

Bupa Care Services NZ Limited - Wattle Downs Care Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Wattle Downs Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 31 July 2025 End date: 1 August 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	57

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
	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

Wattle Downs Care Home is a Bupa facility located in Auckland and provides hospital (geriatric and medical) and rest home levels of care for up to 60 residents. There were 57 residents on the days of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Health New Zealand - Te Whatu Ora. The audit process included the review of policies and procedures; the review of resident and staff files; observations; and interviews with residents, family/whānau, management, staff and general practitioner.

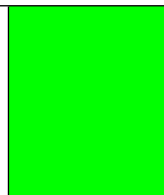
The village manager is supported by a clinical manager, and a team of experienced staff.

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

This surveillance audit identified shortfalls related to internal audits, meetings, care plan implementation, evaluations and medicine management.

Ō tātou motika | Our rights

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



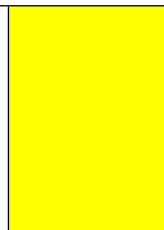
Subsections applicable to this service fully attained.

There is a Māori health plan in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Bupa Wattle Downs demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances. The complaints process is responsive, fair, and equitable.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



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

Bupa Wattle Downs has an established and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has documented quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting policy, and management have an understanding and comply with statutory and regulatory obligations in relation to essential notification reporting. There is a staffing and rostering policy. An orientation programme and staff training plan are in place to support staff in delivering safe quality care.

Ngā huarahi ki te ora | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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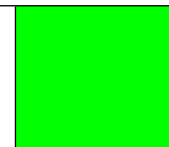
The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

The electronic medicine charts viewed were reviewed at least three-monthly by the general practitioner. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents' transfers and referrals occur in a coordinated manner.

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

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

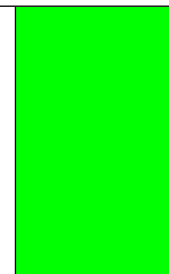


Subsections applicable to this service fully attained.

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

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

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



Subsections applicable to this service fully attained.

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

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	15	0	2	1	0	0
Criteria	0	44	0	4	1	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. 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>	FA	A Māori health plan is documented for the service, which Bupa Wattle Downs utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service currently has residents and staff who identify as Māori. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan.
<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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	The Ola Manuia Pacific Health and Action Plan and Te Mana Ola are the chosen models for the Pacific health plan and Pathways to Pacific Peoples Health Equity policy. At the time of the audit there were Pacific staff, who could confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Bupa Wattle Downs. There were residents who identified as Pasifika at the time of the audit.

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

<p>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>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 provided to residents and family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English. An electronic complaints register is being maintained, which includes all complaints, dates and actions taken. There have been 27 complaints made in 2024 and two received in 2025 year to date. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Main themes were around care services, clothing and some related to communication. There was one complaint, which included advocacy services, that has since been closed off to the satisfaction of all involved.</p> <p>Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and a family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p>	<p>FA</p>	<p>Wattle Downs Care Home is in Wattle Downs, Auckland and is a purpose-built facility across two floors. The service is certified to provide rest home and hospital levels of care for up to 60 residents. All beds are certified as dual purpose. There are no double or shared rooms</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>On the day of the audit there were 57 residents: 20 rest home, and 37 hospital residents, including one resident on an Accident Compensation Corporation (ACC) funding. All the remaining 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, Operations, Finance, Legal, Property, Customer transformation, People, Risk, Corporate Affairs and Technology. There is a New Zealand based managing director that reports to a New Zealand based Board. The directors are knowledgeable around legislative and contractual requirements and are experienced in the aged care sector. Bupa has a clinical governance committee (CGC), risk and governance committee (RGC), a learning and development governance committee, and a work health safety governance committee, where analysis and reporting of relevant clinical and quality indicators are discussed for service improvement.</p> <p>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 head office to support their facilities, with improvement to their service. Furthermore, Bupa undertakes national and regional forums, as well as local and online training, national quality alerts, use of benchmarking quality indicators, and learning from complaints (open casebooks), as ways to share learning and improve quality of care for Māori and tāngata whaikaha. The Bupa 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.</p> <p>Bupa NZ is committed to supporting outcomes for Māori and address barriers to provide equitable service delivery. Goals of the Māori strategy permeates through service delivery and measured as part of the quality programme. The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers. Bupa has an overarching strategic plan in place with clear business goals to support their person-centred philosophy. The business and operational plan is reviewed annually by the leadership team as part of strategy and planning. A vision, mission statement and objectives are in place. Annual goals for Bupa Wattle Downs have been determined, which link to the overarching Bupa strategic</p>
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		<p>plan. Goals are regularly reviewed in quality, and staff meetings (link 2.2.2). Quality goals are reviewed as part of weekly clinical review meetings.</p> <p>The service has a village manager (a registered nurse) who has been in the role for two years. The village manager has managed other aged care facilities. At the time of the audit, it was the village manager's last day in that position. The regional operations manager was temporarily stepping into the role until a permanent replacement was available. The village manager is supported by an experienced clinical manager, who has been with Bupa for six years, but in the clinical manager role at Bupa Wattle Downs for almost two years. The village manager and clinical manager are supported by the wider Bupa management team, that includes an operations manager and regional quality partner.</p> <p>The village manager and clinical manager have completed the required eight hours of training related to managing an aged care facility.</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>PA Low</p>	<p>Bupa Wattle Downs is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Bimonthly quality meetings, monthly staff meetings, and weekly clinical meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints; staffing; and education. However, meetings have not been completed as scheduled. Action identified in meetings are not always assigned to a person with timeframes for achievement. Action plans were not always followed up and signed off.</p> <p>There is an internal auditing schedule in place. However, internal audits have not all been completed as scheduled. Collation of data was documented as taking place. Quality, health and safety goals, and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and held in folders in the staffroom. Corrective actions are discussed at meetings; however, these are not always signed off when completed. Benchmarking occurs on a national level against other Bupa facilities.</p> <p>Resident and family satisfaction surveys have been completed. The most recent March 2025 resident and family/whānau satisfaction surveys had</p>

		<p>been collated and analysed at head office and indicate a net promoter score of -27.8, up from -34 for residents, and -21.4 up from -46 for relatives. Action plans related to activities and food services which scored low are documented. Results have not been communicated to residents and family/whānau or displayed on the noticeboard.</p> <p>A health and safety system is in place. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, meetings and via toolbox talks. Electronic entries are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident records reviewed. Incident and accident data is collated monthly and analysed. The electronic system generates a report that goes to each operational team/governance team and generates alerts depending on the risk level. Results are discussed in the quality and general staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse.</p> <p>Discussions with the village manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications and notifications to the Health Quality and Safety Commission since last audit. There have been outbreaks documented since the previous audit, which were appropriately notified.</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>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>	FA	<p>The roster provides sufficient and appropriate coverage for the delivery of care and support. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Staff absences are covered by agency, as sighted on the roster and on the days of the audit. The village manager, clinical manager and business coordinator are available Monday to Friday. On call is provided on rotation with other village managers and clinical managers within the region.</p> <p>There is an annual education and training schedule completed for 2024 and is being implemented for 2025. The education and training schedule lists compulsory training. The service provides study days each month and staff are rostered to attend; this ensures a very high percentage of staff who</p>

		<p>attend the compulsory training. Training has included (but not limited to) hand hygiene; abuse and neglect; chemical safety; emergency safety; manual handling; end of life choices; cultural and Māori strategy; restraint; dementia; the aging process; infection control; and falls prevention.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-three caregivers are employed. The Bupa orientation programme qualifies new caregivers at a level two NZQA. Of the 33 caregivers at Bupa Wattle Downs, 29 have achieved a level 3 NZQA qualification or higher.</p> <p>Annual competencies include (but are not limited to) hand hygiene, moving and handling, and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 undertake many of the same competencies as the registered nurses (eg, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, and wound management).</p> <p>Additional RN specific competencies include syringe driver, and interRAI assessment competency.</p> <p>There are seven registered nurses, two-unit coordinators and the clinical manager; eight are interRAI trained, including the clinical manager.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Five staff files (one clinical manager, two caregivers, kitchen assistant and one maintenance manager) reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals, including (but not limited to) registered nurses, general practitioner, nurse practitioner, pharmacists, podiatrist, physiotherapist, and dietitian.</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 to</p>

		Māori. Staff who have been employed for a year or more have a current performance appraisal on file.
<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>	PA Low	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Five resident files were reviewed: two rest home and three hospital, including one resident on Accident Compensation Corporation (ACC) funding. Initial assessments and care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent, and have been completed within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include (but not limited to) those related to nutrition; pain; transfer and mobility; skin; continence; pressure injury risk; cultural; behaviour; social history; and information from pre-entry assessments completed by the Needs Assessment and Service Coordination (NASC), or other referral agencies.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. Initial interRAI assessments have been completed within three weeks of admission, excluding the resident on ACC. For the ACC resident, specific assessments including those related to nutrition; pain; transfer and mobility; skin; continence; pressure injury risk; cultural; behaviour; and social history informed the care plan. The initial care plans were detailed to provide guidance to care staff in the delivery of care.</p> <p>Long-term care plans are holistic and individualised to meet the needs and preferences of the resident and provide guidance to staff around identified medical and non-medical needs. Documented interventions and early warning signs meet the residents' assessed needs. There are policies and procedures for use of short-term care plans for issues such as infections, weight loss, and wounds, with sign off when resolved or moved to the long-term care plan. Short-term care plans have been completed and evaluated for identified short-term needs, sighted in the resident records.</p> <p>Interview with the clinical manager and registered nurses confirmed that a Māori health care plan is completed for any residents who identified as Māori, to describe the support required to meet resident's needs, as sighted in the resident files reviewed on the day of the audit.</p>

	<p>The initial medical assessment is undertaken by the contracted general practitioner (GP) within the required timeframe following admission. There is documented evidence of the exemption from monthly general practitioner visits, when the resident's condition is considered stable. The service has a contract with a local medical practice that provides a team of general practitioners and nurse practitioner who visit the care home twice a week and provide on-call cover after hours. The general practitioners and nurse practitioner have access to the resident records, including the medication system. The general practitioner interviewed stated that there was good communication with the service and the registered nurses demonstrated good assessment skills and that they were informed of concerns in a timely manner. A physiotherapist visits the care home five hours per week, and reviews residents referred by the registered nurse. There is evidence of a multidisciplinary approach in the care of residents with other specialist services, including (but not limited to) speech language therapist, wound care specialist, and continence specialist nurse available as required through Health New Zealand.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, general practitioner / nurse practitioner reviews, medication changes and any changes to health status.</p> <p>There was evidence of wound care products available at the care home. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. There were 31 active wounds from 14 residents. Due to frailty and deteriorating health, six of the residents had multiple wounds each. The wounds reviewed included six pressure injuries from two residents (one resident with two unstageable, one stage III, one stage II, and one stage I, and the other resident with one stage III). Other active wounds noted were skin tears, incontinence associated dermatitis, lesions, abscess and abrasions. Wounds were dressed as scheduled, with clear documentation that included assessments, photographs, management plans, and evaluations, evidencing progress towards healing. Referrals were completed for wound nurse specialist input as clinically indicated, with recommended plans incorporated into the wound management plans.</p> <p>Caregivers interviewed could describe a verbal and written handover at the</p>
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		<p>beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by caregivers, and registered nurses. However, these did not always evidence implementation of the care plan. When a resident's condition alters, the registered nurse initiates a review with the general practitioner or nurse practitioner. Registered nurses also undertake comprehensive assessments, including (but not limited to) falls risk, pressure risk, and pain assessment as required, with appropriate interventions documented in the long-term care plan to meet the changes in healthcare needs of the residents. There is evidence the registered nurse has added to the progress notes when there was an incident and changes in health status.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; visual checks, weight; food and fluid; repositioning charts; and blood glucose levels. Monitoring charts have been completed as scheduled.</p> <p>All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Caregiver interviews confirmed they are familiar with the needs of all residents in the care home and that they have access to the supplies and products they require to meet those needs. Neurological observations have routinely been completed for unwitnessed falls or those where head injury was suspected, as part of post falls management. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurse. The evaluations did not always include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses are required to complete syringe driver training, and these have been completed, as sighted in the training records.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics rolls for regular and short course medication and bottles for 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication rooms. The medication fridge and medication room temperatures are monitored daily. All stored medications are checked weekly. Eyedrops have been dated on opening. Controlled drugs are safely stored in a safe and keys kept by the medication competent registered nurse on duty. Weekly stock checks of controlled drugs have not been completed as scheduled.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the general practitioner had reviewed all resident medication charts three-monthly, 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 and progress notes. There was one resident self-administering medications. The self-administration guidelines have been implemented including an assessment of competency, general practitioner sign off, and secure medication storage. No vaccines are kept on site, and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cook reported they accommodate residents’ requests.</p> <p>There is a verified food control plan which expires 22 September 2025. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</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</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Bupa Wattle Downs and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people’s cultures and supports cultural practices. The building warrant of fitness is current, expiring 8 December 2025. There is a maintenance request book for repair and maintenance requests located in each nurses’ station. Equipment failure or issues are also recorded in the maintenance book. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging, equipment</p>

<p>freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>checks, call bell checks, calibration of medical equipment, and weekly testing of hot water temperatures. Essential contractors/tradespeople are available as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</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>There is an infection prevention and antimicrobial stewardship programme and procedure that has been developed by Bupa and their in-house infection control specialists, which includes the pandemic plan. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff. Policies and procedures are reviewed quarterly by Bupa in consultation with infection control coordinators. This links to the overarching quality programme and the infection control programme is reviewed, evaluated, and reported on annually.</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; donning and doffing personal protective equipment (PPE); monitoring of antimicrobial medication; infection control and cultural safety, aseptic technique, and transmission-based precautions.</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 definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and 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 at infection control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement (last completed in February</p>

		<p>2025). The service receives regular notifications and alerts from Health New Zealand.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). There have been five outbreaks documented since the previous audit (two Covid-19 and one gastroenteritis in 2024, one Covid-19 in January 2025 and one respiratory outbreak in June 2025). These were well documented, managed and reported to Public Health, where appropriate. Daily outbreak meetings occurred with hand hygiene and food safety/hygiene refreshers occurred. A debrief was completed to identify what went well and areas of improvement for future outbreak management.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards and are approved by head office. Policies state that only a restraint coordinator and clinical manager may authorise the use of restraint. The regional restraint group is responsible for the Bupa restraint elimination strategy and for monitoring restraint use in the organisation. Restraint is discussed at clinical governance and Board level.</p> <p>At the time of the audit, there were no residents using restraints. The care home has been restraint free since 11 June 2025. The designated restraint coordinator is one of the unit coordinators (a registered nurse). Training for all staff occurs at orientation and annually, as sighted in the training records.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>Bupa Wattle Downs is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Bimonthly quality meetings, monthly staff meetings, and weekly clinical meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints; staffing; and education. However, meetings have not been completed as scheduled. Since last audit, there were only five quality meetings held and documented. There were only two sets of minutes staff meetings for 2025.</p> <p>Review of the meeting minutes showed</p>	<p>(i) Meetings have not been completed as scheduled.</p> <p>(ii) Actions identified in the meetings are not always documented, indicating by whom and by when the actions are meant to be done.</p> <p>(iii) There is no evidence to demonstrate follow-up and sign off of action plans when identified.</p>	<p>(i) Ensure meetings are completed as scheduled.</p> <p>(ii) Ensure that actions identified have a ‘by whom’ and ‘by when’ documented.</p> <p>(iii) Ensure follow-up and sign off of action plans.</p> <p>90 days</p>

		that action plans were documented; however, there was not always documentation to indicate who was responsible and by when the actions were meant to be completed. Where the action plans were identified, there was not always evidence of follow-up and sign off when completed.		
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	PA Low	<p>There is an internal auditing schedule in place. Review of a sample of audits completed confirmed that these were not completed as scheduled. Examples of audits not completed included (but not limited to) those related to cleaning; workplace inspection; activities; laundry; moving and handling; first impressions; and memorable dining experience.</p> <p>Resident and family satisfaction surveys have been completed. The most recent March 2025 resident and family/whānau satisfaction surveys had been collated and analysed at head office and indicate a net promoter score of -27.8, up from -34 for residents, and -21.4 up from -46 for relatives. Action plans related to activities and food services which scored low are documented. Results have not been communicated to residents and family/whānau or displayed on the noticeboard</p>	<p>(i)Internal audits have not been completed as scheduled.</p> <p>(ii)There is no evidence to demonstrate feedback of the outcome of the resident and relative satisfaction surveys to residents and family/whānau, including actions taken as a result.</p>	<p>(ii)Ensure internal audits are completed as scheduled.</p> <p>(ii)Ensure feedback to residents and family/whānau on the outcome of satisfaction surveys and actions taken.</p> <p>90 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support</p>	PA Low	Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Progress notes	(i)One hospital resident did not have circulatory checks completed as per	(i)-(ii)Ensure documentation in the progress notes and

<p>plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>are written each shift and as necessary by caregivers, and registered nurses. However, review of the progress notes and monitoring records for a recently admitted hospital resident with a brace do not evidence circulatory checks being completed as per care plan. For the same resident, there is no documented evidence in the progress notes regarding how staff are managing the leg brace during cares and showers to reflect what is documented in the care plan. There is evidence the registered nurse has added to the progress notes when there was an incident and changes in health status of the resident.</p>	<p>care plan.</p> <p>(ii) Same resident did not have documented evidence to demonstrate how the leg brace was being managed during cares to reflect what was in the care plan</p>	<p>monitoring records reflects what is expected as per care plan interventions, to provide an evolving picture of the resident journey.</p> <p>90 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are</p>	<p>PA Low</p>	<p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident’s condition. Evaluations are documented by the registered nurse. Review of the care plan evaluations for three of the residents who have been in the care home for more than six months, demonstrates that care plan evaluation is not detailed enough to reflect the degree of achievement towards meeting desired goals and outcomes.</p>	<p>Three of three care plans (two hospital, one rest home) did not reflect the degree of achievement towards meeting desired goals and outcomes.</p>	<p>Ensure the care plan evaluations document degree of achievement towards meeting resident desired goals and outcomes.</p> <p>90 days</p>

<p>agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>				
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Medications were appropriately stored in the facility medication rooms. Controlled drugs are safely stored in a safe and keys kept by the medication competent registered nurse on duty. Weekly stock check of controlled drugs have not been completed as scheduled. Review of the two controlled drug registers confirmed that over the last five months, controlled drug stock checks were not completed weekly, with some as much as 15 days in between checks, and for others missing three weeks of checks in one month.</p>	<p>Controlled drug checks have not been completed weekly.</p>	<p>Ensure that stock check for controlled drugs is completed weekly.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.