

# Bupa Care Services NZ Limited - Sunset Rest Home & 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:** Sunset Rest Home & Hospital

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

**Dates of audit:** Start date: 1 July 2025 End date: 2 July 2025

**Proposed changes to current services (if any):** The service requests the removal of residential disability services - physical; and residential disability services – intellectual from their certificate.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 113



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

## General overview of the audit

Bupa Sunset Rest Home provides hospital (medical and geriatric), dementia, rest home, and residential disability services (physical; and residential disability services – intellectual services) levels of care for up to 122 beds ( 95 rest home beds / hospital beds, including 49 dual purpose beds, and 27 beds in the secure dementia wing). On the days of audit there were 113 residents. At the time of the audit the service requested that residential disability services be removed from the certification.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand and Ministry of Social Development. 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 services 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 did not identify any areas for improvement. A continuous improvement has been awarded around the dining experience.

## 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. Bupa Sunset links with their own Māori staff who can provide interpreting support or contact kaumātua within their iwi when required.

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

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

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 as appropriate. Advance directives are followed. The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service collaborates 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 informed of outcomes following any investigation.

## 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, that are planned and coordinated and are appropriate to the needs of the residents and family/whānau. Goals sighted in the strategic plan are formulated and approved by the area leadership team.

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

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

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

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

Subsections applicable to this service fully attained.

Residents are assessed before entry to the service to confirm their level of care. The registered nurses are responsible for the assessment, development, and evaluation of care plans. There are policies in place to guide the care planning process.

Activities are provided seven days per week by a team of diversional therapists and activities assistants. The activities programme is varied and includes outings, entertainment, exercises, and activities that meet individual preferences. Activities in the dementia unit are tailored to individual residents and are designed to stimulate sensory, motor, and cognitive function and general enjoyment. Residents and family/whānau expressed satisfaction with the activities programme.

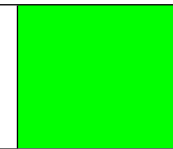
The organisation uses an electronic medication management system for prescribing and administration of medications. The general practitioner and nurse practitioner are responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

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 are referred or transferred to other health services as required.

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

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



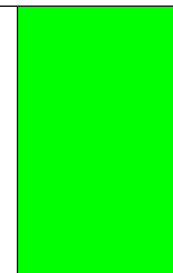
Subsections applicable to this service fully attained.

A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested and calibrated as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. The facility vehicle has a current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. There is an approved evacuation scheme and fire drills are conducted six-monthly. There is a staff member on each shift who holds a current first aid certificate. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents reported a timely staff response to call bells. Security is maintained.

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

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



Subsections applicable to this service fully attained.


The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme, appropriate to the service's size and complexity. A registered nurse coordinates the programme. Staff receive regular education on infection control.

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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Bupa Sunset is committed to maintain a restraint-free environment for their residents. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions and would only use an approved restraint as the last resort. There were two residents using restraint at the time of the audit. The restraint coordinator is a registered nurse. Education on the restraint-free organisational objective is included in the orientation programme and as part of the annual training plan.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	1	175	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Bupa NZ recognises Māori as tāngata whenua of Aotearoa New Zealand and its obligations and responsibilities that arise from Te Tiriti o Waitangi (the Treaty of Waitangi) as the founding document of Aotearoa/New Zealand. The Bupa NZ Māori Health Strategy aligns with the Ngā Paerewa Health and Disability Standard (HDSS) 2021. It describes: Kaitohutohu (advisory), Haututanga (leadership), Tatari kaute (audit), Tikanga (practises), Te Reo (language) Whakatairanga (materials and marketing) and Pia (internship). Māori cultural inclusivity is integrated into the operational practices at Bupa Sunset. Te ao Māori includes tikanga - cultural practises, te reo Māori and cultural protocols.</p> <p>The Towards Māori health equity policy reflects Bupa NZ's commitment to supporting the best health outcomes for Māori and guidance for their employees on developing cultural safety and Māori health equity. Māori cultural inclusivity is integrated into the operational practices at Bupa Sunset. Te ao Māori includes tikanga - cultural practises, te reo Māori and cultural protocols.</p> <p>Bupa Sunset links with their own Māori staff who can provide interpreting support or contact kaumātua within their iwi when required. Residents and family/whānau at Bupa Sunset engage in</p>

		<p>providing input into the resident care planning, their activities and their dietary needs, as evidenced in interviews with ten residents (six hospital, and four rest home including two younger people with disability [YPD contract]); and eight family/whānau (five with a relative in the dementia unit and three rest home). The service can also access kaumātua from Health New Zealand for support and guidance. There are cultural assessments available that can be completed for residents who identify as Māori when admitted.</p> <p>Bupa Sunset focuses on recruitment practices, which includes building a diverse workforce that meets the needs of the residents they care for. The general manager stated that they support increasing Māori capacity within the workforce and will employ Māori applicants when they do apply for employment opportunities, as vacancies become available. Employee ethnicity data is reported in the care home's dashboards. At the time of the audit there were staff who identified as Māori.</p> <p>The service has signage throughout in Māori and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori and English, with pamphlets available.</p> <p>Interviews with 19 staff (business service coordinator, seven caregivers, four registered nurses, one kitchen manager, one cleaner, two laundry, two maintenance staff and one activity assistant), and four managers (general manager, clinical manager, and two-unit coordinators) and documentation reviewed described how care is based on the resident's individual values and beliefs.</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</p>	FA	<p>The organisation has a Pacific Peoples Health Equity plan guided by the principles embodied in the Ministry of Pacific Peoples cultural practices and protocols. It further outlines how it responds to the cultural needs of residents and how staff are supported to ensure culturally safe practices. Bupa Sunset'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</p>

<p>developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>when Pacific people are being supported. The service has access to local Pacific churches and Health New Zealand for support with people who identify as Pasifika. Access to interpreter services and cultural support is arranged where English is a second language, and if no staff members speak the resident's language.</p> <p>The Pacific health plan clearly sets out actions that are required to be implemented by the service to ensure Pacific worldviews, cultural and spiritual beliefs, and cultural safety are paramount and embedded in the service appropriately. There were staff and residents who identified as Pasifika at the time of the audit.</p> <p>The service continues to strengthen relationships and seek guidance on its Pacific plan, thereby increasing its involvement in a collaborative service delivery approach to ensure equitable, quality health and disability outcomes for Pacific people.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Residents and family/whānau are provided with information about the Code. The general manager and clinical manager discuss 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 that the service upholds the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available 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</p>

		limited to) understanding the role of advocacy services, which is linked to the complaints process.
<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 (RNs) interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Residents interviewed, including the two residents on the younger person with disability contract, 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 to be involved in their care or other forms of support. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Residents are encouraged to have control and choice over activities they participate in, as evidenced in resident’s care plans.</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 in the 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/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is</p>

		<p>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>Caregivers interviewed described how they use common te reo Māori phrases when speaking with Māori residents and for everyday greetings. Te reo Māori signage was evident in a range of locations. Cultural training and policies which incorporate Te Tiriti o Waitangi and tikanga Māori are in place. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living &amp; non-living things. Written information referencing Te Tiriti o Waitangi and Tikanga is available for residents and staff to refer to.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents and family/whānau reported that their property and finances are respected, and professional boundaries were maintained. The general manager reported that the code of conduct, guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism.</p> <p>Family/whānau stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and felt safe. Police checks are completed as part of the employment process. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori health plan in place identifies a strength-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by the</p>

		<p>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.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whanau on admission. Resident and family/whānau meetings identify feedback from residents and consequent follow up by the service. This includes feedback from residents on the younger person with disability contract.</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). Thirteen accident/incident forms reviewed identified family/whanau are kept informed; this was confirmed through interviews with family/whanau. The care home sends 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 no residents who did not speak English. Staff interviewed advised they would use hand and facial gestures in addition to cue cards, google translate and family/whānau acting as translators for any residents who did not speak English, if admitted.</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 head of department meetings to enhance internal communication and facilitate a holistic</p>

		<p>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>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. 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. There is an advance directive policy. Staff interviewed described verbal consent prior to care and support to enable each resident to make day to day choices.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. 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. 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 seen.</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 eight complaints logged and investigated since the previous audit. Complaints trends have been collated and followed up by the service, with quality action plans that include staff training. Examples include the use of hearing aids and answering call bells.</p> <p>There have been two external complaints received. One through the Health and Disability Commissioner dated in 2024 was referred back to Bupa to manage internally. This complaint has been investigated, followed up appropriately and is now closed. A complaint from HealthCERT in 2025 has also been addressed by</p>

		<p>the service, who are now waiting for a response from HealthCERT to close this out. There were no issues identified in this audit in relation to these complaints.</p> <p>The complaints reviewed included an investigation, follow up and reply to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted). Documentation demonstrated that complaints are being managed in accordance with guidelines set by HDC.</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, including at the resident and family/whānau meetings and during the six-monthly clinical review meetings. The contact details for advocacy service are posted in large print on resident noticeboards. Residents or relatives making a complaint can involve an independent support person in the process if they choose. Staff also confirmed they would document a complaint for anyone who had difficulty doing this, or support the resident or family/whānau in accessing independent advocacy services.</p> <p>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 the 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</p>	<p>FA</p>	<p>Bupa Sunset provides hospital (medical and geriatric), dementia, rest home, and residential disability services (physical; and residential disability services – intellectual services) levels of care</p>

<p>knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>for up to 122 beds. At the time of the audit, the service requested to remove the residential disability services from the contract. There are 95 rest home beds / hospital beds, including 49 dual purpose beds. There are 27 beds in the secure dementia wing.</p> <p>Occupancy on the day of audit was 113 residents: 29 residents at rest home level care including, one on a younger person with disability contract, and 59 hospital level care residents, including one on a younger person with disability (YPD) contract, and one resident funded through the long-term support – chronic health conditions contract (LTS-CHC). There were 25 residents in the secure dementia unit. 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, and marketing and corporate affairs. This team is guided by the Global Bupa strategy, purpose and values and reports to the Bupa Care Services New Zealand Board 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 also report through to the Bupa leadership team meetings and Boards. There is a clinical support improvement team (CSI) that includes clinical specialists in restraint, infections and adverse event investigations, and a customer engagement advisor based in the head office to</p>
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		<p>support care homes, with improvements to their service. Each region has a regional quality partner, who supports the on-site clinical team with education, trend review, internal audits, and management. Furthermore, Bupa undertakes national and regional forums, as well as local and online training, national quality alerts, use of benchmarking quality indicators, learning from complaints (open casebooks) as ways to share learning, improve equity, and the quality of care for Māori and tāngata whaikaha. The cultural advisor collaborates with the Boards and Bupa leadership team in business planning and service development to support the improvement of Māori and tāngata whaikaha wellbeing.</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 Sunset 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 monthly and documented in the quality meetings 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 resident meetings, general feedback, including completion of satisfaction surveys. Feedback from surveys is collated, which</p>
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		<p>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 for one year and has over ten years' experience working in aged care with Bupa. They are supported by a clinical manager, who has been in the role for two years, and an experienced business services coordinator. The management team works alongside and is supported by long-standing staff, a regional operations manager, and a regional quality partner. The management team reports that staff turnover has been 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, completion of Nga Paerewa Te Tiriti o Waitangi Modules, 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 Sunset 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>Two-monthly quality and one to two-monthly staff meetings provide an avenue for discussions in relation 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 are documented as taking place, with corrective actions related to clinical data and audits followed up on and signed off when completed. Monthly clinical review meetings document clinical issues that are discussed and actions for registered nurses (RNs) are followed up and completed.</p> <p>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</p>

		<p>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 satisfaction with service delivery, showing a net promoter score of +75 (up from 22 in March 2024), with home presentation, cleanliness and safety scoring high. Corrective actions related to food services included the introduction of protected mealtimes, with medication round no longer routinely administered during mealtimes. Results have been communicated to residents in the care home newsletter and displayed on the resident noticeboards. Bupa Sunset implements a continuous quality improvement approach with critical review of clinical data and benchmarking, which supports identification of opportunities for improvement. Quality improvement projects are in place for staff wellbeing, reducing resident falls, and activities in the secure dementia unit. Project progress is discussed and reviewed in meetings, with evidence of ongoing evaluations documented. Positive outcomes for Māori and people with disabilities are considered as part of all quality and risk activities.</p> <p>A project plan to reduce falls has been implemented and includes staff training and education and a variety of exercise programmes aimed at different resident preferences and abilities. The exercises developed with the physiotherapist include group exercises; laughter chair yoga; stretch and flex; Tai Che; balloon and quoits play; parachute play; movement with music; and ball games. Residents interviewed stated they enjoyed the choice and were glad they had so many different programmes to choose from. The project had also included improved lighting to all areas; purchasing two floor sensor mats each month; sensors to alert when high risk resident moved from the chair/ bed; and improved storage for equipment (so that it does not occlude access areas). Medication reviews and a greater focus on falls prevention in care plans is continuing to be monitored.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the care home is meeting</p>
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		<p>accepted good practice and adhering to relevant standards. New policies or changes to policy are communicated and staff sign as acknowledgement. There are procedures to guide staff in managing clinical and non-clinical emergencies.</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 April 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 incident/accident, with immediate action noted and any follow-up action(s) put in place. Incident and accident data is collated monthly and analysed. Corrective actions are developed, implemented, and signed off when completed for any clinical indicators out of the expected benchmarking ranges. The system generates a report that goes to each operational team/governance team, with automatic alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover. Discussions with the general manager and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 and Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) have been completed. Positive outcomes for Māori and people with disabilities are considered at all quality and risk activities.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p>	<p>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 a day, seven days a week. The care</p>

<p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>home adjusts staffing levels to meet the changing needs of the residents. At the time of the audit, the service had started a new roster following a robust roster review. Review of the current rosters showed that shifts were covered by experienced caregivers, 24/7 registered nurse cover, and support of the clinical and management team. There are dedicated activities, maintenance, housekeeping (laundry and cleaning) and staff supporting service delivery.</p> <p>The general manager interviewed confirmed that 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, as evidenced in staff interviews and meeting minutes. The general manager, business services coordinator, and clinical manager are available Monday to Friday. On-call cover for all Bupa care homes in the region is 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. All completed training is recorded on attendance sheets and staff training records.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Bupa Sunset supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 55 caregivers employed in total, with 44 having achieved level 3 and above NZQA qualification. All caregivers employed in the secure dementia unit, have completed the dementia unit 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</p>
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		<p>completed NZQA level 4 and have undertaken extra training, complete many of the same competencies as the registered nurse staff (eg, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, and wound management). Additional registered nurse specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. There are nine registered nurses (including the clinical manager), with seven of them being 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 flu vaccinations, quit smoking programmes and staff nomination vouchers. Staff welfare is promoted through provision of regular cultural themes and shared meals at staff meetings. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations. Staff participated in an annual employee satisfaction survey and staff interviewed reported a positive workplace.</p> <p>Bupa Sunset encourages collecting and sharing of quality Māori health information. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development that reflect standard employment practices and relevant legislation. The Bupa recruitment team advertise for and screen potential staff, including collection of ethnicity data. Each staff member's ethnic origin is used in accordance with Health Information Standards Organisation</p>

<p>workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>(HISO) requirements. A process to evaluate this data is in place and reported to the Board at Board meetings.</p> <p>Once applicants pass screening, suitable applicants are interviewed by the Bupa Sunset general manager. Nine staff files reviewed (three caregivers, one cook, two registered nurse, one clinical manager, one maintenance officer and one housekeeper) evidenced an organised recruitment process, reference checking, employment agreements and completed orientation. 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.</p> <p>There are job descriptions in place for all positions that 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 registered nurses, general and nurse practitioners, pharmacy, physiotherapy, podiatry, and dietitian. Staff who have been employed for over one year have all had 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. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p>	<p>FA</p>	<p>There are policies and procedures that guide staff in the</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>management of information. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</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 met current documentation standards. Signatures that are documented include the name and designation of the service provider. Archived records are held securely on site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed.</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>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and</p>	<p>FA</p>	<p>Residents who are admitted to Bupa Sunset are assessed by the needs assessment service coordination (NASC) service, to determine the required level of care. Completed NASC authorisation forms for rest home level of care residents were sighted. The clinical manager screens prospective residents prior to admission.</p> <p>A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the EPOA and family/whānau of choice, where appropriate, local communities, and referral</p>

<p>communicated to the person and whānau.</p>		<p>agencies.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Family/whānau were updated where there was a delay in entry to the service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The management team reported that all potential residents who are declined entry, are recorded. When an entry is declined, the resident and family/whānau are informed of the reason for this and made aware of other options or alternative services available. The resident and family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is implemented.</p> <p>The service has existing engagements with local Māori communities, health practitioners, and organisations to support Māori individuals and whānau. Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Eleven resident files were reviewed: three rest home; five hospital level; including one young person with disability (YPD), and one on a long-term service's chronic health contract (LTS-CHC); and three dementia. An RN is responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed, and six-monthly multidisciplinary reviews.</p> <p>Bupa Sunset uses a range of risk assessments alongside the interRAI care plan process (completed for all residents). Risk assessments were conducted on admission and included those relating to falls; pressure injury; skin; pain; nutrition; sleep;</p>

	<p>behaviour; hygiene; dressing; continence; cultural; and activities. The initial care plan is completed within 24 hours of admission, as evidenced in the files reviewed. Initial interRAI assessments have been completed within expected timeframes and outcome scores were identified on the long-term care plans, and interRAI reassessments were completed within the contractual timeframes. For the resident files reviewed, the outcomes of the assessments formulate the basis of the long-term care plan.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions were documented and were resident centred and detailed enough to provide guidance to staff around all the identified medical and non-medical needs. Interventions meet the needs and medical/clinical risks of the residents and address strategies to prevent and recognise early deterioration.</p> <p>There are policies and procedures to guide the use of short-term care plans. Short-term care plans are utilised, evaluated, and signed off when acute issues are resolved. Short-term care plans utilised were moved to the long-term care plan after six weeks, if there was no resolution. Evaluations were completed and documented resident's progression towards meeting their goals, when residents had been in the facility for more than six months.</p> <p>The service contracts a general practitioner (GP), who visit twice per week and provides out of hours cover. The GP had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. More frequent medical reviews were evidenced in files of residents, with more complex conditions or acute changes to their health status. The GP (interviewed) commented positively on the service and confirmed appropriate and timely referrals were completed. They were satisfied with the competence of the RNs, care provided and timely communication, when there are residents with concerns.</p> <p>Resident files demonstrate integration of allied health professional input into care and a team approach is evident. A physiotherapist visits for three hours per week. Medical specialists are available as required through Health New Zealand. Barriers that prevent tāngata whaikaha and whānau from independently accessing information</p>
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		<p>are identified, and strategies to manage these are documented.</p> <p>Caregivers and RNs interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are completed daily, including caregivers prepopulated interventions and when tasks are completed.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the registered nurses, who then assesses the resident and initiate a review with the GP if required. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes, and any changes to health status and the communication was consistently documented in the resident files.</p> <p>A total of 26 wounds: skin tears, lesions, surgical wounds, chronic ulcers, and two pressure injuries, are being actively managed across the service. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress, and evaluation of wounds. Assessments and wound management plans, including wound measurements and photographs, were reviewed. Wound registers have been fully maintained. Wound assessment, wound management, evaluation forms, and wound monitoring has occurred as planned, in the sample of wounds reviewed. There is documented wound care nurse specialist availability for input into chronic wounds, as required. Caregivers and RNs interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; and blood glucose levels. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed</p>
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		<p>falls, or where head injury was suspected as part of post falls management.</p> <p>Bupa Sunset provides equitable opportunities for all residents and supports Māori and whānau to identify their own pae ora outcomes in their care plans. The service uses assessment tools that include consideration of resident’s lived experiences, cultural needs, values, beliefs, and spiritual needs, which are documented in the care plan. The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The Māori Health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable. Tikanga principles were included within the Māori health care plan reviewed. Staff confirmed they understood the process to support residents and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā, and spiritual assistance. Cultural assessments were completed by staff who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme is run by an activities coordinator, assisted by two activities assistants and two diversional therapists. Activities are provided in all areas of the facility, seven days per week. Review of resident files shows activities plans are informed by using information from the map of life (significant people and life events for each resident, cultural preferences, previous employment, interests, and hobbies), and input from family and whānau. Monthly resident meetings provide an opportunity for residents to have a say in the activities programme and the activities coordinator gets ongoing feedback from residents in conversation.</p> <p>Review of the activities schedule shows a broad range of activities are provided, including physical exercises four times per week to enhance strength and balance, including Tai Chi, laughing chair yoga and chair exercises, floor, and table games. Activities to improve hand-eye coordination are also provided. Cognitive activities include simple word games, quizzes, newspaper reading,</p>

		<p>and board games. Social activities include happy hour, outings in the community three times a week (once each for rest home, hospital, and dementia), and activities themed each month, including Easter, Christmas, Matariki, and Te Wiki o Te Reo Māori as examples. Cultural events such as Samoan and Māori language weeks, Chinese New Year and Diwali are celebrated. A local church group and a Catholic priest each provide church services monthly. Residents are taken out to church and other venues by family and whānau. Residents participate in cupcake and cookie decorating. Photographic evidence was sighted of the range of activities provided.</p> <p>Outings occur three times a week in the van and the diversional therapist ensures all residents have opportunity to go on outings. Examples of venues visited include beaches, the Rose Gardens, Botanical Gardens, garden centre, museum, and local cafes. During Matariki, a Māori entertainer visited and residents participated in Māori art and craft. Residents who identify as Māori are transported to a local marae and a Māori cultural centre and are supported to maintain connections with their community and te ao Māori. Māori kai is served during Māori cultural events. Entertainers visit at least twice per month. Staff stated they plan to improve community engagement by inviting the local library, school groups and kapa haka groups to visit.</p> <p>Individual activities include reminiscing, pampering, exercises, hand massage, and listening to the resident's preferred music. A record of individual activities is recorded in the progress notes.</p> <p>Photographic evidence of the range of activities was sighted.</p> <p>Bupa Sunset has been implementing a quality improvement project to improve the experience for residents in the dementia unit. This includes making the environment more interesting and purchase of a Tovertafel console and "fidget boxes" for sensory stimulation. Activities in the dementia unit are tailored to individual residents and include walks, calming music, ball games, exercises, pet therapy, aromatherapy, and normal home activities, such as folding towels and sorting socks. A Samoan church group visit weekly to sing hymns and give bible readings. Recently residents in the dementia unit were taken to a dementia friendly movie at Lynn Mall. Families</p>
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		<p>and whānau of residents in the dementia unit expressed their satisfaction with the activities programme and are sent a calendar of the activities schedule. During the audit, the dementia unit was observed to be calm, and residents were engaged in activities and conversations.</p>
<p><b>Subsection 3.4: My medication</b></p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Bupa Sunset has policies available for safe medicine management that meet legislative requirements. The RN and medication competent caregivers who administer medications had current competencies, which were assessed in the last twelve months. Education around safe medication administration is provided. Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions.</p> <p>All medication charts and signing sheets are electronic. On the days of the audit, staff were observed to be safely administering medications. A medication round was observed in the dementia unit and was observed to be in completed in line with the policy and procedures for medication administration. The RNs and caregivers interviewed could describe their roles regarding medication administration.</p> <p>Bupa Sunset uses pharmacy pre-packaged medicines. All medications once delivered are checked by the RNs against the medication chart. Medication reconciliation was conducted by the RNs when a resident is transferred back to the service from the hospital or any external appointments. The RNs checked medicines against the prescription, and these were updated in the electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the medication trolleys and medication rooms. The medication fridge and medication room temperatures were consistently monitored daily. All medications with a short shelf life have been dated on opening. Medication incidents were completed in the event of a drug error and corrective actions were acted upon.</p>

		<p>Twenty-two medication charts were reviewed. There is a three-monthly GP review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system.</p> <p>There is a policy in place for residents who request to self-administer medications. At the time of audit, there were no residents self-administering medications. Residents wishing to administer their medications would be assessed as competent, prior to self-administering medications. Any residents who may self-administer medications in the future, have the ability to store medications safely according to policy. The service does not use standing orders and there are no vaccines kept on site.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The registered nurse interviewed described how they work in partnership with residents and their family/whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>All food is prepared and cooked on site by a kitchen manager (a trained chef), assisted by a cook and seven kitchen assistants. The food services manual was reviewed and kept in the kitchen. Meals are plated in the kitchen and transported to each dining room in a hot box. The temperatures of hot food are recorded. The kitchen was observed to be clean, well-organised and well equipped. There is an approved food control plan in place that is current.</p> <p>Dry food is stored in a walk-in pantry in closed containers, labelled with the date of opening. A dietitian has reviewed the four-weekly seasonal menus. More options for main meals have been included in the menus.</p> <p>Dietary needs, preferences, dislikes, allergies, food textural</p>

		<p>requirements, and food intolerances are identified on admission and reviewed six-monthly, as part of the care plan review (or more often if the needs of a resident change). Dietary profiles are kept in a folder in the kitchen and there is a summary page at the front for staff to refer to regarding allergies, intolerances, and dislikes. Food is fortified as needed and nutritional supplements prescribed are provided. Monthly meetings with residents are held to obtain feedback on the food service and surveys for families/whānau, include a section on the food service. The kitchen manager meets with individual residents to discuss their personal preferences and dislikes. Modified plates and utensils are available. Nutritious morning and afternoon tea and supper is provided along with beverages. Additional snacks and beverages are available, particularly in the dementia unit.</p> <p>The kitchen manager demonstrated their understanding of tikanga and confirmed they had been trained in cultural safety on orientation. There is a recipe folder for Māori kai and other cultural food. Māori kai is offered during Matariki. Staff were observed wearing correct personal protective clothing in the kitchen. Residents participate in food preparation as part of the activities programme. Cultural food is provided, including Māori kai, chop suey, Chinese dumplings, and Indian food.</p> <p>Refrigerator and freezer temperatures are recorded daily and seen to be maintained within an acceptable range.</p> <p>Residents interviewed confirmed they have a variety of meals which they enjoy. Alternatives are available if they don't like what is on the menu. During the audit, the meal service was observed in each area. Residents are seated at tables with other residents having similar nutritional needs, such as minced and moist. Staff were observed discreetly assisting residents as needed.</p> <p>This audit has recognised improvements in the dining experience with a continuous improvement.</p>
Subsection 3.6: Transition, transfer, and discharge	FA	There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe

<p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>manner. There is a documented process in the management of the early discharge and transfer from services. Discharges are overseen by the RNs who manage the process. Discharges or transfers were coordinated in collaboration with the resident, family/whānau and other external agencies to ensure continuity of care. Risks are identified and managed as required.</p> <p>The residents (if appropriate) and family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services – tāngata whaikaha, social support or kaupapa Māori agencies, where indicated or requested. Transfer documents include (but not limited to) transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts, and last GP review records.</p> <p>Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and filed for archiving. If a resident's information is required by a subsequent general practitioner, a written request is required for the file to be transferred. Evidence of residents who had been referred to other specialist services, such as podiatrists, nurse specialists, and physiotherapists, were sighted in the files reviewed.</p> <p>Discharge notes are kept in residents' records and any instructions integrated into the care plan. The registered nurses confirmed a comprehensive handover occurs between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout.</p>	<p>FA</p>	<p>The building has a current warrant of fitness. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective communities with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the care home. Quiet spaces for residents and their family/whānau to utilise are available inside and outside in the gardens and courtyards.</p> <p>The 52-week planned maintenance schedule includes electrical</p>

<p>The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>testing and tagging of electrical equipment, resident equipment checks, and calibration of the weighing scales and clinical equipment. Hot water temperatures are monitored monthly, and the reviewed records were within the recommended ranges. Reactive maintenance is conducted by the maintenance officer, who works full time Monday to Friday, and certified tradespeople where required. The environment is maintained at appropriate temperatures with central heating in hallways.</p> <p>The facility is built over three floors. There are two lifts large enough to accommodate beds/stretchers. On the day of audit, one lift was out of order. A replacement lift is in the planning stage. All residents have access to the lift that is working. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the facility, with mobility aids where required. Each level has a spacious lounge and dining room. There are two whānau rooms in the facility. Each dining room has a satellite kitchen, and food is served from a bain-marie in these kitchens. There are water coolers on each level. There is a small library in the kauri wing and the residents also have access to the village library. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment, including hoists. There is safe access to all external communal areas, which provide seating and shade.</p> <p>The secure dementia wing has access to a large and smaller lounges, and well-maintained outdoor areas. There is outdoor furniture raised gardens and shade in the internal courtyard. The indoor area is safe and allows for residents to move freely. All corridors have safety rails that promote safe mobility. The resident rooms are spacious and personalised. There is access to the secure garden.</p> <p>All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. Fixtures, fittings, and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. Communal, visitor and staff toilets are available and contained flowing soap and paper towels. Residents interviewed confirmed their privacy is assured when staff</p>
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		<p>are undertaking personal cares. Shower and toilet areas have been extensively improved after complaints were raised.</p> <p>The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the general manager advised that the service will liaise with local Māori providers, to ensure aspirations and Māori identity are included.</p> <p>Following a complaint to HealthCERT, the auditors were asked to comment on bathroom facilities - toilets too low and difficult to use; standard rooms have no hand basins; and walking frames (over the toilet hand rails) not fitting over the toilets easily.</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>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service in September 2022. Trial evacuation drills are conducted every six months, and these are added to the annual training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and there are two designated assembly points in the main car park area. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency, including food, water (equivalence of three litres per person, per day, for three days), candles, torches, continent products, and a gas BBQ to meet the requirements for up to 66 residents, including rostered staff. There is no generator on site, but one can be hired if required. Emergency lighting is available and is regularly tested. The registered nurses and a selection of caregivers hold current first aid</p>

		<p>certificates ensuring there is a first aid trained staff member on duty 24/7. Staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance officer. Call bell audits were completed as per the audit schedule. Residents and family/whānau confirmed that staff respond to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. There is a private security company that patrols the care home over night. There is a closed-circuit television (CCTV) in public spaces and externally.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols. At the time of the audit, there was a Covid-19 outbreak and as such, there was restricted visiting and those coming in were supplied with appropriate personal protective equipment (PPE) and completed outbreak related visiting protocol.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The organisational infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The governance body approved these programmes, which are linked to the quality improvement system. The infection control programme is reviewed annually by the infection control and prevention specialists at Bupa head office, who report to and can escalate any significant issues to management and Board level. Documentation review evidenced recent outbreaks were escalated to the leadership team within 24 hours.</p> <p>Bupa has monthly infection control teleconferences for information, education, discussion and updates. Infection rates are presented and discussed at infection control, quality, and staff meetings.</p>

		<p>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.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The clinical manager (a registered nurse) is the infection prevention and control (IPC) coordinator, who leads, oversees and coordinates the implementation of the infection control programme at Bupa Sunset. 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 Ngā Paerewa Standard and include appropriate referencing. The IPC 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</p>

		<p>control education at orientation and through ongoing annual online education sessions and competencies. The training includes hand hygiene procedures, and donning and doffing of protective equipment. 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 IPC liaises with Health New Zealand infection control specialists in procurement processes for equipment, devices, and consumables. The IPC 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 2025 demonstrated compliance with expected guidelines.</p> <p>There are culturally safe practices observed, and these acknowledge the spirit of Te Tiriti. The IPC 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>
<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</p>	FA	<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. Antimicrobial 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</p>

<p>the needs, size, and scope of our services.</p>		<p>report, and presented at meetings. The IPC 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 Sunset 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 IPC interviewed confirmed the process of creating improvement plans should this be required.</p> <p>Benchmarking graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand. All infection data is reported to the governing body.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required and to keep family/whānau up to date on any infections. This was confirmed in progress notes sampled and verified in interviews with</p>

		<p>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>Since the last audit there have been three outbreaks of Covid-19 in May, October and in December 2024 and an outbreak of gastroenteritis in September 2024. 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, 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>Bupa Sunset takes a proactive approach to early infection containment and isolate residents in their rooms at the first sign of respiratory illness or other communicable infection. Trolleys are set up outside each room of a resident who is isolating with PPE, hand sanitiser (except for gastroenteritis outbreaks where staff are required to wash hands with soap and water) and yellow rubbish and laundry bags. Staff receive additional education on hand hygiene and outbreak management, as evidenced in records sighted. Bupa Sunset completes tracer analysis to identify where in the building an outbreak has occurred, to ensure that staff and other residents can be contained within that area whenever possible. 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</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</p>

<p>hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>in locked areas in each wing and a separate cleaning room by the kitchen. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out duties on the audit days. There are sluice rooms (with sanitisers) and personal protective equipment, including face visors, in each wing. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen, kitchen cloths, cleaning cloths, mop heads, and personal clothes are laundered on site by dedicated staff for five Bupa facilities. All linen and clothing from the other facilities is kept separate for each facility. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident. There is a separate room for drying woollen clothes and sorting personal clothing into named baskets. There are five large commercial washing machines and five large commercial dryers. Material safety data sheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body.</p> <p>Cleaners' trolleys are attended to at all times and locked away in the cleaners' cupboards 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. Linen cupboards were well stocked. The washing machines and dryers are checked and serviced regularly.</p> <p>The business 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 IPC 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</p>
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		the audit. Infection control internal audits are completed by the infection control committee.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The organisation is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is an RN (unit coordinator in the rest home and dementia unit). At the time of the audit, there were two residents (hospital) using two approved restraints (bed rails).</p> <p>The use of restraint is reported to the Bupa head office. It is discussed in the clinical review and RN meetings, as evidenced in the meeting minutes. The restraint coordinator interviewed described the facility's focus on using restraint as a last resort.</p> <p>Education on restraint minimisation is included in the annual training plan and orientation programme. It is accompanied by a competency questionnaire.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>A restraint register is maintained by the restraint coordinator. Two (hospital level) resident files were reviewed where restraint was used. The restraint assessments reviewed addressed alternatives to restraint use before restraint was initiated (eg, falls prevention strategies). Cultural considerations were assessed. Restraint is put in place only as a last resort. Written consent was obtained by the residents' EPOA. Monitoring restraint details documented in the restraint assessment, addresses the resident's cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga (where applicable). Monitoring forms are completed for each resident using restraint. The two files reviewed indicated that monitoring was accurately recorded for each resident using</p>

		<p>restraint. Residents using restraints are reviewed after the first month and three-monthly thereafter. The use of the restraints, risk associated with restraint use, and frequency for monitoring were stated in each resident's care plan. Evaluations are comprehensive and include A to N of criterion 3.2.7.</p> <p>A policy is in place for the use of emergency restraints. There have been no instances where emergency restraint has been necessary. Any accident or incident that occurred as a result of restraint use are monitored; however, no accidents or incidents related to restraint have occurred in the period since the last audit. The managers stated that a person-centred debrief would follow an episode of emergency restraint if used. Participation in this debrief would be determined by the managers and staff, as soon as possible after the event.</p> <p>Residents using restraints are reviewed after the first month and three-monthly thereafter. Residents using restraint are discussed in the clinical review meetings, RN meetings and at handover.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The Bupa governance body has endorsed the review of the restraint programme. The comprehensive review of all restraint practices ensures that A to M of section 6.3.1 are discussed, with any issues reported to the governance team and an action plan implemented if required.</p> <p>The restraint programme is reviewed via teleconference with Bupa restraint coordinators nationally, every six months. Monthly reporting on restraint usage and benchmarking is discussed, as well as evaluation of the staff restraint education programme. Meeting minutes reflect discussions on how to minimise the use of restraint and to ensure that it is only used when clinically indicated, and when all other alternatives have been tried. Meeting minutes reflect the organisation's commitment to use restraint, only as a last resort.</p>

## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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 3.5.3</p> <p>Service providers shall ensure people’s dining experience and environment is safe and pleasurable, maintains dignity and is appropriate to meet their needs and cultural preferences.</p>	CI	<p>Residents interviewed confirmed they have a variety of meals which they enjoy. Alternatives are available if the resident does not like what is on the menu. During the audit, the meal service was observed in each area. Residents are seated together if they have pureed food when possible. Staff were observed discreetly assisting residents as needed.</p>	<p>Following the resident and family/whānau survey in 2024, where the net promotor score (NPS) for the meal service was 50% for residents and 0% for family/whānau, Bupa Sunset commenced a Food Uplift Project and was the pilot site for Bupa facilities for this project. The project started in July 2024, with the aim of improving the taste and presentation of meals; introduction of snacks and smoothies; increasing residents’ choices; ensuring hot food is served hot; use of tablecloths; more attractive plates and cutlery; and placing gravy, milk, cream, and custard in jugs on tables. Bupa Sunset purchased hot boxes to ensure food is served hot when required, and meals are plated by the chef and cook in an attractive manner. A new oven was purchased to ensure more consistency in cooking of vegetables. Caregivers received training in taking meal orders from residents in the morning. The menu was reviewed and updated to include more options (eg,</p>

			<p>for main meals there is a meat, vegetarian, and curry options), and a choice of two type of sandwiches (fresh or toasted). There is a potato or rice option for each main meal. If the resident does not like any of the options, then an alternative is prepared. The menu was developed by Bupa's executive chef and approved by the dietitian. The latest resident and family/whānau survey show a significant improvement in satisfaction with food services (NPS 60% for family/whānau and 82% for residents).</p>
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End of the report.