

Bupa Care Services NZ Limited - The Booms 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:	The Booms 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: 28 August 2025 End date: 29 August 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	63

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

The Booms Home & Hospital provides hospital, rest home, and dementia care levels for up to 69 residents. At the time of the audit, there were 63 residents.

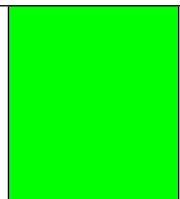
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures; the review of resident and staff files; observations; and interviews with residents,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

The general manager is appropriately qualified and experienced and is supported by a relieving clinical manager. There are quality systems and processes being implemented. Feedback from residents and family/whānau was very positive about the care and the services provided.

This certification audit identified improvements around staff training, orientation, and appraisals.

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.

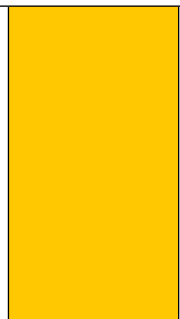
The Booms Home & Hospital offers an environment that promotes resident rights and ensures safe care. The staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to residents in an inclusive way and respect their identity and experiences. The service listens to and respects the residents' voices and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. 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.



Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

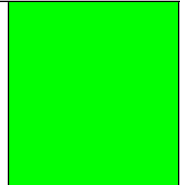
Governance is committed to improving pae ora outcomes and achieving equity. The needs of residents are considered. The management team members have knowledge and expertise in Te Tiriti o Waitangi, health equity, and cultural safety. The business plan includes a mission statement, purpose, values, direction, scope, and goals.

A documented quality and risk management system is in place, including a current risk plan and quality plan. Incidents are well managed, quality data is collated and analysed, and internal audits are completed. Systems are in place to monitor the services provided. Services are planned, coordinated, and appropriate to the residents' needs. Care plans for the service are documented, with evidence of regular reviews.

The management and staff possess the necessary skills and experience to deliver suitable services to residents. Human resources are managed in accordance with good employment practices. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are defined and monitored. Staff records are secure, and staff ethnicity data is collected.

Residents' information is accurately recorded, securely stored and is not accessible to unauthorised people. Archived records can be retrieved as needed. Staff and resident records are maintained using both integrated hard-copy and electronic records.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The general manager and the relieving clinical manager efficiently manage the entry process to the service. Admissions are managed by the relieving clinical manager, registered nurses, and a general practitioner. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care.

The care plans demonstrated individualised care.


The planned activity programme provides residents with various individual and group activities, and maintains their links with the community. There were adequate resources to undertake activities at the service.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication-competent caregivers are responsible for the 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. The residents' food, fluid, and nutritional needs are provided in line with recognised nutritional guidelines, and additional requirements/modified needs are being met. 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.
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. The bedrooms have full ensuites and shared facilities. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. Call bells are located strategically throughout all communal areas, toilets, bathrooms, and resident bedrooms. Security checks are performed each evening, and security lights and closed-circuit television cameras are installed within the facility and externally.

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.

A comprehensive suite of policies are in place. The infection control programme is reviewed annually. The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity.

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

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

The environment supports the prevention and mitigation of transmission of infections. Waste and hazardous substances were being well managed. Cleaning and laundry services are safe and effective.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	1	1	0	0
Criteria	0	173	0	1	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>	FA	<p>A Māori Health Strategy and Health Equity Policy is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. It includes embracing authentic and appropriate Te Ao Māori, including tikanga - cultural practices, te reo Māori and cultural protocols in alignment with the standards. The service currently has residents who identify as Māori. The Māori health equity policy outlines how the organisation works towards achieving the best outcomes for Māori and people with disabilities.</p> <p>The general manager (GM) confirmed support for increasing Māori capacity by employing Māori staff members when they apply for employment opportunities at the service. At the time of the audit, there were Māori staff members employed. The facility has links to the local Te Korowai o Hauraki, a Kaupapa Māori health provider for community support and has access to local Kaupapa Services from Health NZ- Te Whatu Ora.</p> <p>Care is provided in a way that focuses on the individual and considers beliefs, values, and culture. The nursing team reported that care plans include cultural assessments with cultural links and provide an opportunity for the service to cater to any cultural needs.</p> <p>Documentation reflected their individual values and beliefs. The</p>

		<p>management team and staff have completed training on Te Tiriti o Waitangi and health equity.</p> <p>Interviews with staff (the management team- general manager, another supporting general manager from another sister facility, relieving clinical manager, three registered nurses, five caregivers, two activities coordinator, a kitchen manager, a cook, one kitchen assistant, a cleaner, laundry assistant) and the physiotherapist (PT) described ways they apply the principles of Te Tiriti o Waitangi into practice in relation to their role.</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>	FA	<p>During the admission process, the resident's family/whānau are encouraged to be present to assist with the identification of all needs, including cultural beliefs. On admission, all residents' ethnicities are captured. Individual cultural beliefs are documented for all residents in their care plan and activities plan. Cultural awareness training introduced the staff to components of the Fonofale Pacific Health Model. At the time of the audit, there were no residents at The Booms Home & Hospital of Pacific descent.</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 organisation partners with a Pacific organisation and/or individual to provide guidance. At the time of the audit, there were no Pacific staff members. The GM described how the service increases the capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Interviews with staff, and documentation reviewed identified that the service provides person-centred care.</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>	FA	<p>Details relating to the Code of Health and Disability Services Consumers' Rights (The Code) are included in the information that is provided to new residents and their family/whānau. On admission, the management and staff discuss aspects of the Code with residents and</p>

<p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>their family/whānau. The Code is displayed in multiple locations in English, Pacific languages and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident meetings. Family/whānau are invited to attend. Residents and family/whānau interviewed reported that the service upholds the residents' rights. The interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocate is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support. Staff have completed cultural training, which includes Māori rights, the Māori model of care and health equity. The service recognises Māori mana motuhake, which is reflected in the strategic documents.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Seven residents and seven family/whānau confirmed that individual cultural beliefs and values were respected. Those interviewed reported that the service is upholding the residents' rights.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake. 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>FA</p>	<p>The Booms Home & Hospital 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 and intimacy policy, and staff received training in sexuality and intimacy as part of their scheduled in-service training.</p> <p>The residents interviewed were positive about the service. They reported that staff considered their values and beliefs, and felt they were listened to. Privacy is ensured, and independence is encouraged. Staff enable resident participation within their capabilities, in tasks within the service, such as helping with simple tasks. The service ensures that there is continued wellness of residents in a culturally safe environment and within the residents' own personal, worldwide</p>

		<p>view.</p> <p>Residents interviewed advised that they have choices. They are supported in deciding whether they would like family/whānau members to be involved in 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 (link to 2.3.4). Staff interviewed stated that care is delivered and reflects 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. Māori songs are occasionally sung, as reported by staff. Through the activities programme, tāngata whaikaha are supported to participate in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service’s policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents and family/whānau reported that their property and finances were respected, and professional boundaries were maintained. The GM reported that the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse, or neglect, and felt safe. Police checks were 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 in place identified a strengths-based, person-centred care, and general healthy wellbeing outcomes for Māori residents admitted to the service. The management and staff further reiterated this, reporting that all wellbeing outcomes are managed and</p>

		documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>In interviews, residents and family/whānau confirmed that communication was open and effective and that they felt listened to. The family/whānau stated they were kept well informed about any changes to their family/whānau's health status and were advised in a timely manner about any incidents or accidents, and outcomes of regular or urgent medical reviews. This was supported by the residents' records that were reviewed. The staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family/whānau contact section in their file. Residents and family/whānau interviewed stated they are provided with time to discuss any decisions.</p> <p>No residents required the services of an interpreter; however, the staff were aware of how to access interpreter services if needed. Staff can provide interpretation as needed, and utilise family/whānau as appropriate. The GM reported that 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>The staff reported that verbal and non-verbal communication cards, simple sign language, use of electronic devices, use of EPOA or family/whānau to translate, and regular use of hearing aids by residents when required, are encouraged.</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</p>	FA	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Resident files were reviewed, and written general consents were signed for outings, photographs, release of medical information,</p>

<p>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>medication management, and medical care, which were included and signed as part of the admission process. Specific consent had been obtained from the resident and their family/whānau for procedures, such as vaccinations.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision-making, when the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' records and activated as applicable for residents who are assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file.</p> <p>Advance directives for healthcare, including resuscitation status, had been completed by residents deemed competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner (GP) made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect family/whānau lives. Discussions with the caregivers and the management team confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff on the Code of Rights, informed consent, and the understanding of responsibilities of EPOAs.</p> <p>The service adheres to relevant best practice tikanga guidelines regarding consent. The Māori Health Strategy is available to guide cultural responsiveness from the Māori perspective on health.</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</p>	<p>FA</p>	<p>The service has a current complaints policy in place, which is understood by staff. Associated forms included the incident form, complaint form, complaint follow-up form, and complaint register. The complaints' procedure policy aligns with and reflects the principles of the Code, and is in accordance with the Code of Health and Disability Services Consumers' Rights. The policy commits to ensuring that any complaint (or any other issue) against a staff member or volunteer is addressed fairly and equitably, ensuring that an individual's dignity,</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>including values and beliefs are protected.</p> <p>The service’s complaints register was reviewed, and there were 12 complaints in 2024, and 11 in 2025 (year to date) since the last audit. Documentation of previous complaints showed that complaints have been acknowledged, investigated, and followed up. Complaint information is used to improve services as appropriate. Quality improvements or trends identified are reported to the staff. There was an external complaint received in 2024. The complaint remains open, and the service has so far responded with detailed information addressing all issues raised. The GM reported that all relevant interventions and resolutions have been implemented. Furthermore, the GM reported that any issues are discussed promptly with the residents before they escalate into complaints.</p> <p>An interview with the management and staff revealed that complaint forms and information about the advocacy service are available at the service. Residents and family/whānau were aware of their rights to complain, and Consumer Code of Rights posters were sighted in publicly accessible areas. All residents and family/whānau interviewed stated they would feel comfortable making a complaint, and that the service would support them throughout the process.</p> <p>Residents and their family/whānau can, if they choose, involve an independent support person or an advocate for advice and support during the complaints process. This was confirmed during interviews. Staff also confirmed they would document a complaint for anyone who had difficulty doing this, or supporting the resident or family/whānau in accessing independent advocacy services.</p> <p>The GM reported that 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 options are always offered.</p>
<p>Subsection 2.1: Governance The people: I trust the people governing the service to have the</p>	<p>FA</p>	<p>The Booms Home & Hospital is a purpose-built facility located in Thames, owned by Bupa Care Services NZ Limited. The service is certified to provide care for rest home, hospital, and dementia levels of</p>

<p>knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>care for up to 69 residents.</p> <p>There are 16 dedicated rest home beds, 31 (dual-purpose) hospital-level beds, and 22 dementia beds. On the day of the audit, there were 63 residents: 21 rest home, including one resident on a younger person with a disability contract (YPD), 24 hospital, including one Accident Compensation Corporation (ACC), and 18 dementia beds.</p> <p>The Leadership team of Bupa Care Services NZ Limited 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 into the Bupa Care Services NZ Boards in New Zealand, and the Bupa Australia & New Zealand (ANZ) Board. There is a New Zealand-based managing director who reports to a New Zealand-based Board. Each director has an induction to their specific role and to the senior leadership team. The directors are knowledgeable about legislative and contractual requirements, and are experienced in the aged care sector. The Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety. There is a cultural working group alongside the Bupa Leadership team.</p> <p>Bupa has a Clinical Governance committee (CGC), 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 in order to improve. 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 improvement to their service. Furthermore, Bupa undertakes national and regional forums, as well as local and online training, national quality alerts, use of benchmarking quality indicators, and learning from complaints (open casebooks) as ways to share learning, and improve the quality of care for Māori and tāngata whaikaha.</p> <p>The Bupa Care Services NZ Limited 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</p>
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	<p>(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. 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 in place, with clear business goals to support its person-centred philosophy. The business and operational plan is reviewed annually by the Leadership Team as part of 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 Booms Home & Hospital business plan for 2025 includes a mission statement and operational objectives, with site-specific goals related to business and quality outcomes. The goals are reviewed four-monthly. The regional operations manager reports to the national operations director. 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>The service is managed by a general manager, who has been in the role since March 2025. The GM has a background in business management, information technology, and finance. The GM is supported by the quality partner, a relieving clinical manager, with extensive experience in the healthcare sector, the regional operations manager, and a team of experienced, long-standing staff.</p> <p>Both the general manager and the relieving clinical manager attend to</p>
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		Bupa regional managers' forums, pandemic and infectious disease planning, and infection control teleconferences.
<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>	FA	<p>The service has a range of documents that contribute to quality and risk management, reflecting the principles of quality improvement processes. All internal audits were completed according to the schedule. Benchmarking is performed using the data from the previous month and with other sister facilities.</p> <p>A range of meetings are conducted at the service, and these include staff, clinical review, registered nurses, restraint, head of departments, and the infection prevention and control programme. Meeting minutes were reviewed on the audit days.</p> <p>Quality data includes incidents and accidents, infection and outbreak events, complaints, satisfaction surveys, internal audits, and staff surveys, all of which are analysed to identify and manage issues and trends. A sample of quality, risk, and other documentation revealed that when monitoring activities, staff identify a need for improvement and implement corrective actions until the improvement is achieved. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes.</p> <p>Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The outcomes from the resident/relative satisfaction survey in May 2025 were favourable. The staff (People Pulse) survey was also completed in May 2025. Minimal corrective actions were identified in areas such as food, communication, staffing, and training and education, which have been implemented. The results of quality data, satisfaction surveys, and corrective actions are discussed with staff at staff and resident meetings. Residents and their family/whānau were informed of the survey results. Residents, their family/whānau, and staff contribute to quality improvement through staff meetings, resident meetings, newsletters, and compliments.</p> <p>Policies and procedures meet the requirements of the Ngā Paerewa Standard. The policies reviewed covered all necessary aspects of the service, and contractual analysis of organisational practices to improve</p>

		<p>health equity occurs, with appropriate follow-up and reporting. The GM described the processes for identifying, documenting, monitoring, reviewing, and reporting risks, including health and safety risks and developing mitigation strategies.</p> <p>Staff documented 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. The GM and the relieving clinical manager were aware of the Severity Assessment Codes (SAC) reporting requirements, specifically SAC1 and SAC2. There were Section 31 notifications completed since the last audit. These included registered nurse shortages, Covid-19, gastroenteritis outbreaks, pressure injuries, and resident behaviour. The GM and relieving clinical manager stated that these were reported following the MoH guidelines, and staff were debriefed.</p> <p>The GM was aware of the Health and Safety at Work Act (2015) and implemented its requirements. All visitors to the service are informed and reminded of the importance of health and safety, and infection prevention and control. No events required reporting to WorkSafe NZ in the previous 12 months. A hazard register was in place, and evidence of completed environmental audits was sighted.</p> <p>Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The GM 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>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is</p>	<p>PA Low</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. The caregivers reported that there are adequate staff members to complete the work allocated to them. The residents and family/whānau interviewed supported this. Over the past four weeks, the rosters consistently</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>		<p>showed that all shifts were covered by experienced caregivers, with support from the GM, relieving clinical manager and registered nurses. An additional registered nurse had been employed and was currently going through orientation. The GM reported that they have built a casual pool with other sister facilities to cover for any staff shortages. Residents and family/whānau interviewed stated they are informed of any staff changes.</p> <p>The GM and the relieving care manager are available Monday to Friday. On-call cover for all Bupa facilities in the region is covered by a six-week rotation of one care home and one clinical manager each week. The management is available on-call 24/7.</p> <p>Caregivers who have completed NZQA level 4 and undertaken extra training, complete many of the same competencies as the registered nurses (eg, restraint, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, wound management). Additional registered nurses' specific competencies include subcutaneous fluids, female and male catheterisation, syringe driver, and interRAI assessment competency. Four registered nurses are accredited and maintain competencies to conduct interRAI assessments. All registered nurses are encouraged to attend the Bupa qualified staff forum each year and to commence and complete a professional development recognition programme (PDRP). A record of completion is maintained on an electronic register.</p> <p>Caregivers have either completed, commenced or are due to commence a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements. There is a total of 38 caregivers; 19 have achieved level four, 13 are on level three, five are on level two, and one is still to enrol. Of the 15 caregivers who work in the dementia unit, 12 had completed a dementia qualification, and three were in training.</p> <p>Staff members interviewed reported feeling well-supported and safe in the workplace. The GM reported that the model of care ensured equitable treatment for all residents. Staff and management completed cultural training.</p> <p>The provider's environment encourages collecting and sharing quality</p>
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		<p>Māori health information. The service collaborates with local Māori organisations, which provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p> <p>An employee assistance programme (EAP) is in place to promote staff wellbeing. Staff participated in an annual employee satisfaction survey, and staff interviewed reported a positive workplace.</p> <p>An improvement is required to ensure staff complete the mandatory training as per the training programme.</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>PA Moderate</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 prior to an offer of employment being made. A sample of staff records reviewed confirmed that the organisation's policies are being consistently implemented. Each position has a job description. Nine staff files were reviewed: two registered nurses, four caregivers, one kitchen manager, one laundry and one activities coordinator.</p> <p>Records confirmed that all regulated staff and contracted providers had proof of current registration with their respective regulatory bodies, such as the New Zealand (NZ) Nursing Council, the NZ Medical Council, and the pharmacy, as well as other allied health service providers.</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. A process to evaluate this data is in place and reported to the Board at Board meetings. Following incidents, the management team are available for any required debriefing and discussion.</p> <p>Required areas for improvement were identified in completing orientation and staff appraisals annually.</p>
<p>Subsection 2.5: Information</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. The</p>

<p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>service has health information policies and procedures that guide staff on information management. 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 electronic medication management system and the interRAI assessment tool. The visiting general practitioners (GPs) and allied health providers also document the necessary information in the residents' records. Policies and procedures guide staff in managing information effectively. The GM reported that the staff have their logins. An external provider holds backup database systems.</p> <p>A consent process is in place for data collection. The records sampled were integrated. The GM reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned.</p> <p>The service 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</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. A review of residents' files confirmed that entry to service complied with entry criteria. Eight admission agreements reviewed align with all service requirements.</p> <p>Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they had received the information pack and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed needs of the resident and the contracts under which the service operates. The general manager and relieving clinical manager</p>

<p>communicated to the person and whānau.</p>		<p>are available to answer any questions regarding the admission process, and a waiting list is managed. When entry is delayed, the relieving clinical manager takes responsibility for updating the referrer.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process. Declining entry would be if the service had no beds available, or care needs exceeded the staffing resources available. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process that combines a collection of ethnicity data from all residents, and the analysis of the same for the purposes of identifying entry and decline rates. The service has established links with a local iwi and a kaumātua, with contact details that are easily accessible to staff. Links in place ensure support for Māori and whānau is available to navigate the admission process. The service has information available for Māori, in English and in te reo Māori. The service demonstrates commitment to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and employment opportunities. The provider can access support from Māori health practitioners, traditional healers, and other organisations by contacting local Māori health service providers.</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>Eight resident files were reviewed for this audit: three for residents using rest home level of care, including one YPD; three residents using hospital level of care; and two residents in the dementia unit. The registered nurses are responsible for conducting all assessments and for the development of care plans. Keyworkers are appointed for all residents. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meetings where the long-term care plans are reviewed. This is documented in the progress notes and resident records.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified, and strategies to manage these</p>

	<p>are documented in the resident's care plan. The Māori Health Strategy and cultural awareness policy are in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care plan.</p> <p>All residents have admission assessment information and an initial care plan completed upon entry. All reviewed files had interRAI assessments and initial care plans completed in a timely manner. The long-term care plan includes interventions to guide care delivery. The interventions were reflective of the assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed, and amendments were made as needs changed, which met the required timeframes. Evaluations reviewed documented progress against the set goals. Short-term care plans for infections, weight loss, behaviours, bruises, and wounds were well utilised, with evidence of the required interventions being transferred to the long-term care plan.</p> <p>A GP from a local practice oversees the medical needs of most of the residents. Residents are assessed within five working days of admission. The general practitioner reviews each resident at least three-monthly and is involved, if requested, in the six-monthly resident/family/whānau reviews (multi-disciplinary meetings). Residents can retain their own general practitioner if they choose to. The contracted medical practice provides an after-hours and weekend on-call service. The relieving clinical manager participates in the rostered on-call schedule, and the general manager provides after-hours support for all operational matters. When interviewed, the GP expressed satisfaction with the standard of care and quality of nursing proficiency at The Booms Home & Hospital. The GP provided positive feedback regarding the clinical assessment capabilities of the registered nurses, particularly in relation to after-hours referrals. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into residents' care plans.</p> <p>The service has contracted a physiotherapist for up to three hours per week. A podiatrist visits six-eight weekly, and an array of allied health, and specialist care services are available as required.</p> <p>Caregivers and registered nurses interviewed described that the verbal handover at the beginning of each duty provides them with sufficient</p>
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	<p>information to start their shift. This was sighted on the day of the audit and found to be comprehensive in nature. Structured handovers are conducted by registered nurses at the commencement of each shift to ensure safe and coordinated care delivery. For afternoon and night shifts, the registered nurses initiate handover at the nurses' station within the hospital wing, with the caregivers allocated in the respective wings present. For the morning shift, the registered nurses receive a handover in the general manager's office. Subsequently, they provide individualised handovers to caregivers across the rest home, hospital, and dementia care wings.</p> <p>Progress notes are written daily by caregivers and registered nurses. The registered nurses add to the progress notes if there are any incidents, general practitioner, or changes in residents' health status. Residents interviewed reported that their needs and expectations were being met, and family/whānau confirmed the same regarding their family/whānau. When a resident's condition alters, the registered nurse initiates a review with the general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accidents/incidents, general practitioner visits, 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 actively maintained to support clinical oversight and continuity of care. A total of 13 wounds is being managed across the facility, each wound supported by a short-term care plan, evidenced by updated assessments, treatment plans, and regular evaluation as per Bupa wound care protocols. There was one unstageable pressure injury and minor skin tears, skin lesions (one of which was post a surgical procedure), a chronic leg ulcer, and a resident with an ingrown toenail. The reviewed wound (pressure injury) had comprehensive assessments, management plans, documented evaluations, and photographs showing healing progression. Review of documentation and discussions with the relieving clinical manager evidenced the service maintains a focus on prevention, with minor bruising or redness documented on the wound register that were receiving frequent checks and moisturising. The wound care specialist has input into chronic wounds and pressure injuries. The caregivers and registered nurses interviewed confirmed adequate clinical supplies and equipment, including continence, wound care, and pressure injury</p>
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		<p>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; restrictive practice monitoring, pain; behaviour; blood glucose levels; and repositioning. 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>FA</p>	<p>The facility employs four activities staff, comprising one full-time activities coordinator and three part-time activities assistants. Among the team, one assistant is a qualified and experienced diversional therapist, one assistant has completed the CareerForce Life and Career Planning (LCP) Programme, and one assistant is currently undertaking the LCP Programme. The activities team delivers programmes across all levels of care within the organisation, Monday through Friday. Weekend coverage is provided by caregivers to ensure continuity of engagement and resident wellbeing.</p> <p>In response to recent changes in staff hours, the activities programme has been recently reviewed and updated to reflect revised scheduling and staff allocation. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. The residents in the dementia unit have 24-hour activity plans implemented, as evidenced in their bedrooms and participant folders. Activities are delivered to meet the residents' cognitive, physical, intellectual, and emotional needs. A weekly newsletter includes the weekly programme and menu, and it is placed in large print on noticeboards in all areas.</p> <p>The activity staff outlined how the programme is put together, including resident input, and online resources to ensure they meet the needs of all residents across the three care levels. This includes a focus on maintaining independence and ensuring the connection with the community is maintained. Those residents who prefer to stay in their rooms or cannot participate in group activities, have one-on-one visits, and activities such as hand massages, walks around the gardens, and</p>

		<p>book reading or reminiscing. There are several lounges where residents and families/whānau can watch television and access newspapers, games, puzzles, and specific resources.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include exercises; newspaper reading; music and movement; crafts; games; quizzes; entertainers; pet therapy; board gaming; hand pampering; happy hour; and cooking. The activities team facilitate opportunities to participate in te ao Māori, incorporating Māori language in entertainment and participating in community activities, for example, Matariki celebrations. The need of the younger residents is accommodated, including the married couple who are provided with support and privacy to connect, while living in the facility.</p> <p>There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational services. There are resident meetings planned monthly. Meeting minutes sighted evidence that these are occurring as per schedule. Family/whānau are welcome to attend these. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed provided mixed reviews regarding the activity programme.</p> <p>The relieving clinical manager confirmed that the activities department is currently receiving support from an additional activities coordinator within the wider Bupa group. This collaborative initiative is aimed at strengthening the quality of the facility's activities programme and enhancing resident engagement.</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>FA</p>	<p>Medication management is available for safe medicine management that meets legislative requirements. The medication rooms are fit for purpose. All staff who administer medications are assessed for</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>competency on an annual basis. Education around safe medication administration has been provided and they have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The interviewed registered nurses and caregivers could describe their role in medication administration. The Booms Home & Hospital uses plastic rolls for regular use and 'as required' medications. Some short-course medication is supplied in separate packets or bottles. 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 locked when not in use and remained in the respective medication rooms. The medication fridge temperatures are monitored daily. The medication fridge temperature records and monitoring of the temperature of the medication room reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops were dated upon opening and discarded as per the 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. Weekly stock checks occur as scheduled. The six-monthly controlled drug physical check and reconciliation have been completed six-monthly.</p> <p>Sixteen (16) electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly, and each chart has photographic identification and allergy status identified. Two residents were self-administering (prescribed inhalers) on the days of the audit. The residents had evidence of three-monthly competency assessments by the nurse practitioner or GP, and lock boxes were supplied. The facility follows documented policies and procedures, should residents wish to administer their medications. Medication self-assessments were current and completed for both residents.</p> <p>As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication-competent caregivers or registered nurses sign when the medication has been administered. There are no vaccines kept on site,</p>
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		<p>and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The registered nurses described the process of working in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessible, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p> <p>The registered nurses described how they work in partnership with residents to understand all aspects of 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. The kitchen was observed to be clean, well-organised, well-equipped and a current approved food control plan was evidenced, expiring 22 September 2026. Dry ingredients were decanted into containers for ease of access; containers evidenced decanting date and expiry dates. The four-weekly seasonal menu has been reviewed by a dietitian. The kitchen manager is supported by a full-time cook, three part-time kitchen assistants, and two casual kitchen assistants. Five of the six kitchen staff did not evidence current completed safe food handling/safety training, which was a raised finding under criterion 2.3.4.</p> <p>There is a food services manual available in the kitchen. The kitchen manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy-free, pureed foods) or residents with weight loss. The kitchen manager and cook interviewed were aware of residents' likes, dislikes, and special dietary requirements. Dietary profiles sighted were current and showed evidence of amendments when the resident's requirements changed. Alternative meals are offered for those residents with dislikes, or religious and cultural preferences. Residents are provided with the menu in advance, alongside the newsletter. Review of the menu evidenced that menu options are available to meet the cultural needs of Māori, with additions made for celebrations, including Matariki, as confirmed by kitchen staff interviewed. Whiteboards positioned throughout the facility provide a</p>

		<p>reminder of the daily menu. Residents have access to nutritious snacks. On the day of the audit, meals were observed to be well presented. Staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to all facility staff.</p> <p>The kitchen team all have specific duties they complete daily or weekly. This includes cleaning schedules and completing daily fridge, freezer, and chiller temperature recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen.</p> <p>Meals are plated and sent to the dining rooms in hot boxes. Residents can have meals sent to their bedrooms if required. Residents were observed to be enjoying the social aspect of the midday meal. Staff were observed assisting residents with meals in the dining areas, and modified utensils were available for residents to maintain independence when eating, as required. The residents and family/whānau interviewed gave mixed reviews regarding the quality of the meals produced. They can offer feedback at the resident meetings, through resident surveys, and daily when a member of the kitchen team talks to residents post the midday meal.</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 that the 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 relieving clinical manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation, including the use of the "yellow envelope" system.</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>	<p>FA</p>	<p>The building holds a current warrant of fitness, which expires 30 June 2026. The maintenance person works 30 hours a week (Monday to Friday, 7am -2pm). There is a maintenance request book for repair and maintenance requests located at reception, and a section available in the staff handover document. This is checked daily and signed off when repairs have been completed. There is a monthly, three-monthly, six-monthly, and annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Review of maintenance records via the Safety Culture mobile app, confirm that hot water temperatures have been consistently checked on a weekly and monthly basis.</p> <p>The facility's maintenance plan is developed and issued by Bupa head office, ensuring consistency with organisational standards and regulatory requirements. Implementation of the facility's maintenance plan is actively monitored by Bupa head office to ensure alignment with preventative maintenance schedules. Essential contractors such as plumbers and electricians are available 24 hours as required. Testing and tagging of electrical equipment, checking and calibration of medical equipment, hoists and scales are completed annually (last 7 July 2025). There is a contracted gardener who works 24 hours per month.</p> <p>Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home, dementia, and hospital-level care residents.</p> <p>The facility is built at ground level and is divided into three smaller units: hospital, rest home, and dementia. Each has a large single room. In the dementia unit, two rooms have ensuite showers and toilets, eight have toilets only, and the remaining rooms have access to communal shower and toilets. In the hospital, twelve rooms have toilets; the remaining rooms have access to communal showers and toilets. The rest home has eleven rooms, which have a shower and toilet. Five swing beds have an ensuite shower and toilet. There are sufficient communal shower and toilet facilities. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the facility with mobility aids where required. Each unit has a spacious lounge and dining room.</p>
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		<p>There are two whānau rooms in the facility. Each dining room has a satellite kitchen, and food is served from a heated trolley in these satellite kitchens.</p> <p>There are small areas with books available to read throughout the facility, and the residents also have access to the local library. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment, including hoists. There is safe access to all external communal areas, which provide adequate seating and shaded areas.</p> <p>The secured dementia unit (Puriri and Rimu wing) has access to a large lounge, smaller lounges, and well-maintained outdoor areas. There are raised garden beds, outdoor furniture, and shade areas in the internal courtyard. The indoor area is safe and allows residents to move freely with unrestricted indoor-outdoor flow. All corridors have safety rails that promote safe mobility. The resident rooms are spacious and personalised.</p> <p>Communal bathrooms/showers within the facility are identified and include privacy locks, privacy curtains, and call bells. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in the toilet and shower areas to accommodate shower chairs and commodes. Caregivers and registered nurses interviewed reported that they have adequate space to provide care to residents.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. Residents confirmed they are encouraged to personalise their bedrooms.</p> <p>The organisation is aware of its obligation to include the aspirations and identity of Māori in any new buildings or major renovations. This is managed at the Bupa head office.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on</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</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>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, dated 14 June 2021. Fire evacuation drills are held six-monthly; the last one was completed on 11 February 2025. Civil defence kits within key areas of the care home are checked monthly. Observation evidenced that they are well stocked with appropriate provisions to support the care home appropriately. In the event of a power outage, emergency lighting, bed remotes, and call bells will still operate. Should there be a power outage, the facility has access to the regional Bupa mobile generator, which is located 10km from The Booms Home & Hospital. There is also a gas cooking (BBQ) available.</p> <p>There is an adequate food supply available for each resident for a minimum of three days. The facility maintains adequate emergency supplies to support residents and staff in the event of a civil defence emergency. This includes access to a dedicated 3,000-litre water tank, which is continuously replenished via the local council water supply system to provide residents and staff with three litres per day, for a minimum of three days. Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, ensuites, communal toilets/bathrooms, and lounge/dining room areas. A paging system is in place, which alerts staff to a call bell being initiated. Residents were observed to have their call bells in proximity. Call bells are tested monthly, and the last call bell audit showed full compliance as part of the maintenance audit. Residents and families/whānau interviewed advised that staff answer call bells on time.</p> <p>The facility is secured at night and there is security cameras located strategically inside and outside of the facility.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) are integral to The Booms Home & Hospital business and quality plan, ensuring an environment that minimises the risk of infection to residents, staff, and visitors. The IP and AMS programmes are endorsed through the Clinical Governance Committee (CGC), and</p>

<p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>Bupa's consultant geriatrician has oversight of the AMS programme and is reviewed annually. The infection prevention and control (IPC) coordinator is supported by the national infection prevention and control nurse specialist, who leads monthly meetings.</p> <p>Expertise in infection control and AMS can be accessed through the quality partner for the region, CGC, the consultant geriatrician, Public Health, and Health New Zealand. Infection control and AMS resources are accessible. Significant IP events are escalated to the clinical and operations directors, and where appropriate, discussed within the leadership team and at CGC.</p> <p>Infection rates are presented and discussed at resident and staff meetings. The data is also benchmarked internally and externally. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach, involving the infection prevention and control coordinator, the management team, the general practitioner (GP), and the public health team. There is a documented process for reporting infection control and AMS issues to the governance body.</p> <p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked to the quality risk and incident reporting system.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards, and guidelines, including the definition of roles, responsibilities, and oversight; a pandemic and outbreak management plan; responsibilities during construction and refurbishment; training; and staff education. The infection prevention and control programme, policies and procedures are reviewed by CGC in consultation with external consultants. Policies are readily accessible and available to staff as needed. The IPC programme was approved by the CGC and is linked to the quality improvement programme. The IP and AMS programmes are reviewed annually and were last reviewed in 2024.</p> <p>The registered nurse is the infection prevention and control coordinator (IPCC), and the job description outlines the responsibilities of the role</p>

	<p>relating to infection control matters and antimicrobial stewardship (AMS). The IPCC has completed various online training courses in infection prevention and control.</p> <p>The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The IPCC described the pandemic plan and confirmed that the implementation of the plan has proven successful during outbreaks. The national infection prevention and control nurse specialist oversees any outbreaks and provides daily oversight and support during the event to reduce spread, and minimise risk through outbreak management team meetings. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. The internal audit monitors the effectiveness of education and infection control practices.</p> <p>The IPCC reported that they work in consultation with the CGC and Health New Zealand infection control specialists in procurement processes for equipment, devices, and consumables. Sufficient infection prevention resources, including personal protective equipment (PPE), were available, and these were regularly checked against their expiry dates. The infection control resources were readily accessible to support the pandemic plan if required. Staff members interviewed demonstrated knowledge of the requirements for standard precautions and were able to locate relevant policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The IPCC works in partnership with Māori residents and family/whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. During interviews, staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place regarding the use of reusable and single-use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audits.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and</p>
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		<p>control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene, and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails. There are no plans to extend or alter the building; however, the IPCC would have input into the process if this occurred.</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. Antimicrobial and antiviral prescribing is reported through a data warehouse into Power BI clinical dashboards.</p> <p>Infection rates are monitored monthly, reported in monthly reports, and presented at meetings. The registered nurses collate and analyse the electronic medication management system with pharmacy support. The annual infection control and AMS review and the infection control audit includes antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, isolated pathogens, and adverse effects.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>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 information, is collated in the electronic record management system, and action plans are implemented accordingly. The HAIs being monitored included infections of the skin, eyes, and respiratory. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used.</p> <p>Infection prevention and control audits were completed, including cleaning, laundry, personal protective equipment (PPE), and hand hygiene. Relevant corrective actions were implemented where</p>

		<p>required. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, which are documented in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, with a comparison to the previous month, the reason for the increase or decrease, and the advised action. Any new infections are discussed during shift handovers for the implementation of early interventions. Benchmarking occurs with other Bupa facilities, and graphs are displayed for staff. All infection data is reported monthly to the staff, CGC and the governing body as required.</p> <p>Residents and family/whānau were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>There were infection outbreaks reported of Covid-19 and gastroenteritis in 2024 and 2025 since the previous audit. These were managed following the pandemic plan and Ministry of Health guidelines.</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 antimicrobial resistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with the 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 to be wearing these as they carried out their duties on the days of the audit. There are sluice rooms (with sanitisers) and personal protective equipment available, 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, with dedicated staff seven days per week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident. Kitchen linen and mop heads are done on site. There are sufficient number of commercial washing machines and dryers. Material safety datasheets 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 are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The numerous linen cupboards were well stocked with good-quality linen. The washing machines and dryers are checked and serviced regularly. Laundry staff have also completed chemical safety training.</p> <p>The staff interviewed had good knowledge about cleaning processes and requirements relating to infection prevention and control. There were kitchen and laundry audits completed that evidence compliance.</p> <p>The infection prevention control coordinator provide support to maintain a safe environment during construction, renovation, and maintenance activities.</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 governance bodies demonstrate a commitment to eliminating restraint. The facility maintains a focus on ensuring care is provided in the least restrictive way possible. At the time of the audit, there were three residents using restraints, all hospital-level of care: one resident with a T-belt and two residents using bedrails. One resident has voluntarily requested the use of bedrails, with informed consent documented and ongoing monitoring in place. The second resident is currently undergoing a planned and supported process of restraint reduction, with progressive weaning from bedrail use. All documentation, including assessments, monitoring, reviews, and updated care plans, was in place for the records reviewed. The facility works in partnership with both resident and family/whānau to ensure services are mana-enhancing. When restraint is used, this is a last resort when all alternatives have been explored, as per policy.</p> <p>The registered nurse oversees the restraint portfolio and is responsible for the coordination of the approval of the use of restraints and the restraint processes. Training for all staff occurs at orientation and annually, as sighted in the training records. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Restraint competencies are completed on orientation and annually for all staff.</p>

		The restraint minimisation group meets monthly, to oversee the effective management of restraints at The Booms Home & Hospital.
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>Residents and their family/whānau have provided consent for restraints. The restraint coordinator stated they have the right to freedom, adaptive care, and assurance that the least restrictive options are prioritised. A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record, including all requirements of the standard.</p> <p>The restraints coordinator confirmed they always prioritise least restrictive practices, use de-escalation techniques, and alternative interventions first and apply approved restraints only when all other options have failed. Review of the three residents' files evidenced that one resident with bedrails had requested them for safety purposes, and they are only implemented when the resident is in bed. The other two residents: one is currently being weaned off the bedrails, and the other is on a T-belt. The restraints coordinator stated that restraints are used as a last resort after all other strategies have been exhausted. Cultural assessments have been completed on all these residents. Care plans reviewed assessed cultural, physical, psychological, and psychosocial needs, including wairuatanga (spiritual wellbeing). The restraints coordinator is aware that, should the need arise, they must partner with Māori to ensure restraints are culturally respectful and only used as a last resort. All three residents are on two-hourly monitoring. Monitoring of restraint is undertaken by the care staff and is overseen by the registered nurses and the relieving clinical manager. Records of restraint monitoring are undertaken electronically and include any care and support interventions while the restraint is in place</p> <p>There has not been any use of emergency restraint at the facility. Guidance in the use of emergency restraint is documented within restraint policies. The relieving clinical manager is responsible for a person-centred debrief following any unexpected clinical event, including restraint. The clinical manager described emergency restraint and the content of the debrief meeting that would be held if emergency</p>

		restraint was ever to be required.
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>Three-monthly reviews are completed by the restraint coordinator. Review includes person and whānau perspectives, with attention to their role in both the onset and evaluation of restraint, compliance with policies and procedures, and identification of needed changes. Data collection and analysis of each restraint event, including learnings and care plan updates occurred. Review outcomes are reported to the organisation's restraints committee and Bupa Head of Restraint.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>Ongoing education is planned on an annual basis, including mandatory training requirements; however, not all staff have completed all the required mandatory training on the training register. Competency assessments completed by all staff include (but are not limited to) hand hygiene, medication administration, fire safety, and first aid competencies. Mandatory training for caregivers, GM and registered nurses included: wound management; falls minimisation; care of dementia residents; moving and handling; emergency and security procedures; restraint minimisation; advance care planning; sexuality and intimacy; pressure injury management; ageing process; first impressions; abuse and neglect; toileting and showering; infection prevention and control; clinical documentation; Te Tiriti o Waitangi; and challenging behaviour.</p>	<p>Not all staff had fully completed the required mandatory training, such as safe food handling, moving and handling, and cultural safety training.</p>	<p>Ensure that staff receive all required training.</p> <p>180 days</p>

<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	<p>PA Moderate</p>	<p>The policy and standard require all staff to complete an orientation covering all essential components of the service provided. Some staff files reviewed had no evidence of a completed orientation and induction.</p>	<p>Five of nine staff files sampled had no evidence of completed orientation and induction.</p>	<p>Ensure orientation and induction is completed for staff as per policy and standard requirement.</p> <p>90 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	<p>PA Moderate</p>	<p>The GM reported that staff performance is reviewed and discussed at regular intervals. Staff are encouraged and reminded to set their goals which are reviewed annually. This has not occurred in eight of nine files reviewed.</p>	<p>Eight of nine staff files reviewed had appraisals that were overdue for review.</p>	<p>Ensure appraisals are completed annually as per policy and standard requirements.</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.