

# Bupa Care Services NZ Limited - NorthHaven Hospital

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Bupa Care Services NZ Limited

**Premises audited:** NorthHaven Hospital

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

**Dates of audit:** Start date: 18 June 2025 End date: 19 June 2025

**Proposed changes to current services (if any):** The service applied to re-instate the four double rooms that were removed at the last certification audit. This audit verified that four rooms are suitable for double/shared occupancy. This brings the total certified beds from 102 to 106.

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

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Bupa Northhaven Hospital provides hospital (geriatric and medical), rest home (excluding dementia level) and psychogeriatric levels of care for up to 106 beds. On the days of the audit, there were 99 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 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 planning and medicine management.

The service is awarded a continuous improvement related to the activities programme.

## Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

There is a Māori 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 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 interact 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.

Subsections applicable to this service fully attained.

The leadership team of Bupa is the organisation's governing body responsible for the services provided. The services provided at Bupa Northhaven 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 aim to take a risk-based approach. Systems include 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 has 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 ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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There is an admission package available prior to or on entry to the service. The clinical manager and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals, with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files demonstrated general practitioner reviews and visiting allied health professionals' input.

The diversional therapist implements an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meets the individual recreational preferences. Bupa Northhaven conducted quality improvement projects in relation to activities, with positive impacts on residents' quality of life and satisfaction.

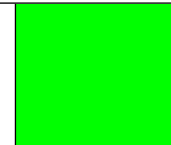
Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed evidenced at least three-monthly reviews 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. Snacks are available 24/7. 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.



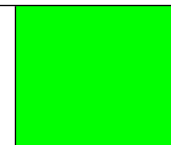
Subsections applicable to this service fully attained.

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 psychogeriatric unit is secure. There is a mix of rooms with 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 are in all resident bedrooms. Security checks are performed each evening, and security lights and closed-circuit television cameras are installed externally and in public spaces.

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

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



Subsections applicable to this service fully attained.

The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. 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. Outbreaks of infection reported since the last audit were well managed.

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 fully attained.
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There is a Bupa governance commitment to eliminate restraint in the care homes. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator, who is a registered nurse. The care home currently has no residents using restraints. Use of restraints are considered as a last resort only, after all other options are explored.

## 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	0	2	0	0
Criteria	1	164	0	0	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
<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.</p> <p>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 and clinical manager stated they support increasing Māori capacity within the workforce and will employ Māori applicants when they apply for employment opportunities at Bupa Northhaven. Ethnicity data is reported in the care home's dashboards to monitor success. At the time of the audit, there were no staff who identify as Māori.</p> <p>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.</p> <p>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 two residents (one hospital level and</p>

		<p>one rest home level) and eight family/whānau members (four psychogeriatric level and four hospital level). Management and eighteen staff interviewed (five caregivers, one diversional therapist, one support supervisor, one housekeeper, one maintenance staff, one kitchen manager, seven registered nurses [including two unit-coordinators] and one business support coordinator) described how the delivery of care is based on each resident's values and beliefs.</p> <p>The service has existing partnerships with a local marae, including support from kaumātua, to allow for better service integration, equitable service delivery, planning, and support for Māori. The kaumātua had delivered a teaching session to staff the week before the audit on end-of-life cares from a Māori perspective.</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 people's health equity plan guided by the principles embodied in the Ministry of Pacific people's 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 Northhaven's education policy on cultural safety includes components of the Fonofale model of Pacific health.</p> <p>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 residents 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 who identified as Pasifika at the time of the audit. There were no residents who identified as Pasifika.</p> <p>The service continues to strengthen relationships and seek guidance on its Pacific plan, thereby increasing its involvement in a</p>

		collaborative service delivery approach to ensure equitable, quality health and disability outcomes for Pacific people.
<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, sign language 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 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 on the noticeboards 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.</p> <p>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.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Caregivers and registered nurses 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</p>

	<p>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 residents' care plans reviewed.</p> <p>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 no couples receiving service at the time of the audit.</p> <p>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.</p> <p>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.</p> <p>Residents' files and care plans identified resident's preferred names.</p> <p>Waitangi Day, Matariki and Māori language week are celebrated at Bupa Northhaven. 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. There are flip charts located around the care home on tikanga Māori for staff to easily refer to. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Written information referencing Te Tiriti o</p>
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		Waitangi is available for residents and staff to refer to.
<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>	FA	<p>All staff interviewed 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 are maintained. The clinical manager reported 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 expressed residents are free from any type of discrimination, harassment, physical or sexual abuse or neglect, and 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 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).</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.  Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.  As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about</p>	FA	<p>Information is provided to residents and family/whānau on admission. Bi-monthly resident, and family/whānau meetings identify feedback from residents and consequent follow up by the service.</p> <p>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</p>

<p>their choices.</p>		<p>reviewed identified relatives are kept informed; this was confirmed through interviews with family/whānau. 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The general and clinical manager stated they understood Māori preferred face-to-face communication and time to consider any decisions.</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</p>	<p>FA</p>	<p>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.</p>

<p>and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The general practitioner makes a clinically based decision on resuscitation authorisation, in consultation with residents and family/whānau. The service follows relevant best practice tikanga 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 psychogeriatric unit had an activated EPOA or current welfare guardian in place. Copies of enduring power of attorney were on resident files.</p> <p>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.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The 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 five complaints logged and investigated since the last audit, including two complaints from the Health and Disability Commissioner (HDC). One complaint from the HDC was initially lodged in 2022 but reactivated by family/whānau in 2025. Bupa head office is managing the complaint. All documentation has been submitted to the HDC in the required timeframe and the general manager is awaiting their response. The other complaint to the HDC was lodged in 2023, but later withdrawn by the family/whānau. The HDC referred the complaint to HealthCERT. The complaint was around the use of restraint and care planning. Bupa Northhaven significantly reduced the use of restraint in 2024 and is currently restraint free. The issue around care planning was found to be substantiated on review of resident files (link 3.2.3).</p> <p>The complaints included an investigation, follow up, and reply to the</p>

		<p>satisfaction of the complainant. No trends were identified, and the three 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 the HDC.</p> <p>The welcome pack includes 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.</p> <p>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. Residents or family/whānau 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/whānau 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/whānau. Residents and family/whānau interviewed confirm management are open and transparent in their communications.</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</p>	<p>FA</p>	<p>Bupa Northhaven provides hospital (medical and geriatric), rest home and psychogeriatric level care for up to 106 residents. There are 59 dual purpose rest home and hospital level care beds, 5 dedicated rest home level beds, and 42 psychogeriatric beds. There are 15 shared rooms in the psychogeriatric unit, and 12 shared rooms in the hospital and rest home area. Since the last audit, four beds in shared rooms (one in the psychogeriatric unit and three dual purpose beds) that had been decommissioned, have been</p>

<p>policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>recommissioned and are in use. The general manager confirmed HealthCERT was appropriately notified of the increase in bed numbers. The rooms were sighted during the audit and seen to be appropriate for residents.</p> <p>Occupancy on the day of audit was 99 residents: 7 rest home level, 52 hospital level and 40 psychogeriatric (including one resident on a long-term support for chronic health conditions contract [LTS-CHC]). All other residents were under the age-related residential care contract (ARRC).</p> <p>The leadership team of Bupa is the governing body and consists of directors or heads of clinical 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 and 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.</p> <p>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 are also reported 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.</p>
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	<p>Furthermore, Bupa undertakes national and regional forums, as well as local and online training, national quality alerts, use of benchmarking quality indicators, and learning from complaints (open casebooks) as ways to share learning, 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.</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. The goals of the Māori strategy permeate through service delivery and are measured as part of the quality programme. The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers.</p> <p>Bupa has an overarching 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.</p> <p>Bupa Northhaven’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.</p> <p>The service is managed by a general manager (non-clinical), who has been in the role since September 2023. Prior to joining the organisation, they have held a range of roles with another aged care</p>
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		<p>provider. Prior to moving to New Zealand, they were an overseas trained general practitioner. They are supported by a clinical manager (a registered nurse), who has been in the role for three years and has 20 years' experience in aged care. 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.</p> <p>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.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Bupa Northhaven 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.</p> <p>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 noticeboards. Benchmarking occurs on a national level against other Bupa care homes.</p> <p>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 100% satisfaction with home presentation, cleanliness, safety, staff being kind and caring, getting the care they need, and staff following up on</p>

	<p>issues raised. 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 noticeboards.</p> <p>Bupa Northhaven implements a continuous quality improvement approach with service delivery, including critical review of clinical data and benchmarking and identifying opportunities for improvement. Quality improvement projects are documented for the activity programme (link 3.3.1) which demonstrates continuous improvement with improved outcomes for the residents. Having participated in the national pilot study for Deterioration Early Warning Signs (DEWS), the service has been implementing projects related to reduction in behaviours of concern in the psychogeriatric unit, reduction of facility acquired pressure injuries, and prevention and reduction of falls. Progress of the projects is discussed and reviewed in meetings. In addition, the service has worked over the last two years to reduce the use of restraints, and there were no residents using restraints at the time of the audit.</p> <p>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.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. The 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.</p> <p>Electronic incident and accident reports are completed for each</p>
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		<p>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.</p> <p>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 call bell failure. There have been three outbreaks of Covid-19 (in July and August 2024 and January 2025) and one gastrointestinal outbreak in December 2024 since the last audit. These were appropriately documented, reported and well managed.</p> <p>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.</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.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a 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 per day, seven days per week. The care home adjusts staffing levels to meet the changing needs of the residents. At the time of the audit, the service had implemented a process where all staff rotated through each area to mitigate the potential for a lack of skill mix in any one area during an outbreak. Review of the current rosters showed shifts were covered by experienced caregivers, there was 24/7 registered nurse cover and</p>

	<p>support of the clinical and management team. There are dedicated activities, maintenance, housekeeping and cleaning staff supporting service delivery.</p> <p>The general manager 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 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.</p> <p>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.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Bupa Northhaven supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 50 caregivers employed in total; 31 of whom regularly work in the psychogeriatric unit. Of these, 24 have completed the dementia unit standards, 21 have completed the psychogeriatric standards, five are currently enrolled in the psychogeriatric standards, and two newly employed caregivers are yet to start the standards. A record of completion is maintained on an electronic human resources system.</p> <p>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</p>
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		<p>the same competencies as the registered nursing staff, including medication administration; controlled drug administration; nebuliser; blood sugar levels and insulin administration; oxygen administration; and wound management.</p> <p>Additional registered nurse specific competencies include subcutaneous fluids, syringe driver, PEG feeding, male and female catheterisation, and interRAI assessment competency. There are 19 registered nurses (including the clinical manager and two unit-coordinators). 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.</p> <p>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 Influenza vaccinations, quit smoking programmes, and seasonal staff nomination vouchers. Staff welfare is promoted through provision of regular cultural themes, get togethers offsite, and shared meals at staff meetings. Staff achievement and birthdays are recognised at staff meetings. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations. Staff participate in an annual employee satisfaction survey and staff interviewed reported a positive workplace.</p> <p>Bupa Northhaven'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>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</p>	<p>FA</p>	<p>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</p>

<p>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>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.</p> <p>Once applicants pass pre-employment screening, suitable applicants are interviewed by the Bupa Northhaven general manager. Eleven staff files reviewed (four caregivers, one kitchen manager, one kitchen assistant, one activities coordinator, two registered nurses, one maintenance person and one housekeeper) evidenced an organised recruitment process, reference checking and completed orientation. All staff had an employment agreement on file and a job description. 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. The job descriptions include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>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, general practitioners, pharmacists, physiotherapists, podiatrist, and dietitian. All staff who have been employed for over one year, have an annual appraisal completed.</p> <p>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 and caregivers to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure and confidential. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Staff are offered a debriefing session/s after any major or concerning incidents and accidents, with discussion and ongoing support to maintain their wellbeing.</p>
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<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>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 is password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>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 meet 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.</p> <p>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.</p> <p>The service is not responsible for National Health Index registration of people receiving services.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></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</p>	<p>FA</p>	<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 whānau and residents prior to admission or on entry to the service. Review of resident files confirmed that entry to service complied with entry criteria. Ten admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau</p>

<p>person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>and residents interviewed stated that they have received the information pack and have received sufficient 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 general manager and clinical manager 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 only be if the service had no beds available, or the potential resident would be requiring a different level of care to that offered by the service. 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.</p> <p>The care home has developed relationships with Māori services and Rongoa Māori health practitioners.</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 Moderate</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Ten resident files were reviewed: two rest home, four hospital and four psycho-geriatric level care, including one resident on long-term support chronic health contract (LTS-CHC). Initial assessments and care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent, and have been completed within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include (but not limited to) those related to nutrition; pain; transfer and mobility; skin; continence; pressure injury risk; cultural; behaviour; social history; and information from pre-entry assessments completed by the Needs Assessment and Service Coordination (NASC) or other referral agencies.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments</p>

	<p>and the interRAI assessment. Initial interRAI assessments have been completed within three weeks of admission, including for the resident on LTS-CHC. The initial care plans were not always detailed to provide guidance to care staff in the delivery of care. All the residents in the psycho-geriatric unit have a behaviour assessment and behaviour care plan completed on admission, with associated risks and supports needed documented; however, detailed strategies required for managing/diversion of behaviours were not always documented.</p> <p>Long-term care plans are holistic and individualised to meet the needs and preferences of the resident and provide guidance to staff around identified medical and non-medical needs. Documented interventions and early warning signs meet the residents' assessed needs; however, they were not detailed enough to direct comprehensive care delivery. The care plans for residents in the psycho-geriatric unit do not include a detailed 24-hour reflection of close to normal routine for the resident, with interventions to assist caregivers in management of resident behaviours. There are policies and procedures for use of short-term care plans for issues such as infections, weight loss, and wounds, with sign off when resolved or moved to the long-term care plan. However, not all short-term needs have had short-term care plans developed.</p> <p>Interview with the clinical manager and registered nurses confirmed that a Māori health care plan is completed for any residents that identified as Māori, to describe the support required to meet resident's needs, as sighted in the resident files reviewed on the day of the audit. The registered nurses interviewed described removing barriers so all residents have access to information and services required to promote independence, and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes.</p> <p>The initial medical assessment is undertaken by the contracted general practitioner (GP) within the required timeframe following admission. There is documented evidence of the exemption from monthly general practitioner visits when the resident's condition is considered stable. The service has a contract with a local medical practice that provides a team of three general practitioners, who visit</p>
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	<p>the care home three times a week and provide on-call cover after hours. The general practitioners have access to the resident records including the medication system. The general practitioner interviewed stated that there was good communication with the service and the registered nurses demonstrated good assessment skills and that they were informed of concerns in a timely manner. Two physiotherapists visit the care home six hours per week, and review residents referred by the registered nurse. Interview with the physiotherapist confirmed the timely referral of residents and follow up by staff of the resident management plans following review. There is evidence of a multi-disciplinary approach in the care of residents with other specialist services, including (but not limited to) speech language therapist, wound care specialist, and continence specialist nurse available as required through Health New Zealand.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, general practitioner visits, medication changes, and any changes to health status.</p> <p>There was evidence of wound care products available at the care home. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. However, wound assessments did not consistently include photos and wound measurements. There were 15 active wounds from 14 residents. The wounds reviewed included one suspected deep tissue pressure injury, incontinence associated dermatitis, lesions, ulcer, skin tears, and abrasions. The service has implemented quality improvement projects that have seen a reduction of facility acquired pressure injuries over the last two years. Referrals were completed for wound nurse specialist input as clinically indicated, with recommended plans incorporated into the wound management plans.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by caregivers, and registered nurses. When changes</p>
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	<p>occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the registered nurse initiates a review with the general practitioner. Registered nurses also undertake comprehensive assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required, with appropriate interventions documented in the long-term care plan to meet the changes in healthcare needs of the residents. There is evidence the registered nurse has added to the progress notes when there was an incident and changes in health status.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; visual checks, weight; food and fluid; repositioning charts; and blood glucose levels. For residents in the psycho-geriatric units, new behaviours are charted on a behaviour chart to identify new triggers and patterns. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. However, monitoring charts have not been completed as scheduled.</p> <p>All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Caregiver interviews confirmed they are familiar with the needs of all residents in the care home and that they have access to the supplies and products they require to meet those needs. Neurological observations have routinely been completed for unwitnessed falls, or those where head injury was suspected, as part of post falls management. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurse. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed</p>
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		according to their needs and in the privacy of their bedrooms.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There is an activities team led by a diversional therapist, who is supported by four activities assistants. There is a rotating roster that ensures seven-day cover of activities for rest home, hospital and psychogeriatric residents. The activity team have current first-aid certificates and completed relevant NZQA psycho-geriatric papers. The programme is supported by the caregivers, various church denominations, and community groups. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is a newsletter, which includes the weekly programme and updates of events, 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. On the day of the audit, there was kapa haka presented by children from the local school that Bupa Northhaven have a relationship with.</p> <p>A separate planner is developed for the psycho-geriatric 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 coordinator (who is a qualified diversional therapist) outlined how the monthly activity programme is put together in line with the needs of the residents, across the three levels of care. 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 psycho-geriatric units.</p> <p>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</p>

		<p>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. Each unit has an activities resource folder with diversional strategies tailored to each resident, which staff can access to support residents with behaviours of concern or to meet their needs.</p> <p>There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational services. There are monthly resident meetings that provide opportunities for feedback on the programme. 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.</p> <p>The service considers feedback from residents and family/whānau to identify opportunities to continuously improve service delivery and activities offered for the residents. The service is awarded continuous improvement for the activities programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies and procedures available for safe medicine management that meet legislative requirements. All clinical staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. Bupa Northhaven currently uses an electronic medication system and robotic packaging for regular medicines and short course medicines and pottles for 'as required' medicines. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the</p>

		<p>supplying pharmacy.</p> <p>Medications were appropriately stored in the four medication areas (Shakespear, Weiti, Hibiscus and Arkle) and locked trollies. Medication fridge and medication room temperatures are monitored daily. The temperature records reviewed showed that the temperatures for the fridge and rooms were within acceptable ranges. There are systems and processes to check all stored medications for expiry and required quantity. Eyedrops and creams have been dated on opening. Controlled drugs are stored appropriately; however, weekly stock checks have not occurred consistently. The six-monthly controlled drug physical check and reconciliation have been completed as scheduled.</p> <p>Twenty electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly and each chart has photo identification. Allergy status has not been consistently identified on the medication charts reviewed. Over the counter medications are charted on the electronic medication chart. There were no residents self-administering medications. There are processes in place to support residents who may be deemed competent to self-administer medicines. "As required" medicines are administered as prescribed by medication competent staff, with effectiveness documented in the electronic system or progress notes. Medication competent caregivers and registered nurses sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use.</p> <p>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 clinical manager and registered nurses described how they 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.</p>
Subsection 3.5: Nutrition to support wellbeing	FA	All meals are prepared and cooked on site. The kitchen was

<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>observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring 22 September 2025. The four-weekly seasonal menu has been reviewed and approved by a dietitian. There is a full-time kitchen manager who is supported by another cook to ensure a seven-day cover on a rotating roster. There is a team of kitchen assistants who work morning and afternoon shifts.</p> <p>There is a food services manual available in the kitchen. The kitchen manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements or residents with weight loss. The kitchen manager (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. The daily menu is written on a noticeboard in the dining rooms. Residents have access to nutritious snacks 24/7. On the day of audit, meals were observed to be well presented.</p> <p>The kitchen manager and cooks complete a daily diary, which includes fridge and freezer 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. Cleaning schedules are maintained. Meals are plated and put into hot boxes ready to be served to individual residents (as per their dietary requirements) in their room and in Weiti (rest home and hospital), Shakespear (psychogeriatric) and Arkles (psychogeriatric) dining rooms. The kitchen is adjacent to the main dining room (Hibiscus) and their meals are plated from the bain-marie and served to the residents directly by staff. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. Food services staff have all completed food safety and hygiene courses.</p> <p>The kitchen manager and caregivers interviewed understood basic Māori practices in line with tapu and noa. The kitchen manager advised that they provide food for the cultural themed days in line with the theme. The kitchen manager stated they accommodate any requests from residents within reason. The residents and</p>
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		family/whānau interviewed were complimentary regarding the food service and meals provided. They can offer feedback at the resident meetings and through resident surveys.
<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 that the discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau and residents are involved for all discharges or transfers 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 registered nurses explained that the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current warrant of fitness, which expires 22 February 2026. The environment is inclusive of peoples' cultures and supports cultural practices. There is a full-time maintenance officer who addresses day to day repairs, completes planned maintenance, and is on call 24/7 for any maintenance requirements. There are maintenance request books for repairs and maintenance issues in each unit. 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 December 2024). Calibration of medical equipment was included in the maintenance plan and was completed in April 2025. Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced that temperatures were within required ranges. Essential contractors/ tradespeople are available 24 hours a day as required.</p> <p>The care home is on two levels and has 106 beds across hospital, rest home and psychogeriatric levels of care. Since the last audit, four beds in shared rooms (one in the psychogeriatric unit and three</p>

	<p>dual purpose beds) that had been decommissioned, have been recommissioned and are in use. This has increased the total beds from 102 to 106.</p> <p>The psychogeriatric residents occupy two units on the ground floor, Shakespear and Arkle, with 12 single rooms and 15 double rooms. Both units are secure environments that are accessed by keypad for entry and exit. The units are designed to give residents easy access to internal and external areas. Each unit has spacious lounge and dining areas that open out to securely fenced courtyards with raised beds, walking paths and seating areas with shades. There is a quiet area in Arkle for residents that may want a low stimulus environment. There are alternative small lounge areas with library and activity resources throughout the care home. Each resident room has a hand basin and free flowing soap. There are adequate number of centrally located shared bathrooms and toilets in each unit to meet the needs of the residents. The nursing stations in both Shakespear and Arkle are located strategically to provide 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 variable throughout the day, with lower stimulus activities provided in the later afternoon.</p> <p>Hibiscus (ground floor) and Weiti (first floor) units have a total of 64 beds: 5 dedicated rest home beds, and 59 dual purpose beds made up of 35 single rooms, and 12 double rooms (59 beds). The rooms in Weiti are premium rooms with full ensuites. The rooms in Hibiscus have a mixture of part ensuites (toilet only), or no ensuite, but with a handbasin. The two floors are connected by a flight of stairs and lift, which was observed to be well used by residents on the days of the audit. Communal toilet and shower facilities are centrally located in the two wings of Hibiscus unit. There are toilets situated close to communal areas, in addition to separate staff and visitor toilets.</p> <p>There is a large dining area adjacent to the main kitchen in Hibiscus area. This is connected to large activities lounge that opens up to the outdoor environment with safe walking paths, large deck, raised gardens, seating areas with shade. An open plan lounge, dining and kitchenette area is centrally located in Weiti unit, connecting the two</p>
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		<p>wings of the first floor. There is a decorative fish tank, and outdoor decked area. There are alternative small lounge areas with library and activity resources throughout the care home, which include coffee machines for resident and visitor use.</p> <p>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. There is adequate space for the use of a hoist for resident transfers as required. Caregivers reported the spaces are adequate to provide care. There is sufficient natural light, ventilation, and thermostatically controlled 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.</p> <p>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.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>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 (23 January 2014). Fire evacuation drills are held six-monthly; the last one was completed on 10 April 2025. There are six 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</p>

		<p>appropriately. In the event of a power outage, there is a mobile generator that can be delivered by Bupa head office. There is an external generator connection plug point and a switch over control switch installed. There is gas cooking (BBQ and gas cookers) also available. There is an adequate food supply available for each resident for a minimum of three days.</p> <p>There are adequate supplies in the event of a civil defence emergency, including water supplies to meet the civil defence requirements for the region (5000litre tank with filter system installed and at least 1800 litres of bottled water). 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.</p> <p>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 staff 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 psycho-geriatric units are 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, at reception and within communal areas in the psychogeriatric units. Residents and visitors are made aware of emergency procedures.</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</p>	<p>FA</p>	<p>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</p>

<p>respond to relevant issues of national and regional concern.</p>		<p>were escalated to the leadership team within 24 hours.</p> <p>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.</p> <p>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.</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. 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.</p>	<p>FA</p>	<p>A unit 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 Northhaven. 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. 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.</p> <p>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.</p>

		<p>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 are readily accessible in each wing 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 are maintained. Additional staff education has been provided to keep updated with current best practice. Hand hygiene audits are completed as per schedule. Staff are advised not to attend work if they are unwell. Education with residents is 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.</p> <p>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.</p> <p>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.</p> <p>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 are consulted on infection control requirements as needed. The service has printed off educational resources in te reo Māori for staff and residents.</p>
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<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.</p> <p>Infection rates are monitored monthly, reported in a monthly quality report, and presented at meetings. The infection prevention and control coordinator 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 Northhaven has low use of antimicrobials when benchmarked with other care homes.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Monotherapy and narrow spectrum antibiotics are preferred when prescribed.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods 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 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.</p> <p>Benchmarking graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives</p>

		<p>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, medications prescribed and requirements if appropriate for isolation.</p> <p>There have been three outbreaks of Covid-19 (in July and August 2024, and January 2025) and one gastrointestinal outbreak in December 2024 since the last audit. All the outbreaks were appropriately notified to Health New Zealand and Public Health. There was evidence of regular communication with the Bupa infection control coordinator, and Health New Zealand 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.</p> <p>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.</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</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals are 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</p>

<p>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>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. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident. Kitchen linen and mop heads and all other linen are laundered offsite. There are sufficient commercial washing machines and dryers. Material safety data sheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys.</p> <p>Cleaners' trolleys are always attended to and locked away in the cleaners' cupboard when not in use. Cleaning schedules are consistently maintained for daily and periodic cleaning. All chemicals on the cleaner's trolley were labelled. Appropriate personal protective clothing is readily available. The numerous linen cupboards were well stocked with good-quality linen. The washing machines and dryers are checked and serviced regularly.</p> <p>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.</p> <p>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.</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>FA</p>	<p>The governance body demonstrate a commitment to eliminating restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the care home will work in partnership</p>

<p>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.</p>		<p>with Māori, to promote and ensure services are mana enhancing. Over the last 18 months, the service has implemented quality improvement projects and processes to reduce the number of restraints used, with the last restraint discontinued in March 2025. At the time of the audit, there were no residents using restraints.</p> <p>The designated restraint coordinator is the hospital unit coordinator, a registered nurse. The restraint coordinator confirmed the care home is committed to providing services to residents without use of restraint. The use of restraint (if any) is reported to the relevant meetings and the two monthly restraint meetings.</p> <p>All staff have completed annual restraint training and competency. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the orientation programme, as well as annual training.</p> <p>Seclusion is not used.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are</p>	PA Moderate	<p>The registered nurses are responsible for the development of the support plan on the electronic resident management system. Assessment tools, including cultural assessments, were completed to identify key risk areas. Alerts are indicated on the resident care plan and include (but not limited to) high falls risk, weight loss, wandering, and pressure injury risks. Interview with caregivers and registered nurses confirmed that caregivers refer to the care summary for guidance on the interventions to deliver care to the residents. Review of the care plans and care summaries demonstrated that they did not have comprehensive interventions</p>	<p>Three care plans reviewed for psychogeriatric residents did not include 24-hour detailed interventions to assist caregivers in strategies for distraction, de-escalation, and management of challenging resident behaviours that reflect individual diversional, recreational and motivational therapy of close to normal routine for the resident.</p> <p>There were no detailed interventions to provide guidance for caregivers in delivery of care related to: a) falls minimisation and management for one rest home and two recently admitted hospital residents; b) management of BiPAP machine</p>	<p>Ensure that care plans for residents in the psychogeriatric unit provide a 24-hour reflection of close to normal routine for the resident, with detailed interventions to assist caregivers in strategies for distraction, de-escalation, and management of challenging resident behaviours.</p> <p>(ii)-(iii) Ensure care plan interventions documented are sufficiently detailed to provide guidance for staff on care management.</p> <p>Ensure triggers are identified and documented for behaviours.</p>

<p>accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>to manage and guide the care of the residents.</p> <p>These include (but not limited to) interventions related to falls management, and support with residents with PEG and BiPAP machines. Not all resident care plans for psychogeriatric residents identified the triggers for behaviour or had 24-hour detailed interventions to assist caregivers in strategies for distraction, de-escalation, and management of challenging resident behaviours.</p> <p>There are policies and procedures for use of short-term care plans for issues such as infections, weight loss, and wounds, with sign off when resolved or moved to the long-term care plan. However, there were no short-term care plans sighted for short-term needs, such as skin tears and rashes.</p> <p>The registered nurses interviewed understand their responsibility in relation to care planning. There are comprehensive policies in place related to assessment and support planning. Caregivers interviewed are knowledgeable about the care needs of the residents and the family/whānau interviewed were complimentary of the care provided. The findings related to care planning relates to documentation only.</p>	<p>for one hospital resident and PEG for one hospital resident.</p> <p>There were no short-term care plans commenced as per policy for a skin tear for one rest home resident, and management of rashes as per general practitioner review for one hospital resident.</p> <p>Three resident care plans (one rest home and two psychogeriatric) did not have documented triggers for behaviours of concern.</p>	<p>90 days</p>
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<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(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;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Moderate</p>	<p>The registered nurses are responsible for the development of the care plan on the electronic resident management system. Assessment tools, including interRAI, were completed to identify key risk areas. Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; repositioning charts; and blood glucose levels. However, not all monitoring charts were completed as per care plan.</p> <p>When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. The registered nurses are responsible for updating the care plan with changes in resident health and input from the multi-disciplinary team.</p> <p>New behaviours are charted on a behaviour of concern form to identify new triggers and patterns. The behaviour of concern form entries described the behaviour and strategies to de-escalate behaviours, including re-direction and activities. Neurological observations are routinely completed for unwitnessed falls or</p>	<p>One rest home resident's short-term care plan required daily weights, but the weight chart and resident records show weight being checked for three of the seven days.</p> <p>Monitoring was not completed as per care plan for repositioning chart for a resident with a current pressure injury; food monitoring chart for the same resident; and daily PEG flushes as per dietitian instruction for one hospital level care resident.</p> <p>Care plans have not been updated with changes in resident health and care requirements in relation to a) one hospital resident who required daily PEG flushes as per dietitian instructions; b) one rest home resident who is unable to ring the call bell and now has a sensor mat in place to alert staff when they are up.</p> <p>Six wound assessments did not always have measurements documented to aide in evaluation of wound progress.</p>	<p>(i)-(ii) Ensure that monitoring is completed as per care plan.</p> <p>(iii) Ensure that care plans are updated with changes in resident health status.</p> <p>iv) Ensure there are comprehensive wound assessments documented.</p> <p>90 days</p>
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		where head injury was suspected as part of post falls management.		
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>There are policies and procedures available for safe medicine management that meet legislative requirements. All clinical staff who administer medications are assessed for competency on an annual basis. Controlled drugs are stored appropriately; however, review of the controlled drug register in Hibiscus demonstrated that between December 2024 and May 2025, there were four occasions when the weekly checks were missed, with 10 to 14 days in-between checks.</p> <p>Twenty electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly and each chart has photo identification. Eight medication charts did not have allergy status documented.</p>	<p>Weekly controlled drug checks have not been completed consistently in Hibiscus.</p> <p>Eight medication charts did not have allergies and sensitivity documented.</p>	<p>Ensure weekly controlled drug stock checks are completed in a timely manner.</p> <p>Ensure that allergies are documented on the medication charts.</p> <p>60 days</p>

## 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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>The achievement of the rating that the service implements a continuous improvement approach to the wellbeing of residents is beyond the expected full attainment. The service has demonstrated attentiveness to the needs of the residents in terms of activity and recreational needs. Bupa Northhaven conducted quality improvement projects in relation to activities, including launching resident poetry books; exhibitions at art galleries; extensive community connections with intergenerational groups as indicated; where a review process has occurred including analysis and reporting of findings. There is evidence of improvements made to service provision in order to ensure that residents lead fulfilling lives and that there have been positive impacts on residents’ quality of life and satisfaction.</p>	<p>The March 2024 resident and family/whānau survey revealed a low satisfaction result with the activities programme of 63%. As a result, Bupa Northhaven set a goal to improve the quality and diversity of activities provided and to better inform family/whānau members of what activities were occurring.</p> <p>By critically reviewing and identifying residents’ keen interest, as well as undertaking own surveys to gauge interest in various activities, the service has created a robust programme that meets resident needs. Bupa Northhaven has created and published a 28-page poetry book that was put together by residents with a keen interest in poetry. This has been shared with family, visitors and amongst residents. Events have been held at Whangaparaoa library where the authors (residents) have had heartfelt poetry reading sessions to members of the</p>

			<p>community.</p> <p>The art project is notable for its innovative use of materials and techniques. Residents at Bupa Northhaven have been experimenting with a range of methods, from using leaves to create unique prints, to transforming the bottoms of plastic bottles into vibrant painting tools. The creative process has also involved incorporating items collected from nearby beach, which have been thoughtfully integrated into scenic sea life ocean scenes. Following a successful exhibition in 2024 at the local Whangaparaoa Art exhibition, the residents of Bupa Northhaven have been invited to exhibit their artwork at the 2025 Art exhibition event.</p> <p>In addition, there are a group of residents who attend school assemblies and events at the local school and vice versa, school groups that come to the care home to build the inter-generational relationships and sharing of knowledge, culture (through the kapa haka groups) and experience. The service puts a lot of effort into listening to the suggestions and will often undertake surveys to gauge interests and endeavour to meet the required needs. An example is the Mother's Day survey, where residents were asked on how they would specifically want to celebrate the day. The outcome of the survey led to afternoon entertainment from a belly dancer, who has since come back again for repeat events.</p> <p>The service has a monthly newsletter which is shared with family/whānau, residents and on noticeboards, that captures activities that happen both within the care home and community, which helps to keep everyone updated. The activity team also send photos to family/whānau of their loved ones taking part in various activities. From survey results of 63% satisfaction with activities in April</p>
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			<p>2024, the subsequent survey (March 2025) results show that the level of satisfaction has increased to 73%. The service continues to aim for ongoing increase in satisfaction with activities.</p> <p>Implementation of these and other activities has had a positive impact upon the daily lives of residents, as evidenced through survey results, increased resident engagement, and resident and family/whānau interviews on the day of the audit. The service continues to capitalise on opportunities to continuously improve on activities offered, even as the resident mix changes with new residents admitted.</p>
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End of the report.