

Bupa Care Services NZ Limited - The Gardens Rest Home and 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 Gardens Rest Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 2 September 2025 End date: 3 September 2025
Proposed changes to current services (if any):	Remove residential disability from certificate
Total beds occupied across all premises included in the audit on the first day of the audit:	54



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa The Gardens provides hospital (geriatric and medical) and rest home level of care for up to 56 residents. On the days of the audit, there were 54 residents. Bupa The Gardens has elected to remove residential disability services from their certificate.

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

The general manager is appropriately qualified, experienced, and supported by a clinical manager. The service continues to implement the Bupa quality systems and processes.

Feedback from residents and family/whānau was positive about the care and the services provided. This audit identified full compliance with Ngā Paerewa Health and Disability Services Standard 2021.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

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

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

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

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

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The leadership team of Bupa is the organisation's governing body responsible for the services provided at the service that are planned and coordinated and are appropriate to the needs of the residents and family/whānau. Goals sighted in the strategic plan are formulated and approved by the area leadership team. Quality objectives are also documented with progress discussed at relevant meetings. A documented quality and risk management system includes processes to meet health and safety requirements with health and safety goals currently being progressed. All incidents are being reported and recorded.

Workforce planning is fair and equitable. The management and staff have the required skills and experience to provide appropriate services to residents. Human resources guide the service to good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented. Residents' information is accurately recorded, securely stored and not accessible to unauthorised people

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Subsections applicable to this service fully attained.

Residents are assessed before entry to the service to confirm their level of care. The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated promptly.

There are planned activities that are developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme in place.

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

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. The facility vehicle has a current registration and warrant of fitness.

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

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

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

Subsections applicable to this service fully attained.

The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. A registered nurse is designated as the infection prevention and control coordinator, and they monitor the programme and report monthly and as issues occur.

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

Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. Infection outbreaks are managed and reported appropriately. During the audit there was an outbreak of gastroenteritis which was being managed effectively.

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

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 service aims for a restraint free environment. This is supported by the governing body and policies and procedures. Restraint minimisation is overseen by the restraint coordinator. There were three residents using restraints at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	0	180	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

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

		<p>business and Māori health plans.</p> <p>During the audit, the RM, clinical manager (CM), quality partner and a general manager from another Bupa Facility and 14 staff including a business coordinator, three registered nurses, an enrolled nurse, an activities assistant, the previous diversional therapist, a chef, kitchen hand, maintenance person and four caregivers described how they provide culturally safe care in relation to their role. The organisations intranet has Māori health and tikanga Māori resources including a Tikanga flip chart with staff knowing how to access these resources.</p> <p>The service has a relationship with local iwi and Māori organisations within the region to allow for better service integration, equitable service delivery, planning, and support for Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The organisation has a Pacific Peoples Health Equity plan guided by the principles embodied in the Ministry of Pacific Peoples cultural practices and protocols. It further outlines how it responds to the cultural needs of residents and how staff are supported to ensure culturally safe practices. Bupa The Gardens education policy on cultural safety includes components of the Fonofale model of Pacific Health. The organisation is embracing Pacific models of care through various organisations that can provide support and guidance when Pacific people are being supported. The service has access to local Pacific churches and Health New Zealand for support with people who identify as Pasifika. Access to interpreter services and cultural support is arranged where English is a second language, and if no staff members speak the resident's language. The Pacific Health Plan clearly sets out actions that are required to be implemented by the service to ensure Pacific worldviews, cultural and spiritual beliefs, and cultural safety are paramount and embedded in the service appropriately.</p> <p>The RM and CM actively encourage and support any potential Pasifika staff to enter the service. At the time of audit there were staff who identified as Pasifika, and no residents who identified as Pasifika.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Residents and family/whānau are provided with information about the Code of Health and Disability Services Consumer Rights (the Code). The nursing team discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in English and te reo Māori.</p> <p>Discussions relating to the Code are held during resident and family/whānau meetings. Residents and family/whānau interviewed reported the service upholds residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrances and in the entry pack of information provided to residents and their family/whānau. The policy documents link to spiritual support. The service recognises Māori mana motuhake, and this is reflected in the Māori health care plan that is in place. Residents attend communion services and church services as preferred.</p> <p>Staff receive education on the Code at orientation and through the annual education and training programme. This includes understanding the role of advocacy services, which are linked to the complaints process. Managers and staff could describe how they recognise Māori mana motuhake and stated they encourage any resident, including Māori, being as independent as possible.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Bupa The Gardens 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>Residents and family/whānau were positive about the service in relation to their values and beliefs being considered and felt they were listened to. Residents and family/whānau expressed staff maintain their privacy and encourage residents to be as independent</p>

		<p>as possible. Staff enable resident participation, within their capabilities, in tasks within the service, such as helping with simple chores. The service ensures there is continued wellness of residents in a culturally safe environment and within the residents' own personal, worldwide view.</p> <p>Residents interviewed advised they have choices and are supported to decide whether they would like family/whānau members to be involved with their care or other forms of support. Residents have control and choice over the activities they participate in. Residents and family/whānau interviewed said they are respected and welcomed at the service.</p> <p>Staff interviewed confirmed they have attended Te Tiriti o Waitangi training as part of their in-service training with this also confirmed through a review of orientation and training records. Staff stated care is delivered and reflective of Te Whare Tapa Whā model of care. The service demonstrates an awareness of tikanga, and te reo Māori is often used in greetings and karakia before eating. Tāngata whaikaha are supported to participate in te ao Māori through the activities programme.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff demonstrated during interview their knowledge of the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents and family/whānau, reported their property and finances are respected, and professional boundaries are maintained. The management team, and staff interviewed confirmed the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members confirmed residents are free from any type of discrimination, harassment, physical or sexual abuse or neglect, and feel safe. Residents also confirmed they feel safe. Police checks are completed as part of the employment process. Policies and</p>

		<p>procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori cultural policy identifies a strengths-based, person-centred care that promotes wellbeing outcomes for Māori residents admitted to the service. This was further confirmed by management and staff interviewed, who reported all wellbeing outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and family/whānau expressed communication is open and effective and they feel listened to. Enduring power of attorney (EPOA) and family/ whānau stated they are kept well informed about any changes to their loved one's general health status and are advised in a timely manner about any incidents or accidents and outcomes of regular and urgent medical reviews. The residents' records reviewed supported this; 12 of 12 incident forms reviewed showed evidence that family/whānau had been informed of the adverse event in a timely manner. Staff understood the principles of open disclosure, supported by policies and procedures.</p> <p>Personal, health and medical information from other allied healthcare providers is collected to facilitate the effective care of residents. Residents and family/whānau interviewed stated they are provided with time to discuss any decisions.</p> <p>There were no residents at the time of the audit who required the services of an interpreter; however, the staff knew how to access interpreter services through Health New Zealand, if required. Staff can provide interpretation as and when needed and use family/whānau as appropriate. Resources available (if required) include communication cards, simple sign language, and the use of electronic devices.</p> <p>The CM confirmed any non-subsidised residents who are admitted to the service are advised in writing of their eligibility and the process to</p>

		become a subsidised resident should they wish to do so.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Management and care staff interviewed could describe the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. The residents' files sampled verified informed consent for care provision had been obtained appropriately using the organisation's standard consent form. These were signed by the enduring power of attorney (EPOA) and residents. The general practitioner (GP) makes a clinically based decision on resuscitation authorisation in consultation with residents and family/whānau. The nursing team reported advance directives are explained and encouraged.</p> <p>Staff were observed to gain consent for day-to-day care, and they reported they always check first if a consent form has been signed before undertaking any of the actions that need consent. Interviews with family/whānau confirmed the service actively involves them in decisions that affect their family members' lives. All consent forms reviewed were signed. In interviews with residents, they reported feeling safe, protected, listened to, and happy with the care/consent processes.</p> <p>Staff reported tikanga best practice guidelines in relation to consent during care are followed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The service has a current policy that provides guidelines in relation to complaints management that is reflective of the Code. Associated forms include an incident form, complaint form, complaint follow-up form, and complaint register. The policy commits to ensuring any complaint (or any other issue) against a staff member or volunteer is addressed in a fair and equitable manner.</p> <p>The service's complaints register was viewed. There was one complaint in 2024 and none in 2025 to date. The complaint reviewed included acknowledgement, investigation, follow-up, and reply to the complainant. The complaint was closed as resolved to the complainant's satisfaction. There have been no external complaints</p>

		<p>since the last audit.</p> <p>Complaint forms and information about the advocacy service are available at reception. Residents and family/whānau are aware of their rights to complain, posters of the Code in English and te reo Māori were sighted in publicly accessible areas. All residents and family/whānau interviewed stated they would feel comfortable making a complaint and felt the service would support them throughout the process. Residents and family/whānau lodging a complaint can, if they choose, involve an independent support person or an advocate for advice and support during the complaints process. This was confirmed during interviews. Staff also confirmed they would document a complaint for anyone who had difficulty doing this or support the resident or family/whānau in accessing independent advocacy services. Observation and interviews confirmed the complaints policy was updated to ensure the complaints process works equitably for Māori and that a translator and/or an advocate who identified as Māori, would be available to support people if needed along with face-to-face discussions if requested (always offered).</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Bupa The Gardens is situated in Rotorua. The facility is purpose-built, and is certified to provide care for rest home, hospital (geriatric and medical), and residential disability care for up to 56 residents. Bupa the Gardens have elected to remove residential disability services from their certificate.</p> <p>There are 33 dual-purpose beds. On the day of the audit, there were 54 residents: 23 residents at rest home level care (including two young disabled [YPD]and 31 residents at hospital level of care (including two YPD and four respite residents funded by the Accident Compensation Corporation [ACC]). All residents other than those on ACC funding and YPD residents were under the age-related residential care contract (ARRC).</p> <p>The leadership team of Bupa is the governing body and consists of directors or heads of clinical, operations, finance, legal, property, customer transformation, people, risk, corporate affairs, and</p>

	<p>technology. This team is guided by Global Bupa strategy, purpose and values and reports to the Bupa Care Services NZ Boards in New Zealand and the Bupa Australia and New Zealand (ANZ) Board. A New Zealand-based managing director reports to a New Zealand-based Board. Each director has an induction to their specific role and the senior leadership team. The directors are knowledgeable about legislative and contractual requirements and are experienced in the aged care sector. The Bupa Board and executive team have attended cultural training to ensure they can demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety. There is a cultural working group working alongside the Bupa leadership team.</p> <p>Bupa has a clinical governance committee (CGC), a risk and governance committee (RGC), a learning and development governance committee, and a work health safety governance committee where analysis and reporting of relevant clinical and quality indicators are discussed to improve services offered. There is a clinical support improvement team (CSI) that includes clinical specialists in restraint, infections and adverse event investigations, and a customer engagement advisor based in the head office to support their facilities with improvements to their service. Furthermore, Bupa undertakes national and regional forums as well as local and online training, national quality alerts, use of benchmarking quality indicators, learning from complaints (open casebooks) as ways to share learning, and the quality of care for Māori and tāngata whaikaha.</p> <p>The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori), which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. Bupa NZ is committed to supporting outcomes for Māori and equitable service delivery. The goals of the Māori strategy permeate through service delivery and are measured as part of the quality programme. The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers.</p> <p>Bupa has an overarching strategic plan with clear business goals to support its person-centred philosophy. The Bupa leadership team</p>
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		<p>annually reviews the business and operational plan for strategy and planning. Guidance in cultural safety for their employees is provided through training in cultural safety awareness around Māori health equity, barriers to care and disparities in health outcomes, as documented in the Towards Māori Health Equity policy. The Towards Māori Health Equity policy states Bupa is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collective needs of residents who identify as Māori to ensure they live longer, healthier, happier lives. The cultural advisor collaborates with the Boards and Bupa leadership team in business planning and service development to improve Māori and tāngata whaikaha health outcomes. Tāngata whaikaha provide feedback around all aspects of the service through general feedback, including completion of satisfaction surveys. Feedback from surveys is collated, which provides the opportunity to identify barriers and improve health outcomes.</p> <p>Bupa The Gardens business plan for 2025 includes a mission statement and operational objectives with site-specific goals related to business and quality outcomes. The 2024 business plan was reviewed prior to the documentation of the 2025 plan. The goals are reviewed as required and annually. The regional operations manager reports to the national operations director.</p> <p>The service is managed by a general manager who is a registered nurse and has been in the role for five years. The general manager is supported by a clinical manager who has been in the role for two years and has worked at the facility for a number of years as a registered nurse. They are supported by the regional operations manager and a team of experienced and qualified staff. The management team reports that staff turnover has been relatively low.</p> <p>The GM and CM have completed over eight hours of training in managing an aged care facility, including Bupa regional managers' forums, pandemic and infectious disease planning, and infection control teleconferences.</p>
Subsection 2.2: Quality and risk	FA	Bupa The Gardens has a range of documents that contribute to

<p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>quality, risk management, and reflect the principles of quality improvement processes. All internal audits were completed according to the schedule. The quality partner completes a monthly quality care home report focussing on quality data. Benchmarking occurs on a national level against other Bupa facilities.</p> <p>Quality data includes incidents/accidents, infection and outbreak events, complaints, satisfaction surveys, internal audits, and staff surveys, all analysed to identify and manage issues and trends. A sample of quality, risk, and other documentation showed that where monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes. Bupa The Gardens are implementing a quality initiative around reducing falls, specifically falls requiring hospitalisation due to fractures. The goal is to have a 5% reduction in hospitalisation or fracture by 31 December 2025, compared with 31 December 2024. A falls focus group has been implemented to analysis all residents who are at risk of falls and develop individualised strategies to minimise the risk. Falls data is showing a reduction in falls. Another quality initiative is reducing the use of restraint, and this has significantly reduced since August 2024.</p> <p>Meetings occurred as scheduled. Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The outcomes from the resident satisfaction survey conducted in March 2025 showed a net promoter score of +78 with overall satisfaction with all aspects of the service and facility. Minimal corrective actions were identified, and corrective action plans have been implemented. The results of quality data, satisfaction surveys, and corrective actions are discussed with staff at staff meetings. Residents and family/whānau were informed of survey results at the April resident and family/whānau meeting.</p> <p>The clinical service improvement team has updated all policies and procedures reviewed to meet the requirements of the Ngā Paerewa Standard. The policies reviewed covered all necessary aspects of the service and contractual requirements. Critical analysis of organisational practices to improve health equity occurs, with appropriate follow-up and reporting. The RM and CM described the</p>
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		<p>processes for identifying, documenting, monitoring, reviewing, and reporting risks, including health and safety risks, and developing mitigation strategies.</p> <p>Staff document adverse and near-miss events in accordance with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed that these were fully completed, incidents were investigated, action plans were developed, and actions were followed up in a timely manner.</p> <p>The RM and CM are aware of the Health and Safety at Work Act (2015) and have implemented its requirements. All visitors to the service are informed and reminded of health and safety and infection prevention during outbreaks of infection. No events required reporting to WorkSafe NZ in the previous 12 months. A hazard and risk register is in place and reviewed at regular intervals throughout the year. There is evidence of completed environmental audits with corrective actions put in place and resolved in a timely manner when required.</p> <p>The service complies with statutory and regulatory reporting obligations. Since the last audit, there have been section 31 notifications and severity assessment code (sac) reports to the Health Quality and Safety Commission completed as required.</p> <p>The management team reported 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 managed to deliver effective person-centred and whānau-centred</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. Caregivers reported there are adequate staff to complete the work allocated to them. Residents and family/whānau confirmed there are sufficient staff. Over the past four weeks, rosters showed that all shifts were covered by sufficient number of experienced caregivers and casual staff with support from the clinical and management team. Residents</p>

<p>services.</p>		<p>and family/whānau interviewed stated they are informed of any changes to staff.</p> <p>The GM and CM work 40 hours a week, Monday to Friday, and are available on-call after hours. A selection of caregivers are medication competent to support medication administration across the service.</p> <p>Ongoing education is planned on an annual basis, including mandatory training requirements. Competency assessments include (but are not limited to) hand hygiene; donning and doffing of personal protective equipment; medication administration; restraint minimisation; fire safety; moving and handling; male catheterisation (for RNs); syringe driver (for RNs) and first aid competencies. Training for care staff and registered nurses included: safe moving and handling; Te Tiriti o Waitangi and Māori health; abuse prevention; safe food handling; health and safety; challenging behaviour; medication management; sluice training for caregivers, chemical safety; information and privacy; risk management; fundamentals of palliative care; incident management; falls management; gastro outbreak management; pressure injury prevention and identifying acute deterioration.</p> <p>Staff are supported to complete a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements. There are 22 permanent caregivers and 10 casual caregiver; of these 28 have attained a level 3 or above NZQA qualification.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. The staff records sampled demonstrated completion of the required training and competency assessments.</p> <p>Staff members interviewed reported feeling well-supported and safe in the workplace. The CM reported the model of care ensures all residents are treated equitably. Staff and management have completed cultural training. Bupa The Gardens environment encourages collecting and sharing of quality Māori health information. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p>
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		There is an employee assistance programme in place to promote staff wellbeing. Staff participated in an annual employee satisfaction survey and staff interviewed reported a positive workplace.
<p>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>	FA	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police-checked, and referees are contacted before an offer of employment occurs. A sample of nine staff records (two RNs, four caregivers, a staff member who works as a housekeeper and in the laundry, a housekeeper, and a cook) reviewed confirmed that the organisation's policies are being consistently implemented. Each position has a job description.</p> <p>Records confirmed all regulated staff and contracted providers have proof of current registration with their regulatory bodies. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and orientation to the environment, including emergency management. There is a process in place to review staff performance at regular intervals. Staff files show performance appraisals are completed annually for all staff.</p> <p>Each staff member's ethnic origin is documented on their personnel records and is used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data is in place and reported to the board at board meetings. Following incidents, the GM, CM, and support office staff are available for any required debriefing and discussion. Staff reported that they feel supported following incidents.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of</p>	FA	All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled. The clinical notes were current, integrated, legible, and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on-site and clearly labelled for easy retrieval. Residents' information is held

<p>personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>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 record, medication management system, and interRAI assessment tool. The visiting general practitioners (GP), and allied health providers also document the information as required in the residents' records. Policies and procedures guide staff in the management of information. An external provider holds backup database systems.</p> <p>There is a consent process for data collection. Policy and procedure on site enable EPOAs to be able to review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned. Bupa The Gardens is not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents who are admitted to Bupa The Gardens, are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. Completed NASC authorisation forms for: rest home, hospital, residential disability, and respite level of care residents were sighted. The clinical nurse manager screens prospective residents prior to admission.</p> <p>A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies.</p> <p>The records reviewed confirmed that admission requirements are conducted within the required time frames and signed on entry. Family/whānau have been updated where there was a delay in entry to the service. Residents and family/whānau interviewed confirmed that they are consulted and receive ongoing, sufficient information regarding the services provided.</p> <p>The regional operations manager and the quality partner reported all</p>

		<p>potential residents who are declined entry are recorded. When an entry is declined the resident and family/whānau are informed of the reason for this and made aware of other options or alternative services available. The resident and family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. Routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service has existing engagements with local Māori communities, health practitioners, and organisations to support Māori individuals and whānau. The clinical nurse manager and a general manager from a close by sister facility (who was supporting on site at the time of audit) stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Eight resident files were reviewed: Four hospital (including one on younger person with a disability (YPD) contract and one respite), and four rest home (including one on younger person with a disability (YPD) contract). The rest of the resident files reviewed were under the age-related residential care (ARRC) agreement. A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed and six monthly multi-disciplinary reviews.</p> <p>Bupa The Gardens uses a range of risk assessments alongside the interRAI care plan process. Risk assessments conducted on admission include those relating to falls, pressure injury, skin, pain, continence, cultural and activities. The initial care plan is completed within 24 hours of admission. InterRAI assessments and reassessments have been completed within expected timeframes for all residents including those funded through the younger person with a disability (YPD) contract (except for respite) and all outcome scores were identified on the long-term care plans. For the resident</p>

	<p>files reviewed the outcomes of the assessments formulate the basis of the long-term care plan.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions are resident centred and provide clear guidance to staff around all medical and non- medical requirements. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan. Evaluations are completed at the time of interRAI re-assessments (six-monthly) for six residents (one resident was recently admitted to the service and one was on respite)and when changes occurred earlier as indicated. Evaluations document progression towards goals. Written evaluations reviewed and those documented in the resident six-month review form identify if the resident goals had been met or unmet.</p> <p>The service contracts general practitioners from a local medical centre for twice weekly visits and is available on call as needed. The general practitioner had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The general practitioner (interviewed) commented positively on the service and confirmed appropriate and timely referrals were completed. They were happy with the competence of the registered nurses, care provided and timely communication when there are residents with concerns. The GP further stated that Bupa The Gardens is one of the better providers in the region.</p> <p>Resident files identify the integration of allied health professional input into care and a team approach is evident. A physiotherapist is contracted four hours a week. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team, hospice, wound care nurse specialist, and medical specialists are available as required through the Health New Zealand. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Caregivers and registered nurses interviewed could describe a</p>
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	<p>verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The handover was observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written on every shift by the caregivers and the registered nurses document at least daily for all resident records and when there is an incident or changes in health status.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the registered nurses who then assesses the resident and initiate a review with the general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes, and any changes to health status and this was consistently documented in the resident files.</p> <p>There were a total of 22 wounds from 12 residents being actively managed across the service, this includes one resident with very frail skin who has five documented wounds. Wounds being treated include skin tears, lesions, chronic ulcers, and grazes. There were three pressure injuries being managed at the care home including one healing stage three pressure injury. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress, and evaluation of wounds. Assessments and wound management plans including wound measurements and photographs were reviewed. Wound registers have been fully maintained. Wound assessment, wound management, evaluation forms, and wound monitoring occurred as planned in the sample of wounds reviewed. There is documented wound care nurse specialist input into chronic wounds as required. Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies, and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. New behaviours are charted on a stress and distress</p>
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		<p>monitoring chart to identify new triggers and patterns. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls or where head injury was suspected as part of post falls management. Incidents reviewed indicate that these were completed in line with policy and procedure.</p> <p>Bupa The Gardens provides equitable opportunities for all residents and supports Māori and whānau to identify their own pae ora outcomes in their care plans. The service uses assessment tools that include consideration of residents lived experiences, cultural needs, values, beliefs, and spiritual needs which are documented in the care plan. The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The Māori Health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles were included within the Māori health care plan.</p> <p>Staff confirmed they understood the process to support residents and whānau. There were residents who identify as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā, and spiritual assistance. Cultural assessments were completed by staff who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>Activities are conducted by an activity coordinator who works full time Monday to Friday; The service is in the process of recruiting a diversional therapist (DT) as the previous DT had left just prior to the audit. The activities are based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These assessments have been completed within three weeks of admission in consultation with the family/whānau and residents. Each resident had a map of life developed detailing the past and present activities, career, and family. A monthly planner is developed, posted on the notice boards</p>

		<p>and residents are given a copy of the planner for their rooms. Daily activities are noted on notice boards to remind residents and staff. Residents and family/whānau meet monthly to discuss different issues at the facility and provide feedback relating to activities.</p> <p>The activity programme is formulated by the activities team in consultation with the management team, registered nurses, EPOAs, residents, and care staff. The activities were varied and appropriate for residents assessed as requiring rest home, hospital level of care and for those younger people with a disability (YPD) contract. Activity participating registers are completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections are suitable for the residents. Activities sighted on the planners included quiz, bingo, floor games, Matariki, Māori language week, table games, sensory, outdoor walks, van outings, music, pet therapy, entertainment, kapa haka, poi making and exercise, visits from schools, and relaxing time with pampering. The service promotes access to family/whānau and friends. There are regular outings and drives for all residents (as appropriate).</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals and Māori language week with varying events lined up.</p> <p>Residents and family/whānau reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with</p>	FA	<p>Bupa The Gardens has policies available for safe medicine management that meet legislative requirements. The registered nurses, enrolled nurses and medication competent caregivers who administer medications had current competencies which were assessed in the last twelve months. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets are electronic. On the days</p>

<p>current legislative requirements and safe practice guidelines.</p>	<p>of the audit, a medication competent caregiver was observed to be safely administering medications. The registered nurses, enrolled nurses and caregivers interviewed could describe their roles regarding medication administration. Bupa The Gardens uses robotic rolls for all regular and pro re nata (PRN) medicines. All medications once delivered are checked by the registered nurses against the medication chart. Medication reconciliation was conducted by the registered nurse when a resident is transferred back to the service from the hospital or any external appointments. The registered nurse checked medicines against the prescription, and these were updated in the electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the medication trolleys and the two medication areas. The medication fridges and medication room temperatures are monitored daily. All eyedrops and creams have been dated on opening. Medication incidents are completed in the event of a drug error, and corrective actions were acted upon.</p> <p>Sixteen medication charts were reviewed. There is a three-monthly GP review of all the residents' medication charts, and each medication chart has photographic identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.</p> <p>There is a policy in place for residents who request to self-administer medications. At the time of audit, there were four residents self-administering; three were for inhalers and one oral medication. Competency assessments were completed, and resident stored the medications safely according to policy. The service does not use standing orders and there are no vaccines kept on site.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The clinical nurse manager described how they work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed,</p>
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		<p>and treatment is prioritised to achieve better health outcomes. The service enables and supports residents to access medication. This is done in consultation with the GP as all medication are prescribed</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The chef has oversight of the kitchen. There are three other designated cooks for the other days. All food and baking is prepared and cooked on-site. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires March 2026. The menu has been approved and reviewed by a registered dietitian (next due 2026). Kitchen staff have attended safe food handling training.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and over night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed at least every three months. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained.</p> <p>All food at mealtimes is delivered in a bain-marie and individually served to residents in each of the main dining rooms. At the time of audit all meals were plated and served to each resident in their room due to a gastrointestinal outbreak. The meals on the meal trays were observed to be pleasantly presented.</p> <p>All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p>

		<p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori, including 'boil ups,' hāngi, Māori bread, and corned beef were included on the menu, and these are offered to residents who identify as Māori when required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The clinical nurse manager reported that discharges are normally into other similar facilities or residents following their respite stay (as observed on the day of the audit). Discharges are overseen by the registered nurses who manage the process until exit. Exits, discharges or transfers were coordinated in collaboration with the resident, family/whānau and other external agencies to ensure continuity of care. Risks are identified and managed as required.</p> <p>The residents (if appropriate) and family/whānau are involved for all exits or discharges to and from the service, including being given options to access other health and disability services – tāngata whaikaha, social support or kaupapa Māori agencies, where indicated or requested. Transfer documents include but not limited to transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts, and last general practitioner review records.</p> <p>Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and filed for archiving. If a resident's information is required by a subsequent general practitioner, a written request is required for the file to be transferred. Evidence of residents who had been referred to other specialist services, such as podiatrists, nurse specialists, and physiotherapists, were sighted in the files reviewed.</p> <p>Discharge notes are kept in residents' records and any instructions integrated into the care plan. The clinical nurse manager advised a comprehensive handover occurs between services.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a current warrant of fitness that expires January 2026. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the care home. Quiet spaces for residents and their whānau to utilise are available inside and outside in the gardens and courtyards.</p> <p>The 52-week planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales and hoists as well as testing and tagging are checked annually. Hot water temperatures were monitored weekly, and the reviewed records were within the recommended ranges.</p> <p>There is a maintenance request book for repair and maintenance requests located at reception. Equipment failure or issues are also recorded in the handover book. This is checked daily and signed off when repairs have been completed.</p> <p>The home reflects an environment that is inclusive of peoples' cultures and supports cultural practices. The facility includes places where young people with disabilities can find privacy within communal spaces. There is consideration of compatibility with residents prior to entry.</p> <p>The kitchen and laundry is located centrally near reception. The kitchen has a servery hatch opening to the central dining room.</p> <p>There is a central nurse's station with one treatment room. The nurses station overlooks a spacious dining room and lounge area.</p> <p>Hospital-32 beds in A and B wing also called Lakeview and Serenity view. All are dual purpose rooms.</p> <p>Hospital rooms are single occupancy with handbasins and adequate number of communal toilets and showers. Flooring, fittings, and features are adequate for easy cleaning. Handrails are strategically placed in the toilets and showers for ease of mobility. These areas</p>

	<p>are spacious to accommodate mobility equipment, transfer equipment, and shower chairs. All communal toilets/bathrooms have locks and engaged signs.</p> <p>There is a spacious lounge and kitchenette with access to the outdoor via a ramp with handrails. This area is used as a dining room for residents requiring supervision with their meals during refurbishment of the main dining room. This garden and pathed area is safe to promote freedom of mobility. Caregivers interviewed reported that they have adequate space to provide care to residents.</p> <p>Rest home -23 beds in C and D wing also called Garden view walk.</p> <p>There is one double room with full ensuite in this wing. There are separate call points for each bed and is spacious for safe mobility and to provide the care required in a dignified manner. There are a further 14 rooms with full ensuite and single occupancy. The rest of the rooms are single occupancy with a hand basin. There are sufficient number of communal shower facilities and toilets available to share. Most of the rooms have safe access to the outdoors through a lockable sliding door.</p> <p>Visitors and staff toilets are located near the central dining room.</p> <p>There is a small dining room and kitchenette (with stove where baking can occur for activities) that is fully used for meals during refurbishment, with access to the outside.</p> <p>A smaller, tasteful furnished lounge is situated at the end with a small kitchenette. Outdoor areas have seating, safe paths, and shading. The staff training /meeting room is situated in the Garden view walk area.</p> <p>Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and younger persons with physical disability.</p> <p>Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There are air purifiers in the hallways There are ceiling heaters and wall heaters (one lounge) and heat pumps in central</p>
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		<p>lounge/dining areas that can be manually adjusted.</p> <p>The Māori Health Plan reflects input to be obtained from Māori to ensure that renovations, new designs and construction reflects the aspirations and identity of Māori. The clinical nurse manager stated consultation meetings include all staff and residents (Māori included) to ensure the new refurbishments reflects their aspirations.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the Fire Emergency New Zealand on 18 December 2002. Fire evacuation drills are conducted every six-months, and these are added to the annual training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and two designated assemble points in the main car park area. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency including food, water candles, torches, continent products, and a gas BBQ. There is no generator on site, but one can be hired if required. Emergency lighting is available and is regularly tested. The registered nurses and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system in place that is used by the residents, whanau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance person. Call bell audits were completed as per the audit schedule. Residents and whānau confirmed that staff respond to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. Whānau and residents know the</p>

		<p>process of alerting staff when in need of access to the facility after hours.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and well-being are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols. At the time of the audit there was a gastrointestinal outbreak and as such there was restricted visiting and those coming in were supplied with appropriate personal protective equipment (PPE) and completed outbreak related visiting protocols.</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. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention and antimicrobial stewardship (AMS) programmes are appropriate to the service's size and complexity. The governance body approved these programmes, which are linked to the quality improvement system, health, and safety and are reviewed and reported on yearly. Expertise and advice are sought following a defined process with the governance, management, and leadership team at Bupa and are able to provide expert advice and support. A documented pathway supports reporting progress, issues, and/or significant events to management.</p> <p>A stepwise approach to risk management is documented, an emergency pandemic plan is documented and has been reviewed. Bupa The Gardens ensures there are sufficient resources and personal protective equipment (PPE) readily available and accessible to staff. All staff, residents and family/whānau have received training and updates for managing infection outbreaks. Training records are well maintained.</p>
<p>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. 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>	FA	<p>The governance body approved the infection prevention and antimicrobial stewardship programme that is linked to the quality improvement system and reflects the strategic direction of the organisation. Expertise and advice are sought following a defined process, is reviewed and reported on annually. A registered nurse is the infection prevention and control coordinator (IPCC), and the position description for IPCC is well-defined and in place. The IPCC</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>has input when infection control policies and procedures are reviewed. The IPCC has access to shared clinical records and diagnostic results to make decisions.</p> <p>During the audit, the facility had an outbreak of gastroenteritis. Affected residents were isolated in their rooms and isolation trolleys were outside the rooms with personal protective equipment (PPE), hand sanitiser, yellow rubbish bags, and dissolvable linen bags. There were no group activities or communal dining during the outbreak. There was signage at the front entrance to indicate the facility was closed for visitors and family/whanau interviewed confirmed they are updated on a daily basis on the outbreak.</p> <p>The service has a pandemic plan and guidelines to manage and prevent infection exposure. Infection prevention and control training is provided to staff, residents, and visitors. Adequate supplies of PPE and hand sanitisers were in stock. Hand hygiene audits were completed as per schedule. Staff are advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for Covid-19. Stock of PPE, isolation stations and hand sanitiser are checked daily during the current outbreak.</p> <p>The service has documented policies and procedures that reflect current best practices. These policies and procedures are accessible and available for staff. The care delivery, cleaning, laundry services, and food management processes were observed. Staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand hygiene techniques, and the use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. The training includes hand hygiene procedures, donning and doffing protective equipment, outbreak management, and regular Covid-19 updates. Records of staff education are maintained. The IPCC has completed various infection prevention and control training online.</p> <p>The IPCC reported they work in consultation with Health New</p>
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		<p>Zealand infection control specialists in procurement processes for equipment, devices, and consumables. The CM and registered nurses reported there are processes in place for early consultation should there be any planned changes to the building or environment. The CM and registered nurses reported single-use medical devices are not re-used at the service. Shared equipment is appropriately cleaned between use. The service completes cleaning and environmental audits to safely assess and to provide evidence that these procedures are carried out.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. In interviews, staff understood these requirements.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the resident cohort's size, scope, and complexity. Infection rates and antimicrobial use are monitored monthly, reported in a monthly quality report, and presented at meetings. The registered nurse (IPCC) collates and analyses the electronic medication management system with pharmacy support. The annual infection control and AMS review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, isolated pathogens, and adverse effects.</p> <p>The Power BI dashboard provides 'real-time' updates on antimicrobial medications used. The service ensures there is a clinical reason for testing for urinary tract infections (UTI). The IPCC advised they require good clinical evidence of an infection before an antimicrobial is prescribed, for example for UTIs the assessment includes confusion, raised temperature, malodorous and cloudy</p>

		urine and the resident feeling generally unwell.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and infection definitions. Infections are entered into the register on the electronic database, and surveillance of all infections (including organisms) is collated into a monthly infection summary. Data is monitored and analysed for trends monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed during infection control, clinical and staff meetings. The IPCC interviewed confirmed the process of creating improvement plans should this be required.</p> <p>Benchmarking graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand. All infection data is reported to the governing body.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes, and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required and to keep family/whānau up to date on any infections. This was observed during the audit.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation.</p> <p>Since the last audit there have been two outbreaks of Covid-19 and one gastroenteritis outbreak in 2024. In 2025 there was one outbreak of Covid-19 and the current gastroenteritis outbreak. All outbreaks, including the current one were appropriately notified to Health New Zealand and Public Health. There was evidence of regular communication with the IPCC, clinical director, aged care portfolio manager, and Health New Zealand infection control nurse</p>

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

		<p>The staff interviewed had good knowledge about cleaning processes and infection prevention and control requirements. There were kitchen and laundry audits completed that evidence compliance.</p> <p>The IPCC provides support to maintain a safe environment during any future construction, renovation, and maintenance activities. Infection control internal audits are completed by the IPCC.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Providing a restraint-free environment is the aim of the service. There were three residents using lap belt restraints at the time of the audit. The designated restraint coordinator is a registered nurse. Systems are in place to ensure restraint use is reported to staff meetings, the management team, and Bupa head office. Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible.</p> <p>Policies and procedures meet the requirements of the standards. The national restraint group is responsible for the Bupa restraint elimination strategy and for monitoring restraint use in the organisation. Restraint is discussed at the clinical governance and board level.</p> <p>Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, Bupa The Gardens will work in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for two residents requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the resident, EPOA, GP, and restraint coordinator.</p> <p>Restraint related training which includes policies and procedures related to restraint, cultural practices and de-escalation strategies is completed as part of the mandatory training plan and orientation. Staff have completed the annual restraint free and restraint competency. The restraint coordinator has attended the Bupa</p>

		national restraint teleconferences.
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>A restraint register is maintained by the restraint coordinator. Two (hospital level) resident files were reviewed. The restraint assessments reviewed addressed alternatives to restraint use before restraint was initiated (such as falls prevention strategies). Cultural considerations were assessed. Restraint is put in place only as a last resort. Written consent was obtained by the residents' EPOAs.</p> <p>Monitoring restraint considered detail documented in the restraint assessment, which addresses the resident's cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga (where applicable). Monitoring forms are completed for each resident using restraint. The two files reviewed indicated that monitoring was accurately recorded for each resident using restraint.</p> <p>A policy is in place for the use of emergency restraints. There have been no instances where emergency restraint has been necessary. Any accident or incident that occurred as a result of restraint use are monitored. No accidents or incidents have been identified. The use of the restraints, risk associated with restraint use and frequency for monitoring were stated in each resident's care plan. Residents using restraints are reviewed after the first month and three-monthly thereafter. Residents using restraint are discussed in the clinical review meetings, registered nurse meetings and at handover.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>The Bupa governance body has endorsed the review of the restraint programme.</p> <p>The restraint programme is reviewed via teleconference with Bupa restraint coordinators nationally, every six-months. Monthly reporting on restraint usage and benchmarking is discussed as well as evaluation of the staff restraint education programme. Meeting minutes reflect discussions on how to minimise the use of restraint and to ensure that it is only used when clinically indicated and when all other alternatives have been tried. Meeting minutes reflect the organisation's commitment to use restraint only as a last resort</p>

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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.

No data to display

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.