

Bupa Care Services NZ Limited - Merrivale Care Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Merrivale Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 28 July 2025 End date: 29 July 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	58

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Merrivale Care Home is one of the care homes owned by Bupa Care Services NZ Limited and provides hospital (geriatric and medical) and rest home level care for up to 66 residents. There were 58 residents on the day of the audit.

The service is managed by the general manager, who is supported by the clinical manager, regional operations manager, and the board.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard and the contract with Health New Zealand. The audit process included a review of policies and procedures, a review of residents' and staff records, observations, and interviews with management, residents, family/whānau, staff and nurse practitioner.

Shortfalls identified at the previous certification around the audit programme have been addressed.

Shortfalls identified at the previous partial provisional audit relating to orientation, performance appraisals, dietary profiles, a secure environment, short-term care plans, and completion of long-term care plans for new residents have been addressed.

Shortfalls identified at the previous audit related to care planning, and medication management remain ongoing.

This surveillance audit identified no new shortfalls.

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.

Merrivale Care Home provides an environment that supports residents' rights and culturally safe care. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) are in place. A Pacific health plan is in place.

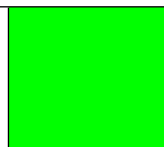
Residents and family/whānau interviewed confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination. The management and staff provide services and support to individuals in a manner that is inclusive and respects their identity and experiences.

Service delivery plans cater to the preferences of residents and/or their family/whānau.

Complaints processes are implemented, and complaints and concerns are actively managed and well documented. .

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 quality and risk management systems are focused on quality service provision and care. The strategic business and operational plan (2025-2027) that drives the organisation's vision for the future includes a mission statement and outlines current objectives. There are quality and risk management processes that take a risk-based approach. Policies and procedures are current.

The service and management ensure the best outcomes for residents, with health and safety being a priority. Actual and potential risks are identified and mitigated. The service complies with all statutory and regulatory reporting obligations and meets the requirements of the contract with Health New Zealand- Te Whatu Ora.

Staff coverage is maintained for all shifts. The acuity of residents is taken into consideration when planning and ensuring adequate coverage. Staff employed are provided with orientation, job descriptions, and receive ongoing education.

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 medium or high risk and/or unattained and of low risk.
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The nursing team is responsible for the assessment, development, and evaluation of care plans. The registered nurses assess, plan and review residents' needs, outcomes, and goals.

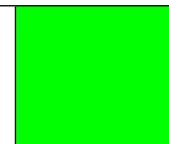
There is a medicine management system in place. The organisation uses an electronic system for prescribing and administering medications. The food service caters for residents' specific dietary likes and dislikes. The nurse practitioners are responsible for all review of medication. Staff involved in medication administration are assessed as competent to do so.

Residents' nutritional requirements are met.

Residents are referred or transferred to other health services as required.

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

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

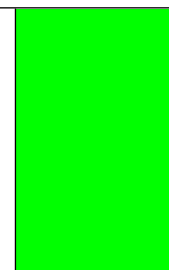


Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well-maintained. There is a current building warrant of fitness. Electrical and medical equipment has been tested and calibrated. External areas are accessible, safe, and meet the needs of residents living in this care home.

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 the residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The clinical manager coordinates the infection prevention and control programme.

Staff orientation and ongoing education are maintained.

Surveillance of healthcare-associated infections is undertaken, and the results are shared with all staff. Follow-up action is taken as needed. Outbreaks of infection are managed in accordance with the Ministry of Health guidelines.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. Restraint minimisation is overseen by the restraint coordinator. There were no residents using restraints at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

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	16	0	0	2	0	0
Criteria	0	48	0	0	2	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Bupa Care Services NZ Limited has a Māori Health Strategy and Health Equity Policy. Both of these continue to be reviewed regularly as Bupa Care Services NZ Limited matures on its journey to address barriers. The organisation has established a cultural advisory group, including Māori and Pacific peoples, by engaging employees in this initiative to work alongside the organisation’s leadership team. The Māori Health strategy supports increased recruitment of Māori employees, by embedding recruitment processes that utilise te reo and engage with local iwi for recruitment strategies at a local level.</p> <p>At the time of the audit, there were Māori staff members. The service has links to the local Ngāti Wai iwi, Kaumatua, and the Nga kaitaitoko Māori advocacy group for community support.</p> <p>Interviews with the general manager (GM), quality partner (QP), clinical manager (CM); and staff (registered nurse (RN), five caregivers, activities coordinator (AC), support services coordinator, maintenance officer, and the chef) described the provision of cultural support as per policy, and the service delivery plans reviewed evidenced a Māori-centred approach. The interviewed staff further confirmed that culturally safe support is given to residents, and that mana is respected.</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 Bupa Care Services NZ Limited organisation developed a comprehensive Te Mana Ola: Pathways to Pacific Peoples Health Equity plan that sets the key direction and long-term priorities to achieve equity in Pacific health and wellbeing outcomes. The service partners with a Pacific people’s organisation and/or an individual in the local community to provide guidance and support to residents and staff.</p> <p>The service had no residents who identify as Pasifika. There were staff identifying as Pasifika at the time of the audit. Staff interviewed stated that they receive support from family members of residents who identify as Pasifika. The staff interviewed highlighted the importance of understanding and supporting each other’s culture.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>All staff interviewed at the service understood the requirements of the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers Rights (the Code) and were observed supporting residents to follow their wishes. Eight residents and four family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service’s policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff on an annual basis. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The CM reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents were</p>

		<p>free from any type of discrimination, harassment, physical or sexual abuse, or neglect and were safe. 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>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>Signed resident admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation service plans were signed by residents who are competent and able to consent, and a medical decision was made by the nurse practitioners (NPs) for residents who were unable to provide consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints management policy and procedures were documented to guide staff. The process complies with Right 10 of the Code, which is the right to complain, to be taken seriously, respected, and to receive a timely response. The service maintains a complaint register. There were five complaints in 2024 and seven as of the year-to-date period in 2025, since the previous audit. The GM reported that the complaint process timeframes are adhered to, and service improvement measures are implemented as required. Documentation, including follow-up letters and resolution, was completed and managed in accordance with guidelines set by the Health and Disability Commissioner. All complaints were investigated, and the complainant was informed of the outcome as per policy. Discussions with residents confirmed that they are provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. The GM reported that any issues are discussed promptly with the residents before they escalate</p>

		<p>into complaints.</p> <p>Family/whānau and residents making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Residents and family/whānau spoken with expressed satisfaction with the complaint process. In the event of a complaint from a Māori resident or family/whānau member, the service would seek the assistance of an interpreter or cultural advisor if needed.</p> <p>There have been two external complaints reported since the previous audit, which were both closed. The service has implemented all relevant interventions and resolutions such as pressure injury training, skin care management, safe moving and handling, wound management, communication, resident monitoring, care plan updates, and medication management as required. Staff confirmed attending all the training and implementing changes as required.</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>Merrivale Care Home is a purpose-built facility situated in Northland, Whangarei. The service is certified to provide care for up to 66 hospital, and rest home, level care residents. The facility is divided into 33 hospital beds, 19 rest home, and 14 dual-purpose beds.</p> <p>On the day of the audit, there were 58 residents; 39 hospital residents; including four younger persons with a disability (YPD), two long-term support chronic health conditions (LTS-CHC), and 19 rest home residents; All residents, apart from the YPD and respite, were under the age-related residential care contract (ARRC).</p> <p>The governing body of Bupa Care Services NZ Limited consists of directors of clinical, operations, finance, legal, property, customer transformation, people, risk, corporate affairs, and technology. This team is governed by Bupa Care Services NZ Limited's strategy, purpose, and values. All members of the management team are suitably qualified and maintain professional qualifications in management, as well as relevant clinical skills, experience, and are knowledgeable about legislative and contractual requirements and are experienced in the aged care sector.</p>

	<p>The service conducts monthly staff meetings, twice-weekly clinical review meetings, two monthly quality meetings, quarterly resident/family meetings, two monthly health and safety meetings, weekly head of departments meetings, and GM meets with the regional operations manager every two weeks. A sample of all meeting minutes were reviewed and confirmed adequate information is shared to monitor organisational performance, including potential risks; contracts; human resources and staffing; growth and development; maintenance; quality management, and financial performance. There is a quality and risk management plan that is updated as required or at least annually.</p> <p>The organisation has a three-year strategic business and operational plan (2025-2027) which aligns with Bupa as a whole organisation and Bupa Care Services NZ Limited's global strategy, and the organisation's ambition to be the world's most customer-centric healthcare company. The business and operational plan is reviewed annually by the Leadership Team as part of strategy and planning. The GM reported that each care home sets annual quality goals at the beginning of the year based on improving outcomes from the internal quality programme. Goals are regularly reviewed, discussed at quality meetings and other forums and outcomes are measured to demonstrate success. Quality improvements are documented in the electronic record management system and updated with progress during the year.</p> <p>Bupa Care Services NZ Limited Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with the vision of Mana 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 Care Services NZ Limited is committed to supporting the best health outcomes for Māori and guidance for their employees by developing cultural safety awareness around Māori health equity, and disparities in health outcomes, including in aged residential care. The cultural advisor collaborates with the Board and senior management 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 resident meetings and satisfaction surveys, which provide the opportunity to identify barriers and improve health outcomes.</p> <p>There is a clinical governance structure in place. Bupa Care Services NZ</p>
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		<p>Limited has a Clinical Governance committee (CGC), Risk and Governance committee (RGC), a Learning and Development governance committee and a Work Health Safety Governance committee where analysis and reporting of relevant clinical and quality indicators is discussed in order to improve care services. The RGC aligns and interfaces with the CGC to manage quality and risk systems. The clinical and quality director oversees both quality and risk management systems.</p> <p>The general manager has been employed in the role at Merrivale Care Home for close to a year now and was previously the care home manager at another Bupa facility for two years. Prior to that, they have extensive management experience in the health and disability sector. The general manager is supported by the clinical manager, registered nurses, an experienced care staff team, the regional operations manager, the quality partner, and senior leadership team and the board.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service implements the organisation's quality and risk management programme, which is directed by the organisational framework. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation; a programme of internal audits; and a process for identifying and addressing corrective actions.</p> <p>A quality monitoring programme (2024-2025) was in place. Clinical audits are completed bi-monthly by the quality partner (QP) from the head office, while non-clinical audits are completed by staff at the service. Internal audits, meetings (including monthly staff meetings, management meetings, clinical meetings, and data collation), were all documented as scheduled, with corrective actions as indicated. Corrective actions were documented to address service improvements, with evidence of progress and sign-off provided upon achievement. This addresses the previous area requiring improvement relating to signing off on corrective actions when completed.</p> <p>Meetings provide an opportunity for discussions related to key performance indicators. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and held in folders in the staffroom. Benchmarking occurs on a</p>

		<p>national level against other Bupa Care Services NZ Limited facilities.</p> <p>The 2025 resident and family/whānau feedback survey reflected high levels of satisfaction in all areas of care, including communication, environment, staff attitude, and meeting cultural and spiritual needs. The people pulse survey (staff) completed in May 2025 showed a high response rate of 99%. Areas that needed improvement were communicated to the staff, management and support team, and changes were made as needed.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures, and associated implementation systems, provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards.</p> <p>The quality and risk management plan, policies, and procedures clearly outline all potential internal and external risks and corresponding mitigation strategies, aligning with the National Adverse Event Reporting Policy. Management was aware of the Severity Assessment Codes (SAC) reporting requirements, specifically SAC1 and SAC2. The GM, QP, and CM interviewed were familiar with essential notification reporting requirements. Section 31 and SAC2 notifications have been completed as per policy. Notification of an outbreak has been sent to the appropriate external agency as required.</p> <p>A health and safety system with identified health and safety goals is in place. Hazard identification forms, and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the clinical governance team and the board.</p> <p>Individual reports are completed for each incident or accident, documenting immediate actions and any necessary follow-up steps. Incident and accident data are collated monthly and analysed for trends. Results are discussed at the meetings. Ten resident-related accident/incident entries were reviewed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a</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 (24/7). The facility adjusts staffing levels</p>

<p>whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>to meet the changing needs of residents. Care staff reported that there has been adequate staff at the service. Residents and family/whānau interviewed supported this. Rosters from the past four weeks showed that all shifts were covered by experienced registered nurses, and caregivers, with support from the clinical and management team. A significant number of staff maintain current first aid certificates, so there is always a first aider on site.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. The CM reported that training is completed either online or face-to-face. Evidence of regular education provided to staff was sighted in attendance records. Training topics included (but not limited to): Covid-19 (donning and doffing of personal protective equipment and standard infection control precautions); moving and handling; continence management; communication; ageing process; dementia; abuse and neglect; Māori health strategy and tikanga Māori; pressure injury prevention and management; care planning; wound management; feedback and complaints management; safe medicine management; restraint minimisation; first aid; and fire evacuation.</p> <p>Related competencies such as administration of oxygen; female catheterisation; subcutaneous fluid administration; wound management; medication administration; nebuliser administration; hand hygiene; blood glucose and insulin administration; moving and handling; and neurological observations; donning and doffing; are assessed as per policy requirements. Care givers have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's funding and service agreement. Staff records reviewed demonstrated completion of the required training and competency assessments. The GM and CM reported that the model of care ensured that all residents are treated equitably.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge,</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include</p>

<p>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>recruitment, selection, orientation, and staff training and development.</p> <p>Qualifications are validated prior to employment. A register of annual practising certificates (APCs) is maintained for registered nurses and associated health contractors (nurse practitioners, pharmacists, physiotherapist, podiatrist, and dietitian).</p> <p>A sample of staff records reviewed confirmed that the organisation's policies are being consistently implemented. All staff records reviewed evidenced completed induction and orientation. A total of six staff files (clinical manager, one registered nurse, one activities coordinator, housekeeper, and chef) were reviewed. The previous partial provisional audit shortfalls around completing appraisals and orientation for staff have been addressed. Staff files reviewed included completed: reference checks, police checks, appraisals, competencies, individual training plans, professional qualifications, orientation, employment agreements, and position descriptions.</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Six residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. These included four hospital including one resident on a YPD contract, one LTS-CHC; and two on the rest home level of care.</p> <p>The nurse practitioners (NPs) complete the residents' medical admissions within the required timeframes and conduct medical reviews promptly. Completed medical records were sighted in all files sampled. The NP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner and medical orders were followed, and care was resident centred. The residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.</p> <p>The CM reported that sufficient and appropriate information is shared</p>

	<p>between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. The previous corrective action at (partial provisional audit) around linking short-term care plans to long-term care has been addressed. Short-term care plans were developed for short-term problems or in the event of any significant change, and these were linked to long-term care plans with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the CM or registered nurses; this was evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>A review of the care plans evidenced that interventions for residents with sleep apnoea, falls management, YPD activities, pain, and diabetic management plan, and 24-hour management of challenging residents' behaviour are documented. All long-term care plans reviewed had detailed interventions in the management of residents' specific presenting problems, such as behaviour, diabetes, sleep apnoea, history of falls, and pain issues. Furthermore, all residents had a 'My Day My Way' section in their care plans detailing residents' preferred interests and activities of choice. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs.</p> <p>There were four active wounds, including two skin tears and two unstageable pressure injuries, at the time of the audit. Wound management plans were implemented, with regular evaluation completed. Input from the NPs and wound specialist nurses was considered as required by the nursing team. The following monitoring charts were completed to assess and monitor residents: fluid balance charts, turn charts, neurological observation forms, blood glucose records, and bowel charts.</p>
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		<p>Residents who were assessed as LTS-CHC and YPD had their unique needs identified and managed appropriately.</p> <p>An improvement is required to ensure interRAI reassessments, long-term-care plans and activities plans are completed in a timely manner and following interRAI reassessments.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GPs complete three-monthly medication reviews. A total of 12 medication charts, eight hospital and four rest home, were reviewed. Allergies were documented, and indications for use are noted for pro re nata (PRN) medications. Eye drops and creams were dated on opening, therefore addressing the previous audit shortfalls identified at (certification audit in 2024).</p> <p>Medication competencies were current, completed in the last 12 months, for all staff administering medicines. Medication incidents were completed in the event of a drug error, and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>The previous area requiring improvement relating to monitoring the medication room and temperatures has been addressed. Monitoring of medicine fridge and medication room temperatures were conducted regularly, and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolleys, locked treatment rooms, and cupboards.</p> <p>There were no residents self-administering medications, and there is a self-medication policy in place when required. The CM reported that residents are encouraged to self-administer medication if competent to do so. There were no standing orders in use.</p> <p>An improvement is required to ensure controlled drug stocktakes are completed as per policy and standard requirements.</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>The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 22 September 2025.</p> <p>The previous partial provisional audit shortfall around kitchen staff having access to current dietary needs of residents and potential allergies have been addressed. Diets are modified as required and the kitchen staff confirmed awareness of resident current dietary needs. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. There are folders in the kitchen with current resident dietary profiles including noted allergies. Residents are given the option of choosing a menu they want. All alternatives are catered for as required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents’ needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</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</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents’ physical environment and facilities (internal and external) are fit for purpose. There was a current building warrant of fitness. Equipment has been calibrated and tested annually, and an inventory is maintained.</p> <p>The residents and family/whānau interviewed expressed satisfaction with</p>

<p>Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>the environment being suitable for their needs and their family members' needs. There were well-maintained garden areas. The environment was clean and tidy throughout the facility.</p> <p>The previous audit shortfall around Te Whare Awhina remaining a secure unit until the last resident requiring dementia care has been moved to an appropriate facility has been addressed. All locked coded doors have been removed, and residents requiring dementia care have been transferred to appropriate facilities. Residents were observed moving freely around the areas with mobility aids where required.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has a clearly defined and documented infection prevention and control (IPC) programme implemented that was developed with input from external IPC services. The IPC programme was approved by the quality team and is linked to the quality improvement programme. The IPC programme was current. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the Covid-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated, and action plans are implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used.</p>

<p>multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>Infection prevention audits were completed, including cleaning, laundry, personal protective equipment (PPE), donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, the reason for the increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Infection data is reported to the governance team. Benchmarking occurs with other Bupa Care Services NZ Limited facilities.</p> <p>There was a Covid-19 infection outbreak reported in April 2025 since the previous audit. This was managed in accordance with the pandemic plan, with appropriate notification completed.</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 service is committed to a restraint-free environment in all its facilities. There were robust strategies in place to eliminate the use of restraints. The restraint committee is responsible for the organisation's restraint elimination strategy and monitoring restraint in the organisation. Documentation confirmed that restraint is discussed at staff, and management meetings and relevant information is presented to the Board.</p> <p>There was no restraint in use on the day of the audit. Staff and the restraint coordinator (CM) confidently discussed the alternatives to restraint use. Staff interviews and staff records evidenced that there is ongoing training on calming and de-escalation, and staff are familiar with managing challenging behaviour. Training is planned 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 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent</p>	<p>PA</p> <p>Moderate</p>	<p>The service uses assessment tools that include consideration of residents lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. Cultural assessments were completed by the nursing team in consultation with the residents and family/whānau.</p> <p>The previous audit shortfall around completing long-term care plans in a timely manner remains open. Two of six long-term care plans and activities care plans were completed following the interRAI assessment and in a timely manner.</p> <p>There has been and continues to be a corrective action plan in place to address documentation and completion of assessments and care plans , and registered nurses are in</p>	<p>(i). Five interRAI reassessments in the database were overdue for review, with timeframes ranging from 10 to 44 days.</p> <p>(ii). Four of six long-term care plans and activities plans were not completed following interRAI re-assessments.</p>	<p>(i). Ensure interRAI reassessments are completed in a timely manner.</p> <p>(ii). Provide evidence of long-term care plans and activities plans completed following interRAI reassessments.</p> <p>60 days</p>

<p>workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>		<p>the process of completing these. The CM and quality partner who is responsible for all clinical audits reported that the service was aware of the shortfalls. This was discussed in clinical meetings, and work was underway to address the corrective actions.</p> <p>The risk rating is still moderate given the work that has already started, the corrective action plan that is in place, and the advancements made in documentation of care plans; however, the 90-day deadline for addressing the issues has been shortened to 60 days.</p>		
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. The policy and standard require that controlled drug stocktakes are completed weekly and six monthly, weekly stock takes were completed and documented this addressed the previous certification audit shortfall requiring improvement. However, six monthly Pharmacy checks of CDs has not been completed since 2023.</p>	<p>The six monthly pharmacy checks of controlled drugs has not been completed since 2023.</p>	<p>Ensure controlled drug stocktakes are completed as required.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.