

# Bupa Care Services NZ Limited - Whitby Rest Home and Hospital

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## 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:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	Whitby Rest Home and Hospital
<b>Services audited:</b>	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 9 September 2025      End date: 10 September 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	100

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Bupa Whitby Rest Home and Hospital provides hospital - psychogeriatric services; rest home care; dementia care and hospital (geriatric and medical) for up to 101 residents. On the days of the audit, there were 100 residents.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand and Ministry of Social Development. 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 and a business coordinator. 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 areas for improvement related to internal audits; meetings; staff training; staff orientation and performance reviews; care plans including timeframes, interventions, monitoring and evaluations; and medication management.

## Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

There is a Māori and Pacific health plan and 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 Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code), and these are respected. The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana Motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Services provided support personal privacy, independence, individuality and dignity. Staff interact with residents in a respectful manner. Incidences (if any) 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 legislation. Advance directives are followed wherever possible. The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies.

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

## Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The leadership team of Bupa is the organisation’s governing body. They are responsible for the services provided to ensure they 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 regional leadership team.

The service has quality and risk management systems in place that take a risk-based approach. These systems meet the needs of residents and their staff and include processes to meet health and safety requirements. Quality improvement projects are implemented. There is a documented annual plan with timeframes that include completion of internal audits and a meeting schedule.

There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme documented that covers relevant aspects of care and support. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Residents are assessed before entry to the service to confirm their level of care. There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses are expected to assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Resident files included medical notes by the general practitioner and visiting allied health professionals.

The diversional therapist, activity coordinator and activity assistants are required to provide and implement the activities programme. The programme includes outings and entertainment.

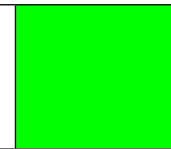
There is a documented medicine management system. The organisation uses an electronic system for prescribing and administration of medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

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.



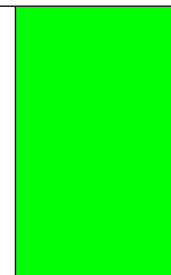
Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. The dementia and psychogeriatric units are secure. There is a mix of rooms with ensuites and shared facilities. There are communal shower rooms with privacy signs. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. Call bells are located strategically throughout all communal areas, toilets, bathrooms, and resident bedrooms. Security checks are performed each evening, and security lights and closed-circuit television cameras are installed in public spaces.

## 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.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on. The service has robust Covid-19 screening in place for residents, visitors, and staff. Pandemic response plans are in place, and the service has access to personal protective equipment supplies. There have been outbreaks since the previous audit.

Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Chemicals are stored securely and safely. Fixtures, fittings, and flooring are appropriate for cleaning.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Policies and procedures for restraint minimisation and safe practice align with the standard. The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. On the days of the audit there were residents using restraint. The restraint coordinator is a registered nurse. Staff have ongoing training in the least restrictive practice and in safe use of restraint.

Restraint minimisation is overseen by the restraint coordinator. 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	24	0	0	5	0	0
Criteria	0	167	0	2	7	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. Clinical staff described their commitment to supporting Māori residents and their family/whānau by identifying what is important to them, their individual values and beliefs, and enabling self-determination and authority in decision-making that supports their health and wellbeing. There are clear processes to include tikanga in everyday practice and training for staff. Staff have completed training around Te Tiriti o Waitangi (link 2.3.4).</p> <p>Bupa Whitby Rest Home and Hospital (referred to in this report as Bupa Whitby) has existing partnerships with Ngāti Toa Rangatira iwi including support from kaumātua to allow for better service integration, equitable service delivery, planning, and support for Māori. They also link with their own Māori staff who can provide interpreting support or contact kaumatua within their iwi when required. Residents and family/whānau at Bupa Whitby engage in providing input into the resident's care planning, their activities and their dietary needs, as evidenced in interviews with three residents (one hospital, two rest home), and seven family/whānau (three dementia, two psychogeriatric, one hospital, and one rest home). The</p>

		<p>service can also access kaumātua from Health New Zealand for support and guidance. Cultural assessments are completed for residents who identify as Māori.</p> <p>Bupa Whitby focuses on recruitment practices which includes building a diverse workforce that meets the needs of the residents they care for. The general manager stated that they support increasing Māori capacity within the workforce and will employ Māori applicants when they do apply for employment opportunities as vacancies become available. Employee ethnicity data is reported in the care home's dashboards. At the time of the audit there were staff who identified as Māori.</p> <p>The service has signage throughout in Māori and the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is displayed in Māori and English with pamphlets available.</p> <p>Interviews with twenty-five staff (seven caregivers, ten registered nurses including two-unit coordinators, one kitchen manager, two cleaners, one laundry, one maintenance officer, one business coordinator, and two activity staff), and three managers (general manager, clinical manager, regional operations manager), and documentation reviewed described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>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 Whitby's education policy on cultural safety includes components of the Fonofale model of Pacific Health.</p> <p>The organisation is embracing Pacific models of care through support and guidance from their own staff and the Pacific Health Plus, a Pacific-owned provider focusing on holistic health services. 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</p>

		<p>language, and if no staff members speak the resident's language.</p> <p>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. There were staff and residents who identified as Pasifika at the time of the audit.</p> <p>The service continues to strengthen relationships and seek guidance on its Pacific Plan, thereby increasing its involvement in a collaborative service delivery approach to ensure equitable, quality health and disability outcomes for Pacific people.</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. The general manager and clinical manager discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in English, sign language and te reo Māori.</p> <p>Discussions relating to the Code are held during resident and family/whānau six-monthly clinical review meetings. Residents and family/whānau interviewed reported that the service upholds the 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 on the notice boards and in the entry pack of information provided to residents and their family/whānau. The policy documents link to spiritual support. Residents attend communion services and church services as required. The service recognises Māori mana Motuhake, and this is reflected in the Māori health care plan that is in place.</p> <p>Staff receive education on the Code at orientation and through the annual education and training programme (link 2.3.4). This includes (but is not limited to) understanding the role of advocacy services, which are linked to the complaints process.</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>Caregivers and registered nurses (RNs) interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Residents interviewed, reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. Residents are supported to make decisions about whether they would like family/whānau to be involved in their care or other forms of support. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Residents are encouraged to have control and choice over activities they participate in, as evidenced in resident care plans.</p> <p>The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were hospital level care couples receiving service at the time of the audit. Staff supported the couples to enjoy quality time with each other. Staff were observed to use person-centred and respectful language with residents.</p> <p>The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with family/whānau involvement and integrated into the residents' care plans. Staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, church services are available according to resident need, and spiritual support is available.</p> <p>It was observed that residents are treated with dignity and respect. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation for staff covers the concepts of personal privacy and dignity (link 2.4.4).</p> <p>Residents' files and care plans identified resident's preferred names.</p>
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		<p>Waitangi Day, Matariki and Māori language week are celebrated at Bupa Whitby. Caregivers interviewed described how they use common te reo Māori phrases when speaking with Māori residents and for everyday greetings. Te reo Māori signage was evident in a range of locations. Cultural training and policies which incorporate Te Tiriti o Waitangi and tikanga Māori are in place (link 2.3.4). The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Written information referencing Te Tiriti o Waitangi and tikanga is available for residents and staff to refer to.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct (link 3.4.4). A code of conduct statement is included in the staff employment agreement.</p> <p>Residents and family/whānau reported that their property and finances are respected, and professional boundaries were maintained. The general manager reported that the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and felt safe. Police checks are completed as part of the employment process. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori health plan in place identified a strength-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by the clinical manager who reported that 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. 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>Information is provided to residents and family/whanau on admission. Resident, and family/whānau meetings have not been held (link 2.2.2) to create an opportunity to identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau and next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). Fourteen accident/incident forms reviewed identified family/whanau are kept informed; this was confirmed through interviews with family/whanau. The care home sends newsletters to keep family informed of what has been happening around the care home and what is planned.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit there were residents who could not speak English and cue cards, gestures, and family/whanau interpreters were used. Non-subsidised residents (or their appointed representative) are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services. The management team holds head of department meetings to enhance internal communication and facilitate a holistic approach to care. The registered nurses described an implemented process around providing residents and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>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</p>	<p>FA</p>	<p>There are policies around informed consent that reflect the requirements of the Code. Resident files reviewed included</p>

<p>respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>appropriately signed general consent forms. The residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. The advance directive policy is implemented.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The general practitioner makes a clinically based decision on resuscitation authorisation in consultation with residents and family/whānau. The service follows relevant best practice tikanga guidelines and welcoming the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. All residents admitted to the dementia and psychogeriatric units had an activated EPOA or current welfare guardian in place. Copies of enduring power of attorney were on resident files.</p> <p>Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files reviewed. Staff were observed to gain consent for day-to-day care, and they reported that they always check first if a consent form has been signed before undertaking any of the actions that need consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is equitable and is provided to residents and family/whānau on entry to the service. The general manager maintains a record of all complaints, both verbal and written, by using a complaint register which is kept electronically. There have been two internal complaints logged and investigated since last audit. The complaint from the Health and Disability Commissioner (HDC) that was open at the previous audit has since been closed (letter dated January 2025) with no request for follow-up required.</p> <p>The complaints reviewed included an investigation, follow up, and reply to the satisfaction of the complainant. No trends were identified, and the two internal complaints were closed as resolved to the complainant's satisfaction. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted). Documentation demonstrated</p>

		<p>that complaints are being managed in accordance with guidelines set by HDC. The general manager interviewed advised complaints logged were classified into themes (operational issues, quality of care, communication, customer rights) in the complaint register.</p> <p>The welcome pack included comprehensive information on the process for making a complaint. All residents and family/whānau interviewed stated they were provided with information on complaints process, would feel comfortable making a complaint and that the service would support them throughout the process. Complaint forms are easily accessible at the entrance to the care home and the nurses' office. A suggestions box is adjacent to where the complaints forms are held.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern, including at the resident and family/whānau meetings (link 2.2.2) and during the six-monthly clinical review meetings. The contact details for advocacy service are posted in large print on resident noticeboards. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. 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.</p> <p>The general manager was aware of the preference for face-to-face communication with residents who identify as Māori and involving family/whānau. Residents and family/whānau interviewed confirm the management are open and transparent in their communications when they have any concerns.</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</p>	<p>FA</p>	<p>Bupa Whitby provides hospital (medical and geriatric), hospital psychogeriatric service; rest home care; and dementia care for up to 101 residents. There are four dedicated rest home beds, five dual purpose beds (rest home / hospital), 41 hospital beds, 18 psychogeriatric beds and 33 secure dementia beds. All the rooms are single occupancy with no double / shared rooms.</p> <p>Occupancy on the day of audit was 100 residents. There were five</p>

<p>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>residents at rest home level care, 44 residents at hospital level of care including one on Accident Compensation Corporation (ACC) respite, and two residents on a younger person with disability (YPD) contract. There were 33 dementia level care resident including one resident on a younger person with disability (YPD) contract; and 18 residents receiving psychogeriatric level of care. All other 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 and quality, operations, finance, legal, property, customer transformation and technology, people, marketing and corporate affairs. This team is guided by the 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 the 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 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 Wellbeing Health and Safety Governance Committee where analysis and reporting of relevant clinical and quality indicators are discussed to improve services. Issues raised in governance committees also report through to the Bupa leadership team meetings and Boards. 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 care homes with improvements to their service. Each region has a regional quality partner who supports the on-site clinical team with education, trend review, internal audits and management. 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</p>
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	<p>share learning, improve equity and the quality of care for Māori and tāngata whaikaha. The cultural advisor collaborates with the Boards and Bupa leadership team in business planning and service development to support the improvement of Māori and tāngata whaikaha wellbeing.</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. 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 three-year strategic business and operational plan with clear business goals to support its person-centred philosophy. The Bupa leadership team annually reviews the business and operational plan for strategy and planning. Guidance in cultural safety for their employees is provided through training in cultural safety awareness around Māori health equity, barriers to care and disparities in health outcomes, as documented in the Towards Māori Health Equity policy.</p> <p>Bupa Whitby's business plan for 2025 includes a mission statement and operational objectives with site-specific goals related to business and quality outcomes. The goals are reviewed monthly and documented in the quality meetings and there is evidence of review and evaluation of the 2024 goals. The regional operations manager reports to the deputy managing director. Tāngata whaikaha provide feedback around all aspects of the service through resident meetings, general feedback, including completion of satisfaction surveys. Feedback from surveys is collated, which provides the opportunity to identify barriers and improve health outcomes.</p> <p>The service is managed by a general manager (GM) who has been in the role for eight years and has previous experience managing other aged care facilities. They are supported by a clinical manager who has been in the role at Bupa Whitby for five years but held the unit coordinator role at the same care home prior to this role. A business coordinator and two-unit coordinators also support the GM. The</p>
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		<p>management team works alongside and is supported by long-standing staff, a regional operations manager and a regional quality partner. The management team reports that staff turnover has been stable.</p> <p>The general manager and clinical manager have completed over eight hours of training in managing an aged care facility, including Bupa regional managers' forums.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>Bupa Whitby has a range of documents that contribute to quality, risk management, and reflect the principles of quality improvement processes. The quality and risk management systems include performance monitoring through the collection of clinical indicator data.</p> <p>Monthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; internal audits; benchmarking; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits have not been completed as scheduled and corrective actions have not been followed up on and signed off when completed. Meetings, and collation of data were documented as taking place. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and displayed for staff on the notice boards. Benchmarking occurs on a national level against other Bupa care homes.</p> <p>Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The outcomes from the recent resident and family/whānau satisfaction survey conducted in June 2025 demonstrated satisfaction with service delivery showing a net promoter score of +75 (up from 56 in March 2025), with home presentation, cleanliness, follow-up by the team and safety scoring high. Corrective actions were identified in activities which are being implemented. Results were displayed on the resident notice boards. There have not been any resident and family/whānau meeting held since last audit (noting that one has been offered).</p>

	<p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the care home is meeting accepted good practice and adhering to relevant standards. New policies or changes to policy are communicated and staff sign as acknowledgement.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. The 2024 health and safety goals have been measured and evaluated. A health and safety team meets monthly, and the elected health and safety representatives have achieved relevant unit standards via external training. An up-to-date hazard and risk register was sighted. Health and safety policies are implemented and monitored by the health and safety committee. The staff noticeboard keeps them informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented. There were no serious work-related staff injuries reported since last audit.</p> <p>Electronic incident and accident reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in fourteen accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Corrective actions are developed, implemented and signed off when completed for any clinical indicators out of the expected benchmarking ranges. The system generates a report that goes to each operational team/governance team, with automatic alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the general manager and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 and Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) have been completed. There have been outbreaks appropriately documented and reported since last audit.</p> <p>Positive outcomes for Māori and people with disabilities are considered at all quality and risk activities. The management team reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and</p>
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		understanding of Māori models of care, health and wellbeing, and culturally competent staff.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	PA Moderate	<p>There is a staffing policy and procedure that describes rostering and staffing rationale. This includes documented processes for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day seven days a week. The care home adjusts staffing levels to meet the changing needs of the residents. At the time of the audit the service had commenced a new roster in the last week for non-clinical staff following a robust roster review process. A review of the current rosters showed shifts were covered by experienced caregivers, with registered nurse cover 24 hours a day (hospital and psychogeriatric units) and support of the clinical and management team. Residents with rest home level of care have RNs supporting them as per contract. There are dedicated activities, maintenance, housekeeping (laundry and cleaning) staff supporting service delivery.</p> <p>The general manager interviewed confirmed staff needs and shortages are reported to the national senior team. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. The general manager, business coordinator and clinical manager are available Monday to Friday. On-call cover for all Bupa care homes in the region is covered by a rotation of one care home general manager and one clinical manager each week.</p> <p>There is an annual education and training schedule being implemented for 2025. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes Māori health, Tikanga, and Te Tiriti o Waitangi. Cultural awareness training is part of orientation and provided annually to all staff. Review of the training records shows low numbers of staff completing the required training. All completed training is recorded on attendance sheets and staff training records noting that there are low levels of completion.</p>

	<p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Bupa Whitby supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 65 caregivers employed in total, with 41 having achieved level 3 and above NZQA qualification. A record of completion is maintained on an electronic human resources system. There are 28 staff working in the dementia unit who have all completed the required dementia unit standards. Thirty staff work with residents in the psychogeriatric unit with only four staff having completed the required psychogeriatric unit standard. Three staff are new and within the 18-month period however the remaining 24 have not completed the six-unit standards and have been working in the unit for over 18 months.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to) restraint; hand hygiene; moving and handling; and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 and have undertaken extra training, complete many of the same competencies as the registered nurse staff (e.g., medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, and wound management). Review of the records confirms that staff have current competencies.</p> <p>Additional registered nurse specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. There are three enrolled nurses (including one casual) and 20 registered nurses (including the clinical manager). Thirteen RNs are interRAI trained. All RNs are encouraged to complete a professional development recognition programme (PDRP). All registered nurses attend relevant quality, staff, registered nurses, restraint, health and safety, and infection control meetings where possible. External training opportunities for care staff include training through Health New Zealand and hospice. A record of completion is maintained on an electronic register.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities of the 'take five' Bupa wellness programme. A</p>
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		<p>staff recognition programme is in place, and a range of initiatives are in place, including flu vaccinations, quit smoking programmes and staff nomination vouchers. Staff welfare is promoted through provision of regular cultural themes and shared meals at staff meetings. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations. Staff participated in an annual employee satisfaction survey and staff interviewed reported a positive workplace.</p> <p>Bupa Whitby's environment encourages collecting and sharing quality Māori health information. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Moderate</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development that reflect standard employment practices and relevant legislation. The Bupa recruitment team advertise for and screen potential staff, including collection of ethnicity data. Each staff member's ethnic origin 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.</p> <p>Suitable applicants are interviewed by the Bupa Whitby general manager once applicants pass initial screening. Twelve staff files reviewed evidenced an organised recruitment process, reference checking, employment agreements; however, there was no evidence of completed orientation in all of the files reviewed. Staff sign the Bupa code of conduct on employment. This document includes (but is not limited to): the Bupa values; responsibility to maintain safety; health and wellbeing; privacy; professional standards; celebration of diversity; ethical behaviour; and declaring conflicts of interest.</p> <p>There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>All regulated staff and contracted providers had proof of current registration with their regulatory bodies. A register of practising</p>

		<p>certificates is maintained for all health professionals including (but not limited to) registered nurses, general practitioners, nurse practitioners, pharmacists, physiotherapist and podiatrist. Staff who have been employed for over one year have not had a regular annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. However, not all staff files reviewed had evidence of completed orientation. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses, and caregivers to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure and confidential. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>There are policies and procedures that guide staff in the management of information. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type. All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, timely and met current documentation standards. Signatures that are documented include the name and designation of the service provider. Archived records are held securely on-site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. There is a consent process for data collection. The general manager reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the</p>

		<p>resident concerned. The general manager is the privacy officer and there is a pathway of communication and approval to release health information.</p> <p>The service is not responsible for National Health Index registration of people receiving services.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There is a policy for managing inquiries and entry into the service. Entry criteria include a requirement to be needs assessed for rest home, hospital, psychogeriatric or dementia level care. Authority from the needs assessment and service coordination (NASC) team were sighted in residents' files. There is accurate information about the facility and services available on the Bupa Whitby website and in an information pack. Entry criteria are communicated to referrers, prospective residents and their family/whānau and to local communities and health care providers.</p> <p>Prospective residents and their family/whānau can visit or call any time and the care home manager will complete an enquiry form and discuss their needs, including cultural, physical, psychosocial and spiritual. Prospective residents and their family/whānau are given a tour of the facility and meet the staff on duty and where possible are able to choose their room. Residents and families/whānau interviewed confirmed the entry process was well explained, went smoothly and feel they are treated with respect and dignity at all times. Where there are delays to entry such as waiting for an available bed, they are kept updated. If the prospective resident does not meet the entry criteria, they are informed of the reason, advised of other options and referred back to the referrer.</p> <p>Enquiry and admission information includes ethnicity and is entered into the electronic system where Bupa monitors entry and decline rates. The service has existing engagements with local Māori communities, Māori leaders, health practitioners, and organisations to support Māori individuals and whānau. 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>	<p>PA Moderate</p>	<p>Ten resident files were reviewed including one rest home level, four hospital level (one resident on a short-term ACC contract), two psychogeriatric level residents including one on a YPD contract and three dementia level residents. Registered nurses are responsible for all assessments including interRAI assessments and care planning.</p> <p>A physiotherapist is available as required and visits weekly to provide input into mobility and falls prevention. The diversional therapist and activities team develops the activities plan which is informed by residents and family/whānau and a “map of life” which identifies the resident’s life experiences and significant people. Resident files have evidence of resident and family/whānau input in assessments and care planning and those interviewed confirmed they are involved at each stage from assessment to care planning to evaluation.</p> <p>Initial assessments and initial care plans are completed in a timely manner. All residents had an interRAI assessment and long-term care planning however interRAI re-assessments were not always completed in required timeframes in the files reviewed. Care plans were not always reviewed in a timely manner.</p> <p>Medical assessments are completed by either the contracted general practitioner or nurse practitioner within the required timeframes. Residents then have a three-monthly review by the general or nurse practitioner as a routine, or if their needs change, they are seen when needed. The general practice provides 24-hour and seven day per week on call services. The general practitioner on interview confirmed staff work collaboratively and inform them in a timely manner when there are changes. Māori and Pasifika residents undergo a cultural assessment and residents and family/whānau interviewed confirmed their input into this. The service facilitates access to traditional Māori health practitioners as needed. Residents have access to a visiting podiatrist.</p> <p>Review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system. Residents are assessed on the interRAI system including residents on the YPD contracts but excluding those on short term ACC contracts. Where</p>
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	<p>interRAI shows a trigger for a specific need, this is included in care plans. A suite of electronic assessments including falls risk; skin integrity; pain; continence; cognition and dietary were completed for the ACC resident. Care plans are completed and include all assessed medical, social cultural and religious preferences. Care plans are expected to include the goals and aspirations of residents and describe the interventions required to achieve these however not all always included sufficient interventions to meet all assessed needs.</p> <p>Māori and Pasifika have specific cultural care plans that outline their cultural preferences and needs. Care plans, assessments and progress notes are recorded on an electronic system.</p> <p>Registered nurses and caregivers described how they involve residents and families/whānau in implementing care plans. Residents and families/whānau interviewed confirmed they feel staff involve them and communicate well with them and they are supported to achieve their own pae ora outcomes. They stated staff are respectful, caring and respond to their needs in a timely manner.</p> <p>Care plans are expected to be reviewed routinely every six months or more frequently if the needs of resident's change. Outcome measurements are utilised to evaluate progress or identify new needs. Families and whānau are invited to either attend care plan reviews or to email any suggestions if they are unable to attend. Care plan reviews include a review of the residents' goals and aspirations and if the supports given are helping to achieve these. Where a resident's progress is different from expected, the family/whānau is informed and the care plan is updated. Short-term care plans are developed for short-term needs such as wounds and infections. A 24-hour care plan is documented for residents with cognitive changes however this was not evident in all files where required.</p> <p>At the time of the audit there were 11 wounds being treated including one pressure injury (stage three). The wound register identifies the type of wound. Management plans documented frequency of dressings however this was not always documented as occurring as scheduled. Wound dressings are completed however evidence inconsistent wound measurements. Photographs are taken showing how the wounds are tracking. Evaluations occur at every dressing change. Staff reported that sufficient and appropriate information is</p>
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		<p>shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes are completed each shift by the caregivers however are not updated daily by a registered nurse. If there is a change in the condition of a resident, the registered nurse is informed, undertakes an assessment and updates the care plan if needed. A multidisciplinary approach promotes continuity in service delivery, including the general practitioner and nurse practitioner, registered nurses, enrolled nurse, physiotherapist, activities staff, kitchen staff, and other allied health team members, residents, and family/whānau.</p> <p>Monitoring charts are utilised e.g. for weight; blood glucose; behaviour; positioning; restraint; intentional rounding; distress monitoring; bowels; and food and fluids. Not all charts are documented as required or completed as scheduled. A policy guides staff in completing neurological observations for unwitnessed falls or head injuries; however, review of resident files evidenced neurological observations are not always completed according to the policy. Incident reports reviewed evidenced timely nursing follow up.</p> <p>The Māori health plan supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the care plan for Māori. The unit coordinator reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. Staff confirmed they understood the process to support residents and family/whānau. Residents who identify as Māori confirm their cultural identity is respected and their needs are met. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance.</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.</p>	<p>FA</p>	<p>The activities programme is delivered by a registered diversional therapist, who is assisted by three activities assistants and one casual coordinator. The activities programme is seven days per week. A review of resident files shows activities plans are informed by using information from the map of life (significant people and life events for</p>

<p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>each resident), cultural preferences, previous employment, interests and hobbies, and input from family and whānau. The team gets ongoing feedback from residents in conversation.</p> <p>Review of the activities programme shows activities include ball tennis, movies and music and hand massage. Cognitive activities include simple word games, newspaper reading, colouring and board games. The activities programme in the dementia and psychogeriatric units included watching and listening to Māori songs, watching countries of the world on television, listening to music via the television and watching movies. Social activities include outings in the van and themed events including Easter, Christmas, Matariki, and Te Wiki o Te Reo Māori as examples. There are regular interdenominational church services. There are weekly van outings to for example local parks, cafes and the mall for shopping. School groups visit during the school term. An entertainer was visiting the facility on the day of audit, and residents from the dementia unit were seen to have been brought out to enjoy the entertainment.</p> <p>Residents who identify as Māori are supported to participate in te ao Māori by maintaining connections with whānau and hapū. Specific Māori activities are provided including Matariki stars for remembrance, simple Māori words and waiata singing.</p> <p>Individual activities include reminiscing, pampering, exercises, hand massage and listening to the resident's preferred music. A record of individual activities is recorded in the progress notes. Photographic evidence of the range of activities was sighted. Residents interviewed expressed they enjoyed the activities were observed to be participating in activities during the audit.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current</p>	<p>PA Moderate</p>	<p>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic packs. The general practitioner or nurse</p>

<p>legislative requirements and safe practice guidelines.</p>		<p>practitioner completes three-monthly medication reviews. A medication round was observed in each area and seen to be safe. Medications are administered by registered nurses, enrolled nurses and caregivers who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported in the electronic resident file and appropriate investigation and follow up is done. No vaccines are kept on site, and no standing orders are used.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy including checking against prescriptions. The effectiveness of pro re nata (prn) medications was consistently documented in the electronic medication management system and progress notes. Medicines were seen to be stored securely in the three medication rooms, locked medication trolleys and controlled drug safes. The medication refrigerators and medication room temperatures are monitored daily; however, fridges were not always evidenced to be within an acceptable range and there was no documented evidence of corrective actions. Medications with a short shelf life are labelled with the date of opening, however, these medications are not always stored as per manufacturer's instructions. Unused and expired medications are returned to the pharmacy. The controlled drug registers show compliance with the requirements.</p> <p>Twenty medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. There is one resident self-administering inhalers only. The resident has a current competency, and the service follows the organisations self-medication administration policy.</p> <p>Over-the-counter medications and supplements are considered by the GP and nurse practitioner and prescribed on the medication chart. Māori residents and family/whānau confirm they have access to their medications and are aware of the indications and potential side effects.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All food is prepared and cooked onsite by a kitchen manager (trained chef), one cook and a total of 11 kitchen assistants. The food services manual was reviewed and kept in the kitchen. Meals are plated in the kitchen transported by hotbox to each dining room. The temperatures of hot food are recorded. The kitchen was observed to be clean, well-organised and well equipped.</p> <p>There is an approved food control plan in place that is current. Dry food is stored in a walk-in pantry in closed containers labelled with the date of opening. The four-weekly seasonal menus have been reviewed by a dietitian. There are two options for meals with residents offered choice of food.</p> <p>Dietary needs, preferences, dislikes, allergies, food textural requirements and food intolerances are identified on admission and reviewed six-monthly as part of the care plan review (or more often if the needs of a resident change). This information is communicated to the chef. Food is fortified as needed and nutritional supplements prescribed are provided. The kitchen manager and cook regularly meet with residents in the dining rooms at mealtimes to obtain feedback on the food service. The kitchen manager meets with individual residents to discuss their personal preferences and dislikes. Modified plates and utensils are available. Nutritious morning and afternoon tea and supper is provided along with beverages. Additional snacks and beverages are available particularly in the dementia and psychogeriatric units.</p> <p>Refrigerator and freezer temperatures are recorded daily and seen to be maintained within an acceptable range. Residents interviewed confirmed they have a variety of meals which they enjoy. Alternatives are available if they don’t like what is on the menu. Feedback is obtained through resident meetings (link 2.2.2) and residents and family/whānau are able to speak with the chef directly.</p> <p>During the audit the meal service was observed in each area. Residents are seated at tables with other residents having similar nutritional needs such as minced and moist. Staff were observed discreetly assisting residents as needed.</p>
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<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>Transition to another facility or hospital or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse gives a verbal handover to communicate care needs and potential risks to the ongoing facility. If a resident becomes acutely unwell, the registered nurse can call the general practitioner or nurse practitioner for advice. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Staff confirmed when a resident is transferred to hospital they send a summary of care needs, medication chart, legal documents and shared goals of care in a yellow envelope (Health New Zealand transfer documentation system) with ambulance staff.</p> <p>Residents and family/whānau interviewed confirmed staff facilitate their access to other healthcare providers including Māori health practitioners as needed. Records were sighted of attendance at clinic appointments at the public hospital, nurse specialist appointments and allied health appointments. If possible, family/whānau are asked to attend appointments with residents.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness. The environment is safe, inclusive, and supportive of cultural practices. A full-time maintenance officer manages day-to-day repairs, oversees planned maintenance, and is on call 24/7. Each unit has a maintenance request book that is checked daily, with issues signed off when completed. The annual maintenance plan includes electrical testing and tagging and calibration of medical equipment. Routine checks include call bells, hot water temperatures (all within required ranges), and resident equipment. Essential contractors are available at all times.</p> <p>The care home is on single level with 101 beds across hospital, rest home, dementia and psychogeriatric levels of care.</p> <p>The dementia level care residents is a secure environment with keypad for entry and exit. There are adequate number of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. All communal</p>

		<p>toilets/bathrooms have locks and engaged signs. The unit has a circular flow for wanderers. The unit is designed to give residents easy access to internal and external areas. There is a spacious lounge and dining area that opens up to a secure central garden with raised gardens, walking paths and seating areas with shade. The communal garden can also be accessed through the hallway on the opposite side and residents were sighted entering and exiting the garden with ease on the days of the audit. There is an additional external garden area and walkway that is accessible from the lounge around the side of the building. There is a centrally located nurses' station that ensures staff are in close contact with residents even when attending to paperwork through the wrap around glass.</p> <p>There is a secure psychogeriatric unit that can be accessed by keypad for entry and exit. There is an open plan dining room/lounge and servery area with basin and quiet spaces available. The unit is circular with a flow for wanderers. The nurses' station from the hospital overlooks the dining room of the psychogeriatric unit and can also access the psychogeriatric unit from the nurse's station. There is another nurses' station located next to the psychogeriatric unit's treatment room for staff to complete paperwork. There are signs to alert residents of exit doors and signs to alert residents of key rooms such as toilets. Resident rooms are single occupancy; two have toilet and handbasin facilities and six have handbasins facilities. There are accessible handbasins and paper towels for staff in communal toilets, communal showers, sluice room, treatment room, and visitor toilets to access. There are sufficient numbers of toilets and showers. All communal toilets/bathrooms have locks and engaged signs. The courtyard includes paths, seating, shade raised gardens and a water feature.</p> <p>There is a hospital area which is divided into two households, with each household having their own dining room/lounge and kitchenette/servery. A 20-bed unit has all rooms singly occupied with shared ensuite facilities for 18 of the rooms and two with own ensuites. The second hospital unit has 21 beds all with hand basins with sufficient number of accessible toilets and communal showers. There are courtyards accessible from each lounge area. The nurses' station for the hospital overlooks the open plan dining/lounge area of one hospital household and the psychogeriatric unit, and another</p>
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	<p>nurses' station is placed near the lounge/dining area of the other hospital household. Both areas have treatment rooms. Residents have safe access to outdoor areas through communal areas. Outdoor areas have seating, safe paths, and shading.</p> <p>The rest home area has four dedicated rest home beds and five dual purpose beds (rest home/hospital). Rooms are single occupancy. There is a dining room/lounge. There is a nurse's station with a treatment room. All the rooms have handbasins, flowing soap and paper towels. Sufficient numbers of communal showers and toilets are available.</p> <p>There is a spacious kitchenette within the open dining/lounge area in each wing. A visitors' toilet is situated near the entrance to the rest home/reception area. A whānau room is situated in the reception area. Residents have easy safe access to outdoor areas.</p> <p>Fixtures fittings and flooring across all service levels is appropriate and toilet/shower facilities are constructed for ease of cleaning. Handrails are appropriately placed in ensuites, toilets, and corridors for safe mobility. Bedrooms, ensuites and communal toilets/showers are spacious for safe mobility and transfer of residents. There is adequate space for the use of a hoist for resident transfers as required. Caregivers reported the spaces are adequate to provide care and that they have adequate equipment to safely deliver care for rest home, hospital, psychogeriatric and dementia level of care residents.</p> <p>There is sufficient natural light, ventilation, and a combination of ceiling heaters, central heating and heat pumps for heating. There are adequate spaces to meet the residents' needs. Residents have safe access to different communal areas within all levels of the care home to have privacy, spend time with visitors and partake in cultural activities. Residents were observed to move freely within the corridors and spaces. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. There are alternative small lounge areas with library and activity resources throughout the facility.</p> <p>There is no further development planned for the care home; however, should this occur, a co-design approach would be implemented, including the provider's current connections with local Māori and the</p>
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		support of the head office.
<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>	FA	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the care home in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand (approved 25 October 2015). Fire evacuation drills have been held six-monthly as per policy.</p> <p>There are adequate supplies in the event of a civil defence emergency, including water supplies to meet the civil defence requirements for the region. Emergency management is included in staff orientation and is included in the ongoing education plan (link 2.3.4 and 2.4.4). A minimum of one person trained in first aid is always available on duty.</p> <p>There are five civil defence kits in key areas of the care home which are checked regularly. Observation evidenced that they are well stocked with appropriate provisions to support the care home appropriately. In the event of a power outage, there is a mobile generator that can be delivered by Bupa head office and manually connected to provide power to the care home. There is gas cooking (BBQ and gas cookers) also available. There is an adequate food supply available for each resident for a minimum of seven days.</p> <p>There are call bells in the residents' rooms, ensuites, communal toilets/bathrooms, and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways to alert staff of who requires assistance, and staff carry pagers. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The dementia and psychogeriatric units are secure and accessible by keypad entry. The care home is secured at night and there are security cameras located strategically outside of the care home, at</p>

		<p>reception and within communal areas in the psychogeriatric units.</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. Residents and visitors are made aware of emergency procedures.</p>
<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The Infection Prevention and Control (IPC) officer is the unit coordinator (registered nurse) of the hospital community. They have extensive experience in IPC and oversee infection control and prevention across the service. The job description outlines the responsibility of the role. The organisational infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually by the infection control and prevention specialist at Bupa head office, who reports to and can escalate any significant issues to board level. Documentation review evidenced recent outbreaks were escalated to the executive team within 24 hours. Bupa has monthly and sometimes weekly infection control teleconferences for information, education and discussion and updates, should matters arise in between scheduled meeting times. Infection rates are presented and discussed at infection control meetings. Infection prevention and control are part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Health New Zealand, in addition to expertise at Bupa head office. Residents and staff are offered influenza and Covid-19 vaccinations. Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility.</p>
<p><b>Subsection 5.2: The infection prevention programme and implementation</b></p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p>	<p>FA</p>	<p>The designated infection officer is supported by the clinical team and Bupa infection control lead. The service has a Covid-19 and pandemic response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and</p>

<p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>Covid-19 positive tests. There are outbreak kits readily available, and a personal protective equipment (PPE) cupboard and trolleys set up ready to be used. The PPE stock is regularly checked against expiry dates. There are supplies of extra PPE equipment available and accessible. The Bupa infection control lead and the infection control officer have input into the procurement of good quality PPE, medical and wound care products.</p> <p>The infection control officer has completed courses in the basics of infection control, Ministry of Health online learning, and other training through Health New Zealand. There is good external support from the GP/NP, laboratory, and the Bupa infection control lead.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed quarterly by Bupa in consultation with infection control coordinators/officers. Policies are available to staff. Aseptic techniques are promoted through handwashing, and sterile single use packs for catheterisation and wound care, to create an environment to prevent contamination from pathogens to prevent healthcare-associated infections. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. Infection control is included in the internal audit schedule and evidenced full compliance. Hospital acquired infections are collated along with infection control data.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic response (including Covid-19) and staff were informed of any changes by noticeboards, handovers, toolbox talks, text message and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau are kept informed and updated on Covid-19 policies and procedures through emails.</p> <p>The service incorporates te reo information around infection control</p>
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		<p>for Māori. Posters in te reo are in evidence throughout the facility and additional information in te reo Māori is readily available. The Māori health strategy includes the importance of ensuring culturally safe practices in infection prevention. The infection control officer has access to a Māori health advisor as needed as well as a team leader who is fluent in te-reo Māori. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi. There are no plans to change the current environment; however, the organisation will consult with the infection control coordinator if this occurs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort.</p> <p>The service has implemented plans to reduce the use of antimicrobial in association with the nurse practitioner and general practitioner. 2025 monthly reporting data was reviewed which showed the use of antimicrobials has steadily reduced across the three months April, May and June, with no antimicrobials reported having been used across July 2025.</p> <p>Infection rates are monitored monthly and reported in a monthly quality report and presented at meetings. The Bupa infection control lead is responsible for collating and analysing the electronic medication management system with pharmacy support.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Monotherapy and narrow spectrum antibiotics are preferred when prescribed.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy</p>

<p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually.</p> <p>Benchmarking occurs with other Bupa care homes. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand.</p> <p>There were four outbreaks across 2024, three covid outbreaks and one influenza outbreak. Appropriate outbreak management was in place, with Health New Zealand and Public Health being appropriately notified. There was evidence of regular communication with the Bupa infection control lead, clinical director, aged care portfolio manager Health New Zealand infection control nurse specialist. Daily outbreak management meetings and toolbox meetings (sighted) capture 'lessons learned' to prevent, prepare for and respond to future infectious disease outbreaks. Outbreak logs are completed. Staff confirmed resources, including PPE, are plentiful.</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. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms (with sanitisers) in each wing with personal protective equipment available, including face visors. Staff have completed chemical safety training. A chemical provider monitors the</p>

		<p>effectiveness of chemicals.</p> <p>There is a laundry in the service area of the facility. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. There are two commercial washing machines and two dryers. Material safety datasheets are available, and all chemicals are within closed systems. All laundry is processed on site by dedicated laundry assistants seven days per week.</p> <p>Cleaners' trolleys are always attended and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The numerous linen cupboards were well stocked. The washing machines and dryers are checked and serviced regularly. Laundry staff have also completed chemical safety training.</p> <p>The staff interviewed had good knowledge about cleaning processes and requirements relating to infection prevention and control.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to providing a restraint-free environment. This is supported by the governing body and management staff. At the time of the audit there were four residents (three hospital and one psychogeriatric level resident) using a bedrail restraint.</p> <p>A registered nurse is the delegated restraint coordinator. A job description is in place. The restraint coordinator updates the restraint register monthly and provides a summary to the clinical manager and uploads the information to share reporting. The general manager reports monthly to the board on restraint minimisation and the latest restraint reports for 2025 were sighted. There is a restraint committee consisting of the restraint coordinator, registered nurse and caregiver. The committee meets two to three monthly and meeting minutes were sighted for February, June and August 2025.</p> <p>The policy requires staff to explore all alternatives prior to the use of restraint, and any decisions must be in consultation with families/whānau. There is a documented approval process in the</p>

		<p>policy. When restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for residents using restraint, included processes and resources for assessment, authorisation and consent, monitoring, and evaluation. The restraint approval process includes the resident, enduring power of attorney/welfare guardian, general or nurse practitioner and restraint coordinator.</p> <p>Restraint related training which includes policies and procedures related to restraint, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation. Staff have completed the annual restraint competency. A restraint audit is completed six-monthly, and any corrective actions are completed.</p>
<p><b>Subsection 6.2: Safe restraint</b></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>	<p>FA</p>	<p>The policy outlines the process for approval of restraint that meets the requirements of the standard. The restraint minimisation and safe practice policy specifies where a resident is considered incompetent to give consent, the enduring power of attorney is required to sign their consent for the use of restraint. Review of the resident's file shows there is sufficient evidence to show the required approval and consent processes were followed as per policy. The review process includes the reason for initiating restraint, results of alternative interventions, family/whānau or other advocate involvement, required monitoring, the outcome, adverse events related to the use of restraint and relevant comments.</p> <p>Care plans include the use of restraint and interventions required for monitoring and provision of care. These are reviewed three-monthly as part of the general or nurse practitioner review and six-monthly as part of the care plan review. If a resident, no longer needs a restraint the care plan is reviewed at the time.</p> <p>The restraint coordinator determines the frequency and extent of monitoring e.g. two-hourly for bedrails. Monitoring includes physical cares such as toileting, change of position and provision of food and fluids, and monitoring the psychological, cultural, physical, psychological, psychosocial needs. Monitoring also addresses the wairuatanga of the resident. Staff are required to document the times</p>

		<p>restraint is applied and released and the cares given in the electronic system. Review of monitoring records show monitoring frequency is not always according to the care plan (Link 3.2.4). The restraint approval process includes the resident, enduring power of attorney/welfare guardian and appropriate health professionals including the general or nurse practitioner and restraint coordinator.</p> <p>A restraint register is accurately maintained and contains detailed information to allow an auditable record. Restraint discussions are completed as part of the clinical and quality meetings. The policy specifies if emergency restraint is used there is to be a debrief for staff, family/whānau and the resident. There has been no emergency restraint used in the last two years. A review of resident files showed evaluations are comprehensive and meet the requirements of the Ngā Paerewa Standard.</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>	<p>FA</p>	<p>A review of restraint use in the organisation occurs monthly and data is extracted by Power BI and presented to each Bupa care home. Individual restraint is reviewed weekly for the first four weeks then three-monthly. Any changes to policies, guidelines, education, and processes are implemented as indicated. There is evidence that data analysis has been completed and discussed at clinical and quality meetings and include identified restraints in use, ways to minimise and eliminate the use of restraint for the individual resident, and ongoing restraint and challenging behaviour education to all staff. The outcome of restraint review is reported to the clinical governance team at head office.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA</p> <p>Moderate</p>	<p>There is an internal audit schedule and meeting schedule documented as part of the quality and risk plan. Staff and quality meetings occurred as planned since last audit; however, resident and family/whānau meetings were not evidenced to be held as scheduled. An invitation was sent for a meeting in August; however, the manager advised that there were no family/whanau who attended. This has been the only meeting invitation sent out since last audit.</p> <p>A review of the internal audit programme showed that audits have not been evidenced as being completed as scheduled since last audit. Where they were completed and corrective actions identified, there is no evidence of actions</p>	<p>i). There was no evidence that resident and family/whanau meetings have been held since last audit.</p> <p>ii). Internal audits have not been evidenced as completed as scheduled since last audit.</p> <p>iii). Corrective actions from internal audits have not been signed off.</p>	<p>i). Ensure resident and family/whanau meetings are held as per schedule.</p> <p>ii). Ensure internal audits are completed as per auditing schedule.</p> <p>iii). Ensure corrective actions are followed up on and signed off when completed.</p> <p>90 days</p>

		taken, follow-up and sign off when completed.		
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Moderate</p>	<p>There is an annual education and training schedule that lists compulsory training that has been implemented since last audit. However, review of the training records shows very low staff numbers having completed the required mandatory training in more than 50% of the trainings sampled at the time of the audit.</p> <p>Bupa Whitby also supports care staff to complete and obtain New Zealand Qualification Authority (NZQA) qualifications including completion of the dementia and psychogeriatric unit standards. Twenty-four of the 30 staff working in the psychogeriatric unit have not completed the required unit standards within the 18-month period.</p>	<p>i). Training records reviewed show low staff numbers having completed each required mandatory training session.</p> <p>ii). Not all the staff working in the psychogeriatric unit have completed the required unit standards.</p>	<p>i). Ensure that all staff complete the required mandatory training.</p> <p>ii). Ensure staff working in the psychogeriatric unit complete the required unit standards.</p> <p>90 days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	<p>PA Low</p>	<p>There are human resources policies in place that meet standard employment practices and relevant legislation. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Five of twelve staff files reviewed had documented evidence of completed orientation.</p>	<p>Seven of twelve staff files did not have documented evidence of completed orientation</p>	<p>Ensure there is documented evidence of completed orientation in all staff files.</p> <p>90 days</p>
<p>Criterion 2.4.5</p>	<p>PA</p>	<p>Twelve staff files were reviewed. Five staff</p>	<p>Five staff files did not have</p>	<p>Ensure performance</p>

<p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	<p>Moderate</p>	<p>files for staff who have been employed for over a year did not show that performance reviews had been completed annually since last audit.</p>	<p>performance reviews completed annually</p>	<p>reviews are completed annually</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>Admission visits by the general practitioner were completed within five days for all resident files reviewed. Initial interRAI assessments have been completed for those residents who required an assessment (noting that one respite resident under ACC respite funding did not require an interRAI assessment).</p> <p>InterRAI reassessments were not always completed within required timeframes. Seven of nine were completed in a timely manner. One resident using respite care did not require interRAI assessments.</p> <p>Seven of nine resident files identified that long term cares plans had been documented within 21 days of admission (one respite resident was a recent admission and did not require a long-term care plan).</p> <p>Activities assessments and care plans were completed by the activities team within three weeks of admission and reviewed six monthly or more often if required.</p>	<p>i). InterRAI reassessments for two residents (one rest home and one hospital) were not completed as per timeframes (six monthly or before the care plan).</p> <p>ii). Initial long-term care plans for two residents (one dementia and one PG) were not completed within timeframes identified in policy.</p>	<p>i). Ensure that interRAI reassessments are completed six monthly prior to review of the care plan.</p> <p>ii). Ensure that long term care plans are completed within required timeframes.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p>	<p>PA Moderate</p>	<p>Care plans are developed in partnership with residents and family/whānau. Māori and Pasifika have specific cultural care plans that outline their cultural preferences</p>	<p>i). Two residents (one dementia and one hospital) with evidence of weight loss did not evidence escalation</p>	<p>i)- iv). Ensure that each care plan includes interventions relevant to</p>

<p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>and needs. Care plans include the goals and aspirations of residents and describe the interventions required to achieve these. Residents and families/whānau interviewed confirmed they feel staff involve them and communicate well with them and are supported to achieve their own pae ora outcomes. Residents and family/whānau stated staff are respectful, caring and respond to their needs in a timely manner; however, not all interventions documented in the residents' care plans were detailed and current to meet residents' current needs.</p>	<p>to registered nurses or further interventions to address weight loss.</p> <p>ii). The care plan of one resident with insulin dependent diabetes (PG) did not include signs and symptoms of hypoglycaemia, hyperglycaemia, reportable ranges or management plans.</p> <p>iii). Five residents (three dementia and one PG) activities plans do not reflect 24-hour normal routines.</p> <p>iv). One resident (PG) care plan states the resident is on palliative care with a syringe driver; however, this is not the case</p> <p>v). One care plan has incorrect information that does not reflect the current state of the resident.</p>	<p>the resident needs.</p> <p>v). Ensure that care plans are accurate and do not contain incorrect information.</p> <p>60 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p>	<p>PA Moderate</p>	<p>Staff reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. If</p>	<p>i). Four of four unwitnessed falls did not have neurological observations taken according to the frequency and duration</p>	<p>i).- vi). Ensure that monitoring charts are completed as per care plan and policy.</p> <p>vii). Monitor completion</p>

<p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>there is a change in the condition of a resident, the registered nurse is informed. A multidisciplinary approach promotes continuity in service delivery, including the general practitioner and nurse practitioner, registered nurses, physiotherapist, activities staff, kitchen staff, and other allied health team members, residents, and family/whānau. Progress notes are completed each shift by the caregivers; however, not all files include RN input expected to be documented in progress notes as per policy.</p> <p>The restraint coordinator determines the frequency and extent of monitoring which is two-hourly for bedrails. Monitoring is to include physical cares such as toileting, change of position and provision of food and fluids, and monitoring the psychological, and wairuatanga of the resident. Staff are required to document the times restraint is applied and released and the cares given in the electronic system, however this was not always completed as scheduled.</p> <p>A suite of monitoring charts are available for staff to utilise including (but not limited to) weight, monthly as a routine or more often if indicated; blood glucose; behaviour; positioning; restraint; intentional rounding; bowels; and food and fluids however not all charts are implemented as planned or completed as scheduled. A policy guides staff in completing neurological observations for unwitnessed falls or head injuries, however review of resident files show neurological observations are not always</p>	<p>required in the policy.</p> <p>ii). Three of three restraint monitoring records show monitoring frequency is not always completed 2 hourly as scheduled.</p> <p>iii). One resident (dementia) with requirements for monitoring of fluid and skin care did not have these completed.</p> <p>iv). One resident (hospital) with weight loss did not have monitoring of food and fluid intake commenced as per the care plan.</p> <p>v). Two resident (one hospital and one PG) with repositioning requirements did not have these documented as scheduled.</p> <p>vi). One resident (dementia) with BGL's above the upper range did not evidence action taken.</p> <p>vii). Four files did not include progress notes written by the RN showing at least daily review of care and resident state.</p> <p>viii). One wound plan reviewed did not evidence the dressing frequency occurred as scheduled.</p>	<p>of progress notes to ensure that RN's document in each residents notes at least every 24 hours as per policy.</p> <p>viii).&amp; ix). Ensure wound documentation is completed as per policy.</p> <p>60 days</p>
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		<p>completed according to the policy. Incident reports reviewed evidenced timely nursing follow up. Evidence sighted is as follows:</p> <p>A wound register is documented and is reflective of the wounds being treated; however, not all wound documentation is completed as per policy .</p>	<p>ix). One wound plan (PG) with photographs and assessments did not evidence consistent measurements.</p>	
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	PA Low	<p>Care plan evaluations are scheduled six monthly or sooner if resident needs change. Care plan evaluations are completed within required timeframes however not all sections of the care plan evidenced review (sighted in the file for one dementia and one PG resident).</p>	<p>Aspects of the care plan were not evaluated in two files.</p>	<p>Ensure all aspects of the care plan are evaluated as scheduled.</p> <p>90 days</p>
Criterion 3.4.1	PA	There are medication rooms in each	i). There is no evidence of	i). Ensure a record of

<p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>Moderate</p>	<p>community. Each medication room has a medication trolley, refrigerators, and a controlled drug cupboard. Medication refrigerator and medication room temperatures are monitored daily, however there is no record of action being taken when a temperature exceeds the acceptable range. All medications with a short shelf life have been dated on opening, however there were instances where a medication requiring refrigeration was observed to be stored on the medication trolley.</p>	<p>corrective actions taken in the dementia unit where refrigerator temperatures consistently exceed recommended values.</p> <p>ii). Medications with a short shelf life requiring storage in the fridge in the dementia, PG, and rest home units were stored in the medication trolley.</p>	<p>the action taken is kept when the medication refrigerator temperatures exceed the acceptable range.</p> <p>ii). Ensure medications requiring refrigeration are stored in the medication refrigerator.</p> <p>60 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.