

# Bupa Care Services NZ Limited - Liston Heights Rest Home & Hospital

---

## Introduction

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

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

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

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

The specifics of this audit included:

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

**Premises audited:** Liston Heights Rest Home & Hospital

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

**Dates of audit:** Start date: 14 August 2025 End date: end date

**Proposed changes to current services (if any):** A reconfiguration letter dated 17 May 2025 was sighted requesting a reconfiguration of beds due to ongoing refurbishments. Currently 17 rest home beds have been decommissioned to be refurbished.

The proposed partial provisional was not included in this audit as the refurbishments were still in the early stages and not ready to be verified.

There are 32 dual purpose beds and 12 beds in the dementia unit currently in use.

**Total beds occupied across all premises included in the audit on the first day of the audit: 43**

# 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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

### Key to the indicators

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

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

## General overview of the audit

Bupa Liston Heights provides hospital (geriatric and medical), rest home, and dementia-level care for up to 61 residents. On the days of the audit, there were 43 residents.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand. The audit processes included observations, a review of organisational documents and records, including staff records and the files of residents, interviews with residents and their family/whānau, and interviews with the general practitioner, staff, and management.

The general manager is appropriately qualified, experienced, and supported by a clinical manager. The service continues to implement the Bupa quality systems and processes and has achieved continuous improvement in reducing adverse events.

Feedback from residents and family/whānau was positive about the care and the services provided. A continuous improvement award has been achieved for the development of critical analysis skills, gaining confidence and clinical judgement of the RNs as a result of ongoing mentoring and support from the CM and RN team.

This audit identified a shortfall related to the activities programme.

## Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

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

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

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

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

The complaints process is responsive, fair, and equitable. Complaints are managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept 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.

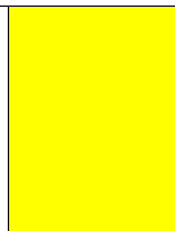
The leadership team of Bupa is the organisation's governing body responsible for the services provided at the service that are planned and coordinated and are appropriate to the needs of the residents and family/whānau. Goals sighted in the strategic plan are formulated and approved by the area leadership team.

The service has implemented quality and risk management systems that include quality improvement initiatives. A staffing and rostering policy is implemented, and staffing levels and skill mix meet the requirements of the age-related residential care contract. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. There are human resources policies which cover recruitment, selection, orientation and staff training and development.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

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



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


Bupa Liston Heights has an admission package available prior to, or on entry to the service. The general manager and clinical manager efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner at admission. The registered nurses assess, plan and review residents' needs, outcomes, and goals. The care plans demonstrated individualised care.

There are planned activity programmes for the rest home and hospital. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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

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

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

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

The building holds a current code of compliance. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms are single with ensuites. Rooms are personalised. The dementia unit is secure with a secure outdoor area.

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

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

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. The clinical manager is designated as the infection prevention and control coordinator, and they monitor the programme and report monthly and as issues occur.

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

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

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

Bupa Liston Heights 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 are currently no restraints in use. 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	26	0	1	0	0	0
Criteria	1	165	0	2	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>There is a Māori health equity policy and The Bupa NZ Māori Health Strategy documented for the service. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Bupa Care Services Limited - Liston Heights Rest Home and Hospital (referred to in this report as Bupa Liston Heights) is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau. This is evidenced in resident care plans. There are clear processes to include tikanga in everyday practice and staff training. Residents (where able) and family/whānau provide input into the resident's care plan, activities, and dietary needs, as confirmed during interviews with four residents (two rest home and two hospital level) and three family/whānau (hospital level). There is a display on the wall of the lounge explaining the principles of Te Whare Tapa Whā.</p> <p>The general manager (GM) confirmed they encourage Māori to apply for roles that are advertised and state that they would always interview suitable applicants. The GM stated they are committed to increasing Māori workforce capacity. At the time of the audit, there were staff members who identify as Māori. Bupa Liston Heights commitment to a culturally diverse workforce is evident in the</p>

		<p>business and Māori health plans.</p> <p>During the audit, the GM, clinical manager (CM), and 11 staff including a support services coordinator, three registered nurses, activities coordinator, a cook, maintenance person and four caregivers described how they provide culturally safe care in relation to their role. The organisations intranet has Māori Health and tikanga Māori resources including a Tikanga flip chart with staff knowing how to access these resources.</p> <p>The service has a relationship with local iwi and Māori organisations within the region to allow for better service integration, equitable service delivery, planning, and support for Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The organisation has a Pacific Peoples Health Equity plan guided by the principles embodied in the Ministry of Pacific Peoples cultural practices and protocols. It further outlines how it responds to the cultural needs of residents and how staff are supported to ensure culturally safe practices. Bupa Liston Heights 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 various organisations that can provide support and guidance when Pacific people are being supported. The service has access to local Pacific churches and Health New Zealand for support with people who identify as Pasifika. Access to interpreter services and cultural support is arranged where English is a second language, and if no staff members speak the resident's language. The Pacific Health Plan clearly sets out actions that are required to be implemented by the service to ensure Pacific worldviews, cultural and spiritual beliefs, and cultural safety are paramount and embedded in the service appropriately.</p> <p>The GM and CM actively encourage and support any potential Pasifika staff to enter the service. At the time of audit there were staff who identified as Pasifika, and no residents who identified as Pasifika. The service continues to strengthen relationships and seek guidance on its Pacific plan, thereby increasing its involvement in a</p>

		collaborative service delivery approach to ensure equitable, quality health and disability outcomes for Pacific people.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Residents and family/whānau are provided with information about the Code of Health and Disability Services Consumer Rights (the Code). The nursing team discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in English 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 residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrances and in the entry pack of information provided to residents and their family/whānau. The policy documents link to spiritual support. The service recognises Māori mana motuhake, and this is reflected in the Māori health care plan that is in place. Residents attend communion services and church services as preferred.</p> <p>Staff receive education on the Code at orientation and through the annual education and training programme. This includes understanding the role of advocacy services, which are linked to the complaints process. They also receive training around including the family/whānau in discussions particularly for family/whānau of residents in the dementia unit. Managers and staff could describe how they recognise Māori mana motuhake and stated they encourage any resident, including Māori, being as independent as possible.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p>	FA	<p>Bupa Liston Heights provides services and support to people in a way that is inclusive and respectful of their individual identities and experiences. Staff were observed using person-centred and respectful language with residents. There is a documented sexuality</p>

<p>Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>and intimacy policy, and staff received training in sexuality and intimacy as part of their scheduled in-service training.</p> <p>Residents and family/whānau were positive about the service in relation to their values and beliefs being considered and felt they were listened to. Residents and family/whānau expressed staff maintain their privacy and encourage residents to be as independent as possible. Staff enable resident participation, within their capabilities, in tasks within the service, such as helping with simple chores. The service ensures there is continued wellness of residents in a culturally safe environment and within the residents' own personal, worldwide view.</p> <p>Residents interviewed advised they have choices and are supported to decide whether they would like family/whānau members to be involved with their care or other forms of support. Residents have control and choice over the activities they participate in. Residents and family/whānau interviewed said they are respected and welcomed at the service.</p> <p>Staff interviewed confirmed they have attended Te Tiriti o Waitangi training as part of their in-service training with this also confirmed through a review of orientation and training records. Staff stated care is delivered and reflective of Te Whare Tapa Whā model of care. The service demonstrates an awareness of tikanga, and te reo Māori is often used in greetings and karakia before eating. During the audit residents and staff were observed to be singing waiata. Tāngata whaikaha are supported to participate in te ao Māori through the activities programme.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff demonstrated during interview their knowledge of 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. 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</p>

		<p>so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services. The management team hold head of department meetings to enhance internal communication and facilitate a holistic approach to care. The registered nurses described an implemented process around providing residents and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau, reported their property and finances are respected, and professional boundaries are maintained. The management team, and staff interviewed confirmed the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members confirmed residents are free from any type of discrimination, harassment, physical or sexual abuse or neglect, and feel safe. Residents also confirmed they feel safe. Police checks are completed as part of the employment process. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori cultural policy identifies a strengths-based, person-centred care that promotes wellbeing outcomes for Māori residents admitted to the service. This was further confirmed by management and staff interviewed, who reported 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</p>	<p>FA</p>	<p>Residents and family/whānau expressed communication is open and effective and they feel listened to. Enduring power of attorney (EPOA) and family/ whānau stated they are kept well informed about any changes to their loved one's general health status and are advised in a timely manner about any incidents or accidents and outcomes of regular and urgent medical reviews. The residents'</p>

<p>and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>records reviewed supported this; 12 of 12 incident forms reviewed showed evidence that family/whānau had been informed of the adverse event in a timely manner. Staff understood the principles of open disclosure, supported by policies and procedures.</p> <p>Personal, health and medical information from other allied healthcare providers is collected to facilitate the effective care of residents. Residents and family/whānau interviewed stated they are provided with time to discuss any decisions.</p> <p>There were no residents at the time of the audit who required the services of an interpreter; however, the staff knew how to access interpreter services through Health New Zealand, if required. Staff can provide interpretation as and when needed and use family/whānau as appropriate. Resources available (if required) include communication cards, simple sign language, and the use of electronic devices.</p> <p>The CM confirmed any non-subsidised residents who are admitted to the service are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Management and care staff interviewed could describe the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. The residents' files sampled verified informed consent for care provision had been obtained appropriately using the organisation's standard consent form. These were signed by the enduring power of attorney (EPOA) and residents. The general practitioner (GP) makes a clinically based decision on resuscitation authorisation in consultation with residents and family/whānau. The nursing team reported advance directives are explained and encouraged. All residents admitted to the secure unit had an activated EPOA in place.</p> <p>Staff were observed to gain consent for day-to-day care, and they reported they always check first if a consent form has been signed before undertaking any of the actions that need consent. Interviews with family/whānau confirmed the service actively involves them in decisions that affect their family members' lives. All consent forms</p>

		<p>reviewed were signed. In interviews with residents, they reported feeling safe, protected, listened to, and happy with the care/consent processes.</p> <p>Staff reported tikanga best practice guidelines in relation to consent during care are followed.</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 service has a current policy that provides guidelines in relation to complaints management that is reflective of the Code. Associated forms include an incident form, complaint form, complaint follow-up form, and complaint register. The policy commits to ensuring any complaint (or any other issue) against a staff member or volunteer is addressed in a fair and equitable manner.</p> <p>The service's complaints register was viewed. There was one complaint in 2024 and four in 2025, to date, including one received via Health New Zealand. All complaints reviewed included acknowledgement, investigation, follow-up, and replies to the complainant. No trends were identified, and the complaints were closed as resolved to the complainant's satisfaction. There was one complaint to the Health and Disability Commissioner still open from 2021. Bupa Liston Heights has provided all requested information in the timeframe required.</p> <p>Complaint forms and information about the advocacy service are available at reception. Residents and family/whānau are aware of their rights to complain, posters of the Code in English and te reo Māori were sighted in publicly accessible areas. 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.</p> <p>The contact details for advocacy service are posted in large print on resident noticeboards. All residents and family/whānau interviewed stated they would feel comfortable making a complaint and the service would support them throughout the process. Residents and family/whānau lodging a complaint can, if they choose, involve an independent support person or an advocate for advice and support during the complaints process. This was confirmed during</p>

		<p>interviews. Staff also confirmed they would document a complaint for anyone who had difficulty doing this or support the resident or family/whānau in accessing independent advocacy services. Observation and interviews confirmed the complaints policy was updated to ensure the complaints process works equitably for Māori and that a translator and/or an advocate who identified as Māori, would be available to support people if needed. The CM confirmed Māori have a preference for face-to-face discussions and these are always offered.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>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>FA</p>	<p>Bupa Liston Heights is situated in Taupō. The facility is purpose-built, and is certified to provide care for rest home, hospital (geriatric and medical), and dementia levels of care for up to 61 residents. One wing of 17 rest home beds is currently closed for refurbishment which will result in a reconfiguration of beds which were not ready to be verified at the time of audit. There are 32 dual purpose beds and 12 secure dementia level beds in use at the time of the audit.</p> <p>On the day of the audit, there were 43 residents: seven residents at rest home level care, 25 residents at hospital level of care (including one resident on palliative care funding and three young disabled [YPD] residents); and 11 residents requiring dementia level of care. All residents other than the person on palliative funding and YPD 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. This team is guided by Global Bupa strategy, purpose and values and reports to the Bupa Care Services NZ Boards in New Zealand and the Bupa Australia &amp; New Zealand (ANZ) Board. A New Zealand-based managing director reports to a New Zealand-based Board. Each director has an induction to their specific role and the senior leadership team. The directors are knowledgeable about legislative and contractual requirements and are experienced in the aged care sector. The Bupa Board and executive team have attended cultural training to ensure they can demonstrate expertise</p>

	<p>in Te Tiriti o Waitangi, health equity, and cultural safety. There is a cultural working group working alongside the Bupa leadership team.</p> <p>Bupa has a clinical governance committee (CGC), a risk and governance committee (RGC), a learning and development governance committee, and a work health safety governance committee where analysis and reporting of relevant clinical and quality indicators are discussed to improve services offered. There is a clinical support improvement team (CSI) that includes clinical specialists in restraint, infections and adverse event investigations, and a customer engagement advisor based in the head office to support their facilities with improvements to their service.</p> <p>Furthermore, Bupa undertakes national and regional forums as well as local and online training, national quality alerts, use of benchmarking quality indicators, learning from complaints (open casebooks) as ways to share learning, and the quality of care for Māori and tāngata whaikaha.</p> <p>The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori), which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. Bupa NZ is committed to supporting outcomes for Māori and equitable service delivery. The goals of the Māori strategy permeate through service delivery and are measured as part of the quality programme. The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers.</p> <p>Bupa has an overarching strategic plan with clear business goals to support its person-centred philosophy. The Bupa leadership team annually reviews the business and operational plan for strategy and planning. Guidance in cultural safety for their employees is provided through training in cultural safety awareness around Māori health equity, barriers to care and disparities in health outcomes, as documented in the Towards Māori Health Equity policy. The Towards Māori Health Equity policy states Bupa is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collective needs of residents who identify as Māori to ensure they live longer, healthier, happier lives.</p>
--	---

		<p>The cultural advisor collaborates with the Boards and Bupa leadership team in business planning and service development to improve Māori and tāngata whaikaha health outcomes. Tāngata whaikaha provide feedback around all aspects of the service through general feedback, including completion of satisfaction surveys. Feedback from surveys is collated, which provides the opportunity to identify barriers and improve health outcomes.</p> <p>Bupa Liston Heights business plan for 2025 includes a mission statement and operational objectives with site-specific goals related to business and quality outcomes. The 2024 business plan was reviewed prior to the documentation of the 2025 plan. The goals are reviewed as required and annually. The regional operations manager reports to the national operations director.</p> <p>The service is managed by a GM who is a registered occupational therapist and has been in the role since 2020. They have been employed by Bupa since 2011. The GM is supported by a CM who has been in the role for five years and has worked at the facility since 1996. They are supported by the regional operations manager and a team of experienced and qualified staff. The management team reports that staff turnover has been relatively low.</p> <p>The GM and CM have completed over eight hours of training in managing an aged care facility, including Bupa regional managers' forums, pandemic and infectious disease planning, and infection control teleconferences.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems</p>	<p>FA</p>	<p>Bupa Liston Heights has a range of documents that contribute to quality, risk management, and reflect the principles of quality improvement processes. All internal audits were completed according to the schedule. The quality partner completes a monthly quality care home report focussing on quality data. Benchmarking occurs on a national level against other Bupa facilities.</p> <p>Quality data includes incidents/accidents, infection and outbreak events, complaints, satisfaction surveys, internal audits, and staff surveys, all analysed to identify and manage issues and trends. A sample of quality, risk, and other documentation showed that where</p>

<p>meet the needs of people using the services and our health care and support workers.</p>	<p>monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes. Bupa Liston Heights has achieved continuous improvement in implementing the quality management framework to reduce falls, infections, use of antipsychotics and antimicrobials, link criterion 2.2.2.</p> <p>Meetings occurred as scheduled. Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The outcomes from the resident satisfaction survey conducted in May 2025 showed improvement in satisfaction with the meal service and overall satisfaction with all aspects of the service. Minimal corrective actions were identified, and corrective action plans have been implemented. The results of quality data, satisfaction surveys, and corrective actions are discussed with staff at staff meetings. Residents and family/whānau were informed of survey results at the May resident and whānau meeting.</p> <p>The clinical service improvement team has updated all policies and procedures reviewed to meet the requirements of the Ngā Paerewa Standard. The policies reviewed covered all necessary aspects of the service and contractual requirements. Critical analysis of organisational practices to improve health equity occurs, with appropriate follow-up and reporting. The GM and CM described the processes for identifying, documenting, monitoring, reviewing, and reporting risks, including health and safety risks, and developing mitigation strategies.</p> <p>Staff document adverse and near-miss events in accordance with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed that these were fully completed, incidents were investigated, action plans were developed, and actions were followed up in a timely manner.</p> <p>The GM and CM are aware of the Health and Safety at Work Act (2015) and have implemented its requirements. All visitors to the service are informed and reminded of health and safety and infection prevention during an outbreak of infection that has occurred since the last audit. No events required reporting to WorkSafe NZ in the</p>
---	---

		<p>previous 12 months. A hazard and risk register is in place and reviewed at regular intervals throughout the year. There is evidence of completed environmental audits with corrective actions put in place and resolved in a timely manner when required.</p> <p>The service complies with statutory and regulatory reporting obligations. The management are aware of their obligations for reporting to the Health Quality and Safety Commission for SAC 1 and SAC 2 reporting. Since the last audit there have been three notifications: two for pressure injuries and one for fall with fracture. Section 31 notifications are made if required for such things as changes in senior staff and registered nurse shortages. Public Health was notified in relation to an outbreak of infection.</p> <p>The management team reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.</p>
<p><b>Subsection 2.3: Service management</b></p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.  Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. Caregivers reported there are adequate staff to complete the work allocated to them. Residents and family/whānau confirmed there are sufficient staff. Over the past four weeks, both rosters (for the dual-purpose beds and dementia unit) showed that all shifts were covered by sufficient number of experienced caregivers, with support from the clinical and management team. Residents and family/whānau interviewed stated they are informed of any changes to staff.</p> <p>The GM and CM work 40 hours a week, Monday to Friday, and are available on-call after hours. A selection of caregivers are medication competent to support medication administration across the service.</p> <p>Ongoing education is planned on an annual basis, including mandatory training requirements. Competency assessments include (but are not limited to) hand hygiene; donning and doffing of</p>

		<p>personal protective clothing; medication administration; maintain a restraint-free environment; fire safety; moving and handling; male catheterisation (for RNs); syringe driver (for RNs) and first aid competencies. Training for care staff and registered nurses included: safe moving and handling; Te Tiriti o Waitangi and Māori health; abuse prevention; safe food handling; health and safety; challenging behaviour; medication management; sluice training for caregivers, chemical safety; information and privacy; risk management; fundamentals of palliative care; incident management; falls management; gastro outbreak management; pressure injury prevention and identifying acute deterioration.</p> <p>Staff are supported to complete a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements. There are 32 caregivers; 20 of whom have attained a level 3 or above NZQA qualification. Twenty-two caregivers work in the dementia unit and of these 11 have completed the dementia standards and 11 are currently working towards completion.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. The staff records sampled demonstrated completion of the required training and competency assessments.</p> <p>Staff members interviewed reported feeling well-supported and safe in the workplace. The GM reported the model of care ensures all residents are treated equitably. Staff and management have completed cultural training. Bupa Liston Heights environment 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>There is an employee assistance programme in place to promote staff wellbeing. Staff participated in an annual employee satisfaction survey and staff interviewed reported a positive workplace.</p>
--	--	---

<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police-checked, and referees are contacted before an offer of employment occurs. A sample of eight staff records (two RNs, three caregivers, support services coordinator, a chef, and a staff member who works as a housekeeper and in the laundry) reviewed confirmed that the organisation's policies are being consistently implemented. Each position has a job description.</p> <p>Records confirmed all regulated staff and contracted providers have proof of current registration with their regulatory bodies. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and orientation to the environment, including emergency management. There is a process in place to review staff performance at regular intervals. Staff files show performance appraisals are completed annually for all staff.</p> <p>Each staff member's ethnic origin is documented on their personnel records and is used in accordance with Health Information Standards Organisation (HISO) requirements. Information held about staff is accurate and kept secure and confidential. A process to evaluate this data is in place and reported to the board at board meetings. Following any incident or accident, evidence of debriefing and follow-up action taken is documented. The GM, CM, and support office staff are available for any required debriefing and discussion. Staff reported they feel supported following incidents.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled. The clinical notes were current, integrated, legible, and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on-site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed.</p> <p>The service uses an electronic information management system and a paper-based system. Staff have individual passwords to the</p>

		<p>electronic record, medication management system, and interRAI assessment tool. The visiting general practitioners (GP), and allied health providers also document the information as required in the residents' records. Policies and procedures guide staff in the management of information. An external provider holds backup database systems.</p> <p>There is a consent process for data collection. Policy and procedure on site enable EPOAs to be able to review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned. Bupa Liston Heights is not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. The service admission agreement reviewed, aligns with all service requirements; each of the seven resident files reviewed included a signed admission agreement. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. Two files reviewed for residents admitted to the secure dementia included a NASC assessment and approval for this level of care. The GM and CM are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and keeps the referral agency, residents and family/whānau informed should there be a delay. Potential residents are provided with alternative options and links to the community if admission is not possible. The service</p>

		<p>collects and collates ethnicity data and undertake routine analysis to show entry and decline rates; including specific data for entry and decline rates for Māori. Bupa Liston Heights is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and liaison with local kaumatua.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven files were reviewed for this audit: One rest home resident, four hospital residents (including one younger person disabled) and two residents from the secure dementia unit. The CM and the registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. Residents and family/whānau interviewed report they are involved in the assessment, care planning and review process as evidenced in the files reviewed.</p> <p>Cultural assessments are completed for all residents. The Māori health equity policy and The Bupa NZ Māori Health Strategy A Māori health plan is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes. A Māori care plan was evidenced in a resident files who identifies as Māori. There is also a Pasifika health care plan to ensure the same for Pacific residents. A resident who identifies as Māori confirmed that they were satisfied with the care and cultural responsiveness of the care staff. The CM reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified, and strategies to manage these are documented. Staff confirmed they understood the process to support residents and family/whānau.</p> <p>All residents have admission assessment information collected and an initial care plan completed at the time of admission. All reviewed files (including the younger person) have up to date interRAI assessments completed. All files reviewed confirmed that the initial interRAI assessments and initial long-term care plans were completed in a timely manner and within the required timeframes. The long-term care plans reviewed all included interventions to manage all risks, early warning signs, and guide care delivery. The</p>

	<p>care plans are holistic and align with the service's model of person-centred care. The residents in the dementia unit had assessments of behaviour in place that include: the resident's current abilities, level of independence, identified needs/deficits, habits, routines, and behavioural characteristics. Behaviour management strategies include prevention-based strategies for minimising episodes of challenging behaviours; a description of how the behaviour is best managed over a 24-hour period.</p> <p>InterRAI assessments and care plan evaluations were completed at least six-monthly or when residents' needs changed. Evaluations document the progress towards the individual's goals and if they are met or unmet. Short-term care plans for infections, weight loss, behaviour that challenges and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner. The service actively reviews the InterRAI outcome scores for each resident and compares with the previous interRAI in the clinical review meeting. The RNs use this tool to discuss if there are any other interventions that might be helpful If interRAI scores have dropped.</p> <p>General practitioners from three practices ensure residents are assessed within five working days of admission. A GP reviews each resident at least three-monthly with visits from each practice weekly. CM is available 24/7 for clinical advice and decision making as required. When interviewed, A GP expressed satisfaction with the standard of care and the RN's competence at Bupa Liston Heights. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has an independent physiotherapist contracted to work five hours a week. The Bupa dietitian is contacted as required. A continence advisor, hospice specialists, mental health team for older people and district nurse are available as required. A podiatrist visits six- weekly.</p> <p>Caregivers and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by registered nurses and caregivers. The electronic progress notes also</p>
--	---

	<p>detail any new events (infections and incident as examples) and follow up for any interventions (wound dressings as an example). The registered nurses further add to the progress notes following, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their family/whānau. When a resident's condition alters, the RN's initiate a review with the GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There are eight residents with ten wounds between them including: two stage two pressure injuries, two stage three pressure injuries and one unstageable pressure injury. All residents with pressure injuries were admitted with them. Other wounds included: skin tears, a lesion, a chronic ulcer, and cellulitis. Wounds were reviewed and had comprehensive wound assessments, wound management plans, and documented evaluations, including photographs to show healing progression. The clinical review meeting twice a week reviews all wound including pressure injuries and, as a group, the RNs and CM monitor the wounds and wound photos, review healing and ensure the best process is in place to assist recovery. This process is holistic and includes nutrition and positioning (as examples).</p> <p>The district nurse had been accessed for input to the management of pressure injuries. The caregivers and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels and repositioning. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</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>PA Low</p>	<p>There one activities coordinator and a senior caregiver who provide activities seven days a week. The programme is planned monthly. The monthly calendar is placed in large print on noticeboard and residents may have a copy in their rooms. There is no formal programme documented for the dementia unit. There was no evidence that the activities planned and provided facilitate opportunities to participate in te reo Māori. The residents in the dementia unit are encouraged and supported to join in the main activities in the rest home/hospital lounge.</p> <p>Activities in the rest home and hospital are planned to meet the cognitive, physical, intellectual, and emotional needs of the residents. One the days of audit activities rest home and hospital were not observed to be occurring according to the plan and residents were observed to be sitting round the edge of the lounge with music or the television on. In the dementia unit, the caregivers plan a daily programme and publish this on a white board; however, ad hoc visits to the dementia unit did not evidence activities being provided.</p> <p>The resident's social and cultural profile in the resident's file includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A resident attendance list is maintained for activities, entertainment, and outings. Activities planned for the rest home and hospital include (but are not limited to) exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; board gaming; hand pampering; bingo; and happy hour. There are regular van drives for outings, regular entertainers visiting the residents, a weekly church service. Links with the community are maintained through regular van outings.</p> <p>There are regular resident meetings in the dual-purpose unit. Activities staff rely on feedback from other staff and family/whānau in the dementia unit. Residents and family/whānau can also provide feedback on activities at the six-monthly reviews. Residents and family/whānau interviewed were not positive regarding the activity</p>

		programme.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>A medication management policy is available for safe medicine management and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The facility uses robotic rolls. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the medication rooms. Medication trolleys were always locked when not in use. The medication fridge and medication room temperatures are monitored daily. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the electronic medication chart.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There is a policy in place to manage residents that wish to self-administer their medications. There were no residents self-administering medications on the days of the audit.</p> <p>As needed (PRN) medications are administered as prescribed and effectiveness is documented on the electronic medication system or in the progress notes. Medication competent caregivers or registered nurses sign when the medication has been administered. There are no vaccines kept on site. The facility does not use standing orders. Residents and family/whānau are updated around</p>

		<p>medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The registered nurses and CM described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. There is a support services coordinator who is responsible for the kitchen, laundry, and cleaners. All kitchen staff have completed safe food handling.</p> <p>The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in place, expiring September 2026.</p> <p>The four-weekly seasonal menu has been reviewed by the Bupa dietitian (November 2024). There is a food services manual available in the kitchen. The support services coordinator receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, diabetic, pureed foods) or residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Māori or Pasifika menu options are available upon request and family/whānau can bring special meals for their relatives. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented.</p> <p>The cook completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are transported to dining rooms using hot boxes. Residents were observed enjoying their meals. Staff were observed assisting</p>

		<p>residents with meals in the dining area especially in the dementia wing. Encouragement is given to stay seated for those residents who wander/constantly walk to ensure the dining experience is pleasurable for all. Modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents and family/whānau can offer feedback at the resident meetings and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. The CM and RNs explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. Transfer documents include reasons for transfer and the support they need.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current compliance certificate. There is a maintenance officer (interviewed) who works five days a week and is available on call. Maintenance requests are documented in a maintenance book. This is checked daily and signed off when repairs have been completed. There is an annual preventative maintenance plan that includes electrical testing and tagging (completed November 2024). Monthly testing of hot water temperatures occurs and if temperature recordings are out of expected range a plumber is notified. Essential contractors/tradespeople are available 24 hours a day as required. Calibration of medical equipment is due December 2025.</p> <p>The rest home and hospital are carpeted or vinyl with vinyl surfaces in bathrooms/toilets and kitchenette areas. There is adequate space</p>

		<p>for storage of mobility equipment. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the facility and are able to personalise their room. All rooms are for single occupancy and some have ensuites. The toilet doors in the dementia care wing have diagrams of toilets on them. Residents were observed moving freely around the areas with mobility aids where required. The caregivers interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans.</p> <p>There are handrails in hallways and in private and communal toilets. The hallways are wide. The lounges are large allowing ample room for residents to mobilise and use equipment safely. There are well-appointed dining rooms for each area. In all areas there are spaces for residents to have quieter times or entertain visitors. Activities take place in the large communal lounges. There are outdoor areas with outdoor seating, shaded areas and raised gardens. The secure outdoor areas in the dementia unit are safely fenced to deter climbing and there are long looped pathways to promote safe walking. There are sufficient communal toilets situated in close proximity to communal areas.</p> <p>The building is appropriately heated and ventilated. There is ample natural light in the rooms. The GM and the CM described how they would utilise their links with the kaumātua to ensure designs and environments reflect the aspirations and identity of Māori for any major refurbishments or building projects.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand, December 2024. Fire evacuation drills are held six-monthly. Civil defence supplies are stored in an identified cupboards and are checked monthly. The facility has a contract with a company to supply a generator in an emergency. There are gas</p>

		<p>barbeques to cook on. There is an adequate food supply available for each resident for minimum of three days. Emergency water tanks provide 3,000 litres of water.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person is trained in first aid and always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested as per maintenance schedule. Staff were observed to be responsive to call bells on the days of the audit. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night and there are nightly security patrols (contractor). Staff are identifiable. There is signage in place directing residents and visitors to emergency exits. Emergency information is provided to residents and family/whānau on admission.</p>
<p><b>Subsection 5.1: Governance</b></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>	FA	<p>The infection prevention and antimicrobial stewardship (AMS) programmes are appropriate to the service's size and complexity. The governance body approved these programmes, which are linked to the quality improvement system, health, and safety and are reviewed and reported on yearly. Expertise and advice are sought following a defined process with the governance, management, and leadership team at Bupa and are able to provide expert advice and support. A documented pathway supports reporting progress, issues, and/or significant events to management.</p> <p>A stepwise approach to risk management is documented, an emergency pandemic plan is documented and has been reviewed. Bupa ensures there are sufficient resources and personal protective equipment (PPE) readily available and accessible to staff. All staff, residents and family/whānau have received training and updates for managing infection outbreaks. Training records are well maintained.</p>
<p><b>Subsection 5.2: The infection prevention programme and implementation</b></p>	FA	<p>The governance body approved the infection prevention and antimicrobial stewardship programme that is linked to the quality</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>improvement system and reflects the strategic direction of the organisation. Expertise and advice are sought following a defined process, is reviewed and reported on annually. The CM (registered nurse) is the infection prevention and control coordinator (IPCC), and the position description for IPCC is well-defined and in place. The IPCC has input when infection control policies and procedures are reviewed. The IPCC has access to shared clinical records and diagnostic results to make decisions.</p> <p>The service has a pandemic plan and guidelines to manage and prevent infection exposure. Infection prevention and control training is provided to staff, residents, and visitors. Adequate supplies of personal protective equipment (PPE) and hand sanitisers were in stock. Hand hygiene audits were completed as per schedule. Staff are advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for Covid-19. The support services coordinator has set up isolation stations in storage so staff can rapidly implement isolation procedures. The stations include instructions, signs to post on the door of the type of isolation, PPE, yellow rubbish bags, and dissolvable linen bags. Stock of PPE, isolation stations and hand sanitiser are checked monthly.</p> <p>The service has documented policies and procedures that reflect current best practices. These policies and procedures are accessible and available for staff. The care delivery, cleaning, laundry services, and food management processes were observed. Staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand hygiene techniques, and the use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. The training includes hand hygiene procedures, donning and doffing protective equipment, outbreak management, and regular Covid-19 updates. Records of staff education are maintained. The IPCC has completed various infection prevention and control training online.</p> <p>The IPCC (CM) reported they work in consultation with Health New</p>
--	--

		<p>Zealand infection control specialists in procurement processes for equipment, devices, and consumables. The CM and registered nurses reported there are processes in place for early consultation with the infection prevention personnel during the reconfiguration of the closed wing and when significant changes are proposed they are be consulted. The CM and registered nurses reported single-use medical devices are not re-used at the service. Shared equipment is appropriately cleaned between use. The service completes cleaning and environmental audits to safely assess and to provide evidence that these procedures are carried out.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. In interviews, staff understood these requirements.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the resident cohort's size, scope, and complexity. Infection rates and antimicrobial use are monitored monthly, reported in a monthly quality report, and presented at meetings. The registered nurse collates and analyses the electronic medication management system with pharmacy support. The annual infection control and AMS review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, isolated pathogens, and adverse effects. The service has reduced the use of antimicrobials, link criterion 2.2.2.</p> <p>The Power BI dashboard provides 'real-time' updates on antimicrobial medications used. The service ensures there is a clinical reason for testing for urinary tract infections (UTI). The CM advised they require good clinical evidence of an infection before an antimicrobial is prescribed, for example for UTIs the assessment</p>

		includes confusion, raised temperature, malodorous and cloudy urine and the resident feeling unwell.
<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>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and infection definitions. Infections are entered into the register on the electronic database, and surveillance of all infections (including organisms) is collated into a monthly infection summary. Data is monitored and analysed for trends monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed during infection control, clinical and staff meetings. The IPCC interviewed confirmed the process of creating improvement plans should this be required.</p> <p>Benchmarking graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand. All infection data is reported to the governing body.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes, and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required and to keep family/whānau up to date on any infections. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation.</p> <p>There has been one outbreak of gastrointestinal infection since the last audit. This was appropriately notified to Health New Zealand and Public Health. There was evidence of regular communication with the IPCC, clinical director, aged care portfolio manager, and Health New Zealand infection control nurse specialist. Meetings</p>

		<p>(sighted) were held, and `lessons learned` were captured and discussed to prevent, prepare for, and respond to future infectious disease outbreaks. Any infections of concern are discussed and reported to the Bupa infection control lead. Outbreak logs were completed. Staff confirmed that resources, including PPE were in stock. Residents and family/whānau were updated regularly through the outbreaks.</p> <p>Hand sanitisers are available for staff, residents, and visitors to the facility. Visitors to the facility sign in at entry to the building and sign out on exit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are sluice rooms (with sanitisers) and personal protective equipment, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on-site by dedicated staff seven days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident. Kitchen linen and mop heads are also done on-site. There are sufficient commercial washing machines and dryers. Material safety data sheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys.</p> <p>Cleaners' trolleys are attended to at all times and locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. Appropriate personal protective clothing was readily available. The linen cupboards were well stocked with good-quality linen. The washing machines and dryers are checked and serviced regularly.</p>

		<p>The staff interviewed had good knowledge about cleaning processes and infection prevention and control requirements. There were kitchen and laundry audits completed that evidence compliance.</p> <p>The IPCC provides support to maintain a safe environment during construction, renovation, and maintenance activities. The construction site in the closed wing was not accessible to residents, staff, and visitors. Infection control internal audits are completed by the IPCC.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with residents, family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing. The designated restraint coordinator is the CM. There are currently no restraints in use.</p> <p>The restraint free strategies are reviewed monthly by the restraint coordinator and reported at the staff meetings and to the GM. The restraint coordinator interviewed described the focus on maintaining a restraint free environment. Restraint is included as part of the mandatory training plan and orientation programme. Staff complete competencies at orientation and annually.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	PA Low	<p>Activities are planned to meet the cognitive, physical, intellectual, and emotional needs of the residents. One the days of audit activities in the rest home and hospital were not always provided according to the plan and resident were observed to be sitting round the edge of the lounge with music or the television on. In the dementia unit the caregivers plan a daily programme and publish this on a white board; however ad hoc visits to the dementia unit did not evidence activities being provided.</p>	<p>1. There is no activity plan for the dementia unit and activities planned by the caregiver lack oversight by the activity coordinator for the dementia unit.</p> <p>2. On the two days of audit residents in the dementia unit were not observed to be engaged in activities.</p> <p>3. In the rest home and hospital residents were observed to be sitting around the edges of the lounge not engaged in activities for long periods of time.</p>	<p>1. Ensure there is a formal activity plan for the dementia unit developed with oversight by the activity coordinator.</p> <p>2. Ensure activities are planned and implemented for residents in the dementia unit.</p> <p>3. Ensure activities are planned and implemented for residents in the rest home and hospital</p>

				60 days
<p>Criterion 3.3.4</p> <p>Service providers shall facilitate opportunities for Māori to participate in te ao Māori.</p>	PA Low	<p>The service has residents who identify as Māori and two resident files reviewed included a Māori care plan identifying cultural support needs including social needs. The activity plans for the rest home and hospital did not include cultural activities including providing opportunities for Māori to participate in te ao Māori.</p>	<p>The activity plan does not include cultural activities or provide opportunities for Māori to participate in te ao Māori.</p>	<p>Ensure the activity plans include cultural activities or provide opportunities for Māori to participate in te ao Māori.</p> <p>60 days</p>

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 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>	CI	<p>Quality data includes incidents/accidents, infection and outbreak events, complaints, satisfaction surveys, internal audits, and staff surveys, all analysed to identify and manage issues and trends. A sample of quality, risk, and other documentation showed that where monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. Trends are analysed to support ongoing evaluation and progress across the service’s quality outcomes.</p>	<p>In 2023 Bupa Liston Heights had higher than average percentages of falls, infections, antipsychotic, and antimicrobial use compared with other Bupa facilities. The CM developed a plan with the following goals: provide more training and support for registered nurses (RN); ensure relevant and usable data is displayed in a manner that is readily accessible; improve information content with guidance for RNs around document requirements, equipment use, care interventions and follow up; have reference material available to staff; ensure the process aligns with the electronic resident management system parameters and clinical meeting minutes as per Bupa work instruction guidelines; with the overall goal to mitigate risk and increase quality of care delivery.</p> <p>The CM undertook an assessment of relevant data in discussion with the GM and RNs. The CM had</p>

			<p>biweekly meetings with the GM and all RNs and over time expanded the clinical meeting template so that data extracted from the electronic management system was included in the minutes along with a discussion on each resident with falls, infections, wounds, antipsychotic and antimicrobial use and strategies for improvement for each resident. Any new strategies identified are entered into the residents short- and long-term care plans. The meeting minutes are readily available for RNs and show photographic evidence of the progress of wounds over time.</p> <p>Results show the following; falls in September 2023 were 15.14%, in September 2024 9.11% and in July 2025 10.36%; infections in September 2023 were 19.44%, in September 2024 10.94% and in July 2025 9.09%; antipsychotic use in September 2024 was 36.25% and in July 29.55%; antimicrobial use in September 2023 was 12.5%, in September 2024 9.28% and in July 2025 0%.</p> <p>The meeting template also includes when assessments and interRAI are due and the results show there are currently no overdue assessments where previously there was. The CM stated over time the RNs are developing critical analysis skills and gaining confidence in their clinical judgement as a result of ongoing mentoring and support from the CM and RN team.</p>
--	--	--	---

End of the report.