalls related to registered nurse availability and interRAI assessment timeframes.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

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

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

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

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

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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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. Quality objectives are also documented with progress discussed at relevant meetings. A documented quality and risk management system includes processes to meet health and safety requirements with health and safety goals currently being progressed. All incidents are being reported and recorded.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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Bupa Totara Gardens has an admission package available prior to, or on entry to the service. The general manager and clinical manager efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner at admission. The registered nurses assess, plan and review residents' needs, outcomes, and goals. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of 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 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.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. There are nutritious snacks available. 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 haumaruru | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current code of compliance. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms are single with ensuites. Rooms are personalised. The dementia unit is secure with a secure outdoor area.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. Call bells were reported to be answered in a timely manner. There is always a staff member on duty with a current first aid certificate.

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

<p>Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.</p>		<p>Subsections applicable to this service fully attained.</p>
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The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. The clinical manager is designated as the infection prevention and control coordinator, and they monitor the programme and report monthly and as issues occur.

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

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

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. The facility is committed to maintain restraint free. Restraint free strategies are overseen by the restraint coordinator who is the clinical manager. Education is provided to staff around restraint free strategies and behaviour management.

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	25	0	2	0	0	0
Criteria	0	166	0	2	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Bupa Totara Gardens Care Home (referred to in this report as Bupa Totara Gardens) is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and evidence is documented in the resident care plans. There are clear processes to include tikanga in everyday practice and staff training. Residents (where able) and family/whānau provide input into the resident's care plan, activities, and dietary needs, as confirmed during interviews with 5 residents (three rest home and two hospital) and nine family/whānau (three dementia, two rest home and four hospital).</p> <p>The general manager (GM) confirmed that they encourage Māori to apply for roles that are advertised and state that they would always interview suitable applicants for roles. They stated that they are committed to increasing Māori capacity within the workforce and will employ more Māori applicants when they apply for employment opportunities. At the time of the audit, there were Māori staff members. The Bupa Totara Gardens commitment to a culturally</p>

		<p>diverse workforce is evident in the business and Māori health plans.</p> <p>During the audit, the GM, clinical manager (CM), and nine staff including a support services manager, two registered nurses, activities assistant, one laundry staff member, maintenance officer, and three caregivers described how they provide culturally safe care in relation to their role. The organisations intranet has Māori Health and tikanga Māori resources including a Tikanga flip chart with staff knowing how to access these resources.</p> <p>The service has a relationship with local iwi and Māori organisations within the region to allow for better service integration, equitable service delivery, planning, and support for Māori. This includes a Kaumatua who has planned monthly visits with the residents and is available at other times as required.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>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 Totara Garden's education policy on cultural safety includes components of the Fonofale model of Pacific Health. The organisation is embracing Pacific models of care through various organisations that can provide 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.</p> <p>The GM and CM actively encourage and support any potential Pasifika staff to enter the service. At the time of audit there were</p>

		staff who identified as Pasifika, and no residents who identified as Pasifika.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>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 and te reo Māori.</p> <p>Discussions relating to the Code are held during resident and family/whānau meetings. Residents and family/whānau interviewed reported that the service upholds the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrances and in the entry pack of information provided to residents and their family/whānau. The policy documents link to spiritual support. The service recognises Māori mana motuhake, and this is reflected in the Māori health care plan that is in place. Residents attend communion services and church services as required.</p> <p>Staff receive education on the Code at orientation and through the annual education and training programme. This includes understanding the role of advocacy services, which are linked to the complaints process. They also receive training around including the family/whānau in discussions particularly for family/whānau of residents in the dementia unit. Managers and staff can also describe how they recognise Māori mana motuhake and state that they encourage any resident including Māori if they were admitted being as independent as possible.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p>	FA	<p>Bupa Totara Gardens provides services and support to people in a way that is inclusive and respectful of their individual identities and experiences. Staff were observed using person-centred and respectful language with residents. There is a documented sexuality</p>

<p>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.</p>		<p>and intimacy policy, and staff received training in sexuality and intimacy as part of their scheduled in-service training.</p> <p>The residents interviewed were positive about the service in relation to their values and beliefs being considered and felt they were listened to. Privacy is ensured, and independence is encouraged. Staff enable resident participation, within their capabilities, in tasks within the service, such as helping with simple chores. The service ensures that there is continued wellness of residents in a culturally safe environment and within the residents' own personal, worldwide view.</p> <p>Residents interviewed advised that they have choices. They are supported to decide whether they would like family/whānau members to be involved with their care or other forms of support. Residents have control and choice over the activities they participate in. Residents and family/whānau interviewed said they are respected and welcomed at the service.</p> <p>Staff interviewed confirmed they have attended Te Tiriti o Waitangi training as part of their in-service training with this also confirmed through a review of orientation and training records. Staff interviewed stated that care is delivered and reflective of Te Whare Tapa Whā model of care. The service demonstrates an awareness of tikanga, and te reo Māori is often used in greetings and karakia before eating. Māori songs are sung at times, as reported by staff. Tāngata whaikaha are supported to participate in te ao Māori through the activities programme.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>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.</p> <p>Residents and family/whānau, reported that their property and finances are respected, and professional boundaries were maintained. The management team, and staff interviewed confirmed that the code of conduct guides staff to ensure the environment is</p>

		<p>safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and felt safe. Residents also confirmed that they feel safe. Police checks are completed as part of the employment process. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori cultural policy in place identified a strengths-based, person-centred care that promotes wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by management, and staff interviewed, who reported that all wellbeing outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and family/whānau reported that communication is open and effective and that they felt listened to. Enduring power of attorney (EPOA) and family/ whānau stated they were kept well informed about any changes to their relative's general health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and urgent medical reviews. The residents' records reviewed supported this with 11 of 11 incident forms reviewed confirming that family/whānau had been informed of the adverse event in a timely manner. Staff understood the principles of open disclosure, supported by policies and procedures.</p> <p>Personal, health and medical information from other allied healthcare providers is collected to facilitate the effective care of residents. Residents and family/whānau interviewed stated they are provided with time to discuss any decisions.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services through Health New Zealand, if required. Staff can provide interpretation as and when needed and use family/whānau as appropriate.</p> <p>Resources available (if required) include communication cards,</p>

		<p>simple sign language, and the use of electronic devices.</p> <p>The CM confirmed that any non-subsidised residents who are admitted to the service are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The management and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. The residents' files sampled verified that informed consent for care provision had been obtained appropriately using the organisation's standard consent form. These were signed by the enduring power of attorney (EPOA) and residents. The general practitioner (GP) makes a clinically based decision on resuscitation authorisation in consultation with residents and family/whānau. The nursing team reported that advance directives are explained and encouraged. All residents admitted to the secure unit had an activated EPOA in place.</p> <p>Staff were observed to gain consent for day-to-day care, and they reported that they always check first if a consent form has been signed before undertaking any of the actions that need consent. Interviews with relatives confirmed the service actively involves them in decisions that affect their family members' lives. All consent forms reviewed were signed. In interviews with residents, they reported feeling safe, protected, listened to, and happy with the care/consent processes.</p> <p>The staff reported that tikanga best practice guidelines in relation to consent during care were observed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and</p>	FA	<p>The service has a current policy that provides guidelines in relation to complaints management that is reflective of the Code. Associated forms included the incident form, complaint form, complaint follow-up form, and complaint register. The policy commits to ensuring that any complaint (or any other issue) against a staff member or</p>

<p>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.</p>		<p>volunteer is addressed in a fair and equitable manner.</p> <p>The service's complaints register was viewed. There were three complaints in 2024 and eight in 2025 (year to date). All complaints reviewed included acknowledgement, investigation, follow-up, and replies to the complainant. No trends were identified, and the complaints were closed as resolved to the complainant's satisfaction. There have been no external complaints received.</p> <p>An interview with the management and staff revealed that complaint forms and information about the advocacy service are available at the service. Residents and family/whānau are aware of their rights to complain, and Consumer Code of Rights posters were sighted in publicly accessible areas. All residents and family/whānau interviewed stated they would feel comfortable making a complaint and that the service would support them throughout the process. Residents and family/whānau lodging a complaint can, if they choose, involve an independent support person or an advocate for advice and support during the complaints process. This was confirmed during interviews. Staff also confirmed they would document a complaint for anyone who had difficulty doing this or support the resident or family/whānau in accessing independent advocacy services. Observation, and interviews confirmed that the complaints policy was updated to ensure the complaints process works equitably for Māori and that a translator and/or an advocate who identified as Māori, would be available to support people if needed along with face-to-face discussions if requested (always offered).</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p>	<p>FA</p>	<p>Bupa Totara Gardens is in Whangarei, Northland Auckland. The facility is purpose-built, and is certified to provide care for rest home, hospital (geriatric and medical) and dementia levels of care for up to 56 residents.</p> <p>There are 36 dual-purpose beds and a 20-bed secure dementia unit. On the day of the audit, there were 55 residents: 14 residents at rest home level care, 22 residents at hospital level of care (including one resident on accident compensation corporation [ACC] funding); and</p>

<p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>19 residents requiring dementia level of care. All residents other than the ACC were under the age-related residential care contract (ARRC).</p> <p>The Leadership team of Bupa is the governing body and consists of directors or heads of Clinical, Operations, Finance, Legal, Property, Customer transformation, People, Risk, Corporate Affairs and Technology. This team is guided by Global Bupa strategy, purpose and values and reports to the Bupa Care Services NZ Boards in New Zealand and the Bupa Australia & New Zealand (ANZ) Board. A New Zealand-based managing director reports to a New Zealand-based Board. Each director has an induction to their specific role and the senior leadership team. The directors are knowledgeable about legislative and contractual requirements and are experienced in the aged care sector. The Bupa Board and executive team have attended cultural training to ensure they can demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is a cultural working group working alongside the Bupa Leadership team.</p> <p>Bupa has a Clinical Governance Committee (CGC), a Risk and Governance Committee (RGC), a Learning and Development Governance Committee, and a Work Health Safety Governance Committee where analysis and reporting of relevant clinical and quality indicators are discussed to improve services offered. There is a clinical support improvement team (CSI) that includes clinical specialists in restraint, infections and adverse event investigations, and a customer engagement advisor based in the head office to support their facilities with improvements to their service. Furthermore, Bupa undertakes national and regional forums as well as local and online training, national quality alerts, use of benchmarking quality indicators, learning from complaints (open casebooks) as ways to share learning, and the quality of care for Māori and tāngata whaikaha.</p> <p>The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori), which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. Bupa NZ is committed to supporting outcomes for Māori and equitable service delivery. The</p>
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	<p>goals of the Māori strategy permeate through service delivery and are measured as part of the quality programme. The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers.</p> <p>Bupa has an overarching strategic plan with clear business goals to support its person-centred philosophy. The Bupa leadership team annually reviews the business and operational plan for strategy and planning. Guidance in cultural safety for their employees is provided through training in cultural safety awareness around Māori health equity, barriers to care and disparities in health outcomes, as documented in the Towards Māori Health Equity policy. The Towards Māori Health Equity policy states that Bupa is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collective needs of residents who identify as Māori to ensure they live longer, healthier, happier lives. The cultural advisor collaborates with the Boards and Bupa leadership team in business planning and service development to improve Māori and tāngata whaikaha health outcomes. Tāngata whaikaha provide feedback around all aspects of the service through general feedback, including completion of satisfaction surveys. Feedback from surveys is collated, which provides the opportunity to identify barriers and improve health outcomes.</p> <p>Bupa Totara Garden's business plan for 2025 includes a mission statement and operational objectives with site-specific goals related to business and quality outcomes. The 2024 business plan was reviewed prior to the documentation of the 2025 plan. The goals are reviewed as required and annually. The regional operations manager reports to the national operations director.</p> <p>The service is managed by a general manager who is a qualified social worker and has been in the role since January 2024. They have experience in health management and had government roles previously in New Zealand. The general manager is supported by a clinical manager who has been in the role since May 2024. They are supported by the regional operations manager and a team of experienced and qualified staff. The management team reports that staff turnover has been relatively low.</p> <p>The GM and CM have completed over eight hours of training in</p>
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		managing an aged care facility, including Bupa regional managers' forums, pandemic and infectious disease planning, and infection control teleconferences.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Bupa Totara Gardens has a range of documents that contribute to quality, risk management, and reflect the principles of quality improvement processes. All internal audits were completed according to the schedule. The quality partner completes a monthly quality care home report focussing on quality data. Benchmarking occurs on a national level against other Bupa facilities.</p> <p>Quality data includes incidents/accidents, infection and outbreak events, complaints, satisfaction surveys, internal audits, and staff surveys, all analysed to identify and manage issues and trends. A sample of quality, risk, and other documentation showed that where monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes.</p> <p>Meetings occurred as scheduled. Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The outcomes from the resident satisfaction survey conducted in March 2025 with a net promoter score (NPS) of 76 (this was the first survey since opening). Minimal corrective actions were identified, and corrective action plans have been implemented. The results of quality data, satisfaction surveys, and corrective actions are discussed with staff at staff meetings. Residents and family/whānau were informed of survey results at the April resident and whānau meeting.</p> <p>The clinical service improvement team has updated all policies and procedures reviewed to meet the requirements of the Ngā Paerewa Standard. The policies reviewed covered all necessary aspects of the service and contractual requirements. Critical analysis of organisational practices to improve health equity occurs, with appropriate follow-up and reporting. The GM and CM described the processes for identifying, documenting, monitoring, reviewing, and</p>

		<p>reporting risks, including health and safety risks, and developing mitigation strategies.</p> <p>Staff documented adverse and near-miss events in accordance with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed that these were fully completed, incidents were investigated, action plans were developed, and actions were followed up in a timely manner. The Severity Assessment Code (SAC) has been implemented for all rating of risk for adverse events, including pressure injuries and a fracture following a fall.</p> <p>The GM and CM were aware of the Health and Safety at Work Act (2015) and implemented its requirements. All visitors to the service are informed and reminded of health and safety and infection prevention during the outbreaks that have occurred since the last audit. No events required reporting to WorkSafe NZ in the previous 12 months. A hazard and risk register is in place and reviewed at regular intervals throughout the year. There is evidence of completed environmental audits with corrective actions put in place and resolved in a timely manner when required.</p> <p>The service complies with statutory and regulatory reporting obligations. Since the last audit, there have been section 31 notifications related to a resident behaviour of concern, and RN shortages between August 2024 and March 2025. Notifications to public health in relation to outbreaks have been completed.</p> <p>The management team reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p>	<p>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week; however, the service has not always been able to provide a registered nurse on shift for hospital level residents. The facility adjusts staffing levels to meet the changing needs of residents. Caregivers reported there are adequate staff to complete the work allocated to them. The residents</p>

<p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>and family/whānau interviewed supported this. Over the past four weeks, both rosters (for the dual-purpose beds and dementia unit) showed that all shifts were covered by sufficient number of experienced caregivers, with support from the clinical and management team. Residents and family/whānau interviewed stated they are informed of any changes to staff.</p> <p>The GM, CM work 40 hours a week, Monday to Friday, and are available on-call as part of the Northern on-call roster, supported by the clinical team. A selection of caregivers are medication competent to support medication administration across the service.</p> <p>Ongoing education is planned on an annual basis, including mandatory training requirements. Competency assessments include (but are not limited to) hand hygiene; donning and doffing of personal protective clothing; medication administration; percutaneous endoscopic gastrostomy (PEG); restraint use; fire safety; moving and handling; male catheterisations; syringe driver and first aid competencies. Training for care staff and registered nurses included: safe moving and handling; Te Tiriti o Waitangi; abuse prevention; health and safety; challenging behaviour; medication management; sluice training for caregivers, chemical safety; information and privacy; risk management; fundamentals of palliative care; incident management; falls management; scabies outbreak management; pressure injury prevention and identifying acute deterioration.</p> <p>Staff are supported to complete a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements. There are 29 caregivers; 21 of whom have attained a level 3 or above NZQA qualification. Staff reported that they had completed the required dementia units. There are 16 caregivers working in the dementia care, 15 of whom have either completed the required education to meet the requirements of ARRC, with one new staff member enrolled to complete the required dementia standards.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. The staff records sampled demonstrated completion of the required training and competency</p>
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		<p>assessments.</p> <p>Staff members interviewed reported feeling well-supported and safe in the workplace. The GM reported that the model of care ensured that all residents were treated equitably. Staff and management completed cultural training. The provider'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.</p> <p>There is an employee assistance programme in place to promote staff wellbeing. Staff participated in an annual employee satisfaction survey and staff interviewed reported a positive workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police-checked, and referees are contacted before an offer of employment occurs. A sample of eight staff records (two RNs, four caregivers, maintenance officer, laundry staff) reviewed confirmed that the organisation's policies are being consistently implemented. Each position has a job description.</p> <p>Records confirmed that all regulated staff and contracted providers had proof of current registration with their regulatory bodies. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and orientation to the environment, including emergency management. There is a process in place to review staff performance at regular intervals. No staff member had been employed for over 12 months at the time of audit.</p> <p>Each staff member's ethnic origin is documented on their personnel records and is used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data is in place and reported to the board at board meetings. Following incidents, the GM, CM, and support office staff are available for any required debriefing and discussion. Staff reported</p>

		that they feel supported following incidents.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled. The clinical notes were current, integrated, legible, and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on-site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed.</p> <p>The service uses an electronic information management system and a paper-based system. Staff have individual passwords to the electronic record, medication management system, and interRAI assessment tool. The visiting general practitioners (GP), and allied health providers also document the information as required in the residents' records. Policies and procedures guide staff in the management of information. An external provider holds backup database systems.</p> <p>There is a consent process for data collection. Policy and procedure on site enable EPOAs to be able to review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned. Bupa Totara Gardens is not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau.</p>	FA	<p>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. Review of residents' files confirmed that entry to service complied with entry criteria. Eight admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and received sufficient</p>

<p>Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>information prior to and on entry to the service. Admission criteria is based on the assessed need 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.</p> <p>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. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. Bupa Totara Gardens is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and liaison with local kaumatua.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Eight files were reviewed for this audit: Two rest home residents, four hospital residents (including one on ACC funding) and residents in the secure dementia unit. The CM and the registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. Residents and family/whānau interviewed report they are involved in the assessment, care planning and review process as evidenced in the files reviewed.</p> <p>Cultural assessments are completed for all residents. A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. There is also a Pasifika health care plan to ensure the same for Pacific residents. The clinical manager reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified, and strategies to manage these are documented. Staff confirmed they understood the process to support residents and family/whānau.</p>

	<p>All residents have admission assessment information collected and an initial care plan completed at the time of admission. All reviewed files (including the ACC) had interRAI assessments completed. All files reviewed confirmed that the initial interRAI assessments and initial long-term care plans were completed in a timely manner and within the required timeframes. The long-term care plan includes interventions to manage all risks, early warning signs and guide care delivery. The care plans are holistic and align with the service's model of person-centred care. The residents in the dementia unit had assessments of behaviour in place that include the resident's current abilities, level of independence, identified needs/deficits, habits, routines, and behavioural characteristics. Behaviour management strategies include prevention-based strategies for minimising episodes of challenging behaviours; a description of how the behaviour is best managed over a 24 hour period; and a description of the activities that meet the residents' needs in relation to individual diversional, motivational, and recreational therapy during the 24 hour period.</p> <p>InterRAI assessments have not always been reevaluated within the six-monthly time frame. Management have recognised this, and a corrective action has been put in place. Care plan evaluations were completed at least six-monthly or when residents' needs changed. Evaluations documents the progress towards the individual's goals and if it is met or unmet. Short-term care plans for infections, weight loss, behaviour that challenges and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner.</p> <p>A contracted general practitioner (GP) ensures residents are assessed within five working days of admission. The GP reviews each resident at least three-monthly and visits the facility once a week. The GP is on call till 5pm but after this the facility contacts the local public hospital. The CM is available 24/7 for clinical advice and decision making as required. When interviewed, the GP expressed satisfaction with the standard of care and the RN's competence at Bupa Totara Gardens. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has an independent physiotherapist contracted to work five hours a week. The Bupa dietitian is contacted as required.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There one activities coordinator and two activities assistants (one of whom is a diversional therapist) who provide activities seven days a week. The programme is supported by the caregivers. The programme is planned monthly and weekly. The weekly calendar is placed in large print on noticeboard and residents may have a copy in their rooms. There is a separate programme for the dementia unit. The activity team facilitate opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft and participation in Waitangi weekend, Māori language week and Matariki. On the days of audit, the residents in the dementia unit were playing stick games.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. There is a set programme in the dementia wing, but all staff are very aware that this programme needs to be flexible. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, hand massage and chit-chat. There are lounges where residents and family/whānau can watch television and access newspapers, games, puzzles, and books.</p> <p>A resident's social and cultural profile in the resident's file 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; board gaming; hand pampering; bingo; and happy hour. There are regular van drives for outings, regular entertainers visiting the residents, a weekly church service and Roman Catholic communion. Links with the community are maintained through regular van outings.</p> <p>There are regular resident meetings in the dual-purpose unit. Activities staff rely on feedback from other staff and family/whānau in the dementia unit. Residents and family/whānau can also provide feedback on activities at the six-monthly reviews. Residents and</p>
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		family/whānau interviewed stated the activity programme is meaningful and engaging.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>A medication management policy is available for safe medicine management and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. RNs have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The facility uses robotic rolls. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the medication room. Medication trolleys were always locked when not in use. The medication fridge and medication room temperatures are monitored daily. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the electronic medication chart.</p> <p>Sixteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There is a policy in place to manage residents that wish to self-administer their medications. There was one resident self-administering medications on the days of the audit. A consent form and competency assessment had been signed and reviewed three monthly. The resident's insulin is stored in the medication fridge.</p> <p>Pro re nata (PRN) medications are administered as prescribed and effectiveness is documented on the electronic medication system or in the progress notes. Medication competent caregivers or</p>

		<p>registered nurses sign when the medication has been administered. There are no vaccines kept on site. The facility does not use standing orders. 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.</p> <p>The registered nurses and clinical manager described the process to work in partnership with Māori 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.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. There is a support services coordinator who is responsible for the kitchen, laundry, and cleaners. There are two cooks and three kitchen hands. All kitchen staff have completed safe food handling.</p> <p>The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in place, expiring 6 September 2025.</p> <p>The four-weekly seasonal menu has been reviewed by the Bupa dietitian. There is a food services manual available in the kitchen. The support services coordinator receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, diabetic, pureed foods) or residents with weight loss. The support services coordinator (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Māori or Pasifika menu options are available upon request and family/whānau can bring special meals for their relatives. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented.</p> <p>The cook completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe</p>

		<p>limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are transported to dining rooms using hot boxes. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining area especially in the dementia wing. Encouragement is given to stay seated for those residents who wander/constantly walk to ensure the dining experience is pleasurable for all. Modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, and the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>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 discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>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 clinical manager and registered nurses explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. Transfer documents include reasons for transfer and the support they need.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p>	FA	<p>The building holds a current compliance certificate. There is a maintenance officer (interviewed) who works 31.5 hours a week. There is an external contractor who manages the gardens. Maintenance requests are documented in a maintenance book. This is checked daily and signed off when repairs have been completed. There is an annual preventative maintenance plan that includes electrical testing and tagging (completed June 2024).</p>

<p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>Monthly testing of hot water temperatures occurs and if temperature recordings are out of expected range a plumber is notified. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment was completed January 2025.</p> <p>The dual-purpose unit is carpeted with vinyl surfaces in bathrooms/toilets and kitchenette areas. There is adequate space for storage of mobility equipment. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the facility and are able to personalise their room. All rooms are for single occupancy and have ensuite. In the dementia care unit, rooms have a photo of the resident on the door. The toilet doors in the dementia care wing have diagrams of toilets on them. Residents were observed moving freely around the areas with mobility aids where required. The caregivers interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans.</p> <p>There are handrails in hallways and private and communal toilets. The hallways are wide. The lounges are large allowing ample room for residents to mobilise and use equipment safely. There are well-appointed dining rooms for each area. In all areas there are spaces for residents to have quieter times or entertain visitors. Activities take place in the large communal lounges. There are outdoor areas with outdoor seating, shaded areas and raised gardens. The secure outdoor areas in the dementia unit are safely fenced to deter climbing and there are long looped pathways to promote safe walking. There are sufficient communal toilets situated in close proximity to communal areas.</p> <p>The building is appropriately heated and ventilated. There is ample natural light in the rooms. The general manager and the clinical manager described how they would utilise their links with the kaumātua to ensure designs and environments reflect the aspirations and identity of Māori for any major refurbishments or building projects.</p>
<p>Subsection 4.2: Security of people and workforce</p>	<p>FA</p>	<p>Emergency/disaster management policies outline the specific</p>

<p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>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 facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand on the 26 June 2024. Fire evacuation drills are held six-monthly, and one was last completed 21 February 2025. Civil defence supplies are stored in an identified cupboard and are checked six-monthly. The facility has a contract with a company to supply a generator in an emergency. There are gas barbeques to cook on. There is an adequate food supply available for each resident for minimum of three days. Emergency water tanks provide 3,000 litres of water.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person is trained in first aid and always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested as per maintenance schedule. Staff were observed to be responsive to call bells on the days of the audit. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The facility has closed circuit television cameras (CCTV) in corridors and at exits. The facility is secured at night and there are nightly security patrols (contractor). Staff are identifiable.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention and antimicrobial stewardship (AMS) programmes are appropriate to the service's size and complexity. The governance body approved these programmes, which are linked to the quality improvement system, health, and safety and are reviewed and reported on yearly. Expertise and advice are sought following a defined process with the governance, management, and leadership team at Bupa and are able to provide expert advice and support. A documented pathway supports reporting progress, issues, and/or significant events to management.</p> <p>A stepwise approach to risk management is documented, an emergency pandemic plan is documented and has been reviewed.</p>

		<p>Bupa ensures there are sufficient resources and personal protective equipment (PPE) readily available and accessible to staff. All staff, residents and family/whānau have received training and updates for managing infection outbreaks. Training records are well maintained.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The governance body approved the infection prevention and antimicrobial 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 CM (registered nurse) is the infection prevention and control coordinator (IPCC), and the position description for IPCC is well-defined and in place. The IPCC has input when infection control policies and procedures are reviewed. The IPCC has access to shared clinical records and diagnostic results to make decisions.</p> <p>The service has a pandemic plan and guidelines to manage and prevent infection exposure. Infection prevention and control training is provided to staff, residents, and visitors. Adequate supplies of personal protective equipment (PPE) and hand sanitisers were in stock. Hand hygiene audits were completed as per schedule. Staff are advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for Covid-19. Information and resources to support staff in managing Covid-19 and other outbreaks were regularly updated and tested.</p> <p>The service has documented policies and procedures that reflect current best practices. These policies and procedures are accessible and available for staff. The care delivery, cleaning, laundry services, and food management processes were observed. Staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand hygiene techniques, and the use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Staff training on infection prevention and control is routinely provided</p>

		<p>during orientation and annual in-service education. The training includes hand hygiene procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained. The IPCC has completed various infection prevention and control training online.</p> <p>The IPCC (CM) reported they work in consultation with Health New Zealand control specialists in procurement processes for equipment, devices, and consumables. The CM and registered nurses reported that there were processes in place for early consultation with the infection prevention personnel during the built of the new building ;when significant changes are proposed they will be consulted . In an interview, the CM and registered nurses reported that single-use medical devices are not re-used at the service. Shared equipment is appropriately cleaned between use. The service completed cleaning and environmental audits to safely assess and to provide evidence that these procedures are carried out.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has an antimicrobial use policy and procedure. The 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. Infection rates and antimicrobial use 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</p>

		<p>pathogens, and adverse effects.</p> <p>The Power BI dashboard provides 'real-time' updates on antimicrobial medications used. The service ensures there is a clinical reason for testing for urinary tract infections (UTI). The CM advised dipsticks are used to rule out, rather than confirm a UTI, and the RN has to identify what the indication is for sending a sample to the laboratory.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and infection definitions. Infections are entered into the register on the electronic database, and surveillance of all infections (including organisms) is collated into a monthly infection summary. Data is monitored and analysed for trends monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed during infection control, clinical and staff meetings. The IPCC interviewed confirmed the process of creating improvement plans should this be required.</p> <p>Benchmarking graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand. All infection data is reported to the governing body.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required and to keep family/whānau up to date on any infections. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene,</p>

		<p>medications prescribed and requirements if appropriate for isolation.</p> <p>There have been three outbreaks since the last audit. These were one norovirus outbreak, one Covid-19 outbreak, and one scabies outbreak all in February 2025 in different areas of the facility. All were appropriately notified to Health New Zealand and Public Health. There was evidence of regular communication with the IPCC, clinical director, aged care portfolio manager and Health New Zealand infection control nurse specialist. Meetings (sighted) were held, and 'lessons learned' were captured and discussed to prevent, prepare for, and respond to future infectious disease outbreaks. Any infections of concern are discussed and reported to the Bupa infection control lead. Outbreak logs were completed. Staff confirmed that resources, including PPE were in stock. Residents and family/whānau were updated regularly through the outbreaks.</p> <p>Hand sanitisers are available for staff, residents, and visitors to the facility. Visitors to the facility sign in at entry to the building and sign out on exit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are sluice rooms (with sanitisers) and personal protective equipment, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on-site by dedicated staff seven days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident. Kitchen linen and mop heads are also done on-site. There are sufficient commercial washing machines and dryers. Material safety data sheets are available, and all chemicals are within closed systems. Linen was</p>

		<p>seen to be transported on covered trolleys.</p> <p>Cleaners' trolleys are attended to at all times and locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. Appropriate personal protective clothing was readily available. The linen cupboards were well stocked with good-quality linen. The washing machines and dryers are checked and serviced regularly.</p> <p>The staff interviewed had good knowledge about cleaning processes and infection prevention and control requirements. There were kitchen and laundry audits completed that evidence compliance.</p> <p>The IPCC provides support to maintain a safe environment during construction, renovation, and maintenance activities. There were no construction, installation, or maintenance in progress at the time of the audit; however, the CM stated that they would have input into any change to the building if this was to occur. Infection control internal audits are completed by the IPCC.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with residents, family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing. The designated restraint coordinator is the clinical manager. There are currently no restraints in use.</p> <p>The restraint free strategies are reviewed monthly by the restraint coordinator and reported at the staff meetings and to the general manager. The restraint coordinator interviewed described the focus on maintaining a restraint free environment. Restraint is included as part of the mandatory training plan and orientation programme. Staff complete competencies at orientation and annually.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>Staff maintain current first aid certificates, so there is always a first aider on site. A selection of caregivers are medication competent to support medication administration across the service. As per the ARRC contract with Health New Zealand, an aged care facility providing hospital level care is required to have at least one registered nurse on duty at all times; however, the service has been unable to provide a registered nurse on site a number of times over the past six months for hospital level care residents. These gaps range from an hour to full shifts. It was noted that the service has attempted to mitigate the risk of this situation by providing comprehensive on-call cover for advice, and using an emergency consult virtual nursing service.</p>	<p>The service does not have sufficient numbers of registered nurses to have an RN on duty at all times as per the ARRC contract D17.4 a. i.</p>	<p>Ensure a registered nurse is on duty at all times to meet the requirements of the ARRC contract D17.4 a. i.</p> <p>90 days</p>

<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Low</p>	<p>Initial InterRAI assessments are completed within three weeks of admission. The triggers and scores from the interRAI is used to develop the long-term care plan. Care plans are evaluated six monthly and updated when changes in health occur. The interRAI reassessments have not always been completed within the required timeframes.</p>	<p>Five out of eight interRAI re- assessments had not been completed within the six-month time frame.</p>	<p>Ensure interRAI assessments are re-evaluated within the six-month timeframe accordance with the requirements of ARRC.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.