

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

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## Introduction

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

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

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

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

The specifics of this audit included:

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

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

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

**Dates of audit:** Start date: 10 November 2025 End date: 10 November 2025

**Proposed changes to current services (if any):** The service decommissioned 17 rest home level beds in May 2025. The unit will re-open with 15 rest home / hospital dual purposed beds. All residents have transitioned to other Bupa sites or empty beds within the service. This partial provisional audit verified that the refurbished beds are suitable for dual purpose (hospital or rest home level

of care), with bedrooms refurbished to premium dual-purpose rooms. As a result of the reconfiguration, the total bed numbers changed from 61 to 59 beds.

**Total beds occupied across all premises included in the audit on the first day of the audit: 42**

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

## General overview of the audit

Bupa Liston Heights is situated in Taupō. The facility is purpose-built, and is certified to provide care for rest home, hospital (geriatric and medical), and dementia levels of care for up to 61 residents. On the day of the audit, there were 42 residents.

The service decommissioned 17 dedicated rest home beds. All residents transitioned either to other Bupa care homes or beds within Liston Heights. The service has refurbished the decommissioned wing and created 15 premium / occupation rights agreement [ORA] beds. The service plans to open the new wing 24 November 2025.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included a review of relevant policies and procedures; a review of documentation related to the ongoing refurbishment; observations; and interviews with managers.

This partial provisional audit verified that the refurbished wing beds are suitable for dual purpose (hospital or rest home level of care).

There were no short falls identified for this audit. One of two short falls related to activities from the previous certification audit has been rectified, with one activity related short fall remaining.

## **Ō tātou motika | Our rights**

Not Audited.

## **Hunga mahi me te hanganga | Workforce and structure**

The general manager and the clinical manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives. The partial provisional audit verified the reconfiguration and the service`s ability as being suitable to provide rest home and hospital (geriatric and medical) level of care in the dual-purpose rooms.

There is a vision, values, and objectives relevant to the aged care facility operations and quality objectives.

There is a staffing and rostering policy. All staff employed have a comprehensive orientation and training plan documented. A transition plan is already being implemented.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

All meals will continue to be prepared on site. There are seasonal menus in place which have been reviewed by a dietitian, and a qualified chef provides oversight of food services. All kitchen equipment is operational. There are spacious dining areas to support rest home and hospital level residents. The menu has been reviewed by a dietitian and meets the required nutritional values. Alternatives are available for residents. A current food control plan is documented and registered.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are required to administer medications. Secure storage for medications is in place. An electronic medication system is used. There are no changes to management or administration of medication because of the verification of dual-purpose beds. There are no changes to food services as a result of the verification of dual-purpose beds.

Activities are provided in all areas.

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

The refurbished wing is verified as suitable for dual purpose wings. All rooms are for single occupancy. There are communal spaces with access to the outdoors. All rooms have ensembles.

There is sufficient space to allow the movement of residents around the facility using mobility aids. Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are safe and easily accessible.

Documented systems are in place for essential, emergency and security services.

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

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

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

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

The environment supports the prevention and transmission of infections. Waste and hazardous substances are well managed, and safe and effective laundry services ensure the comfort and well-being of residents. There are documented policies and procedures for the cleaning and laundry services, with monitoring systems in place to evaluate the effectiveness of these services. Chemicals are stored securely and safely. Fixtures, fittings, and flooring are appropriate for cleaning.

## **Here taratahi | Restraint and seclusion**

Not Audited.

## 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	12	0	1	0	0	0
Criteria	0	86	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Liston Heights Rest Home &amp; Hospital (Bupa Liston Heights) is situated in Taupō. The facility is purpose-built, and is certified to provide care for rest home, hospital (geriatric and medical), and dementia levels of care for up to 61 residents. On the day of the audit, there were 42 residents: seven residents at rest home level care, 25 residents at hospital level of care (including two residents funded through the Accident Compensation Corporation [ACC] and three young disabled [YPD] residents); and 10 residents requiring dementia level of care. All residents other than the ACC and YPD residents were under the age-related residential care contract (ARRC). All beds, other than the secure dementia beds, are dual service beds (hospital and rest home).</p> <p>The service decommissioned 17 dedicated rest home beds. All residents transitioned either to other Bupa care homes or beds within Liston Heights. The service has reburnished the decommissioned wing and created 15 premium / occupation rights agreement [ORA] beds. As a result of the reconfiguration, the total bed numbers changed from 61 to 59 beds. This partial provisional audit verified that the refurbished wing beds are suitable for dual purpose (hospital or rest home level of care).</p> <p>The leadership team of Bupa is the governing body and consists of directors or heads of clinical, operations, finance, legal, property,</p>

	<p>customer transformation, people, risk, corporate affairs, and technology. This team is guided by Global Bupa strategy, purpose and values and reports to the Bupa Care Services NZ Boards in New Zealand and the Bupa Australia &amp; New Zealand (ANZ) Board. A New Zealand-based managing director reports to a New Zealand-based Board. Each director has an induction to their specific role and the senior leadership team. The directors are knowledgeable about legislative and contractual requirements and are experienced in the aged care sector. The Bupa Board and executive team have attended cultural training to ensure they can demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety. There is a cultural working group working alongside the Bupa leadership team.</p> <p>Bupa has a clinical governance committee (CGC), a risk and governance committee (RGC), a learning and development governance committee, and a work health safety governance committee where analysis and reporting of relevant clinical and quality indicators are discussed to improve services offered. There is a clinical support improvement team (CSI) that includes clinical specialists in restraint, infections and adverse event investigations, and a customer engagement advisor based in the head office to support their facilities with improvements to their service. Furthermore, Bupa undertakes national and regional forums as well as local and online training, national quality alerts, use of benchmarking quality indicators, learning from complaints (open casebooks) as ways to share learning, and the quality of care for Māori and tāngata whaikaha.</p> <p>The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori), which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. Bupa NZ is committed to supporting outcomes for Māori and equitable service delivery. The goals of the Māori strategy permeate through service delivery and are measured as part of the quality programme. The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers.</p> <p>Bupa has an overarching strategic plan with clear business goals to support its person-centred philosophy. The Bupa leadership team annually reviews the business and operational plan for strategy and</p>
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	<p>planning. Guidance in cultural safety for their employees is provided through training in cultural safety awareness around Māori health equity, barriers to care and disparities in health outcomes, as documented in the Towards Māori Health Equity policy. The Towards Māori Health Equity policy states Bupa is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collective needs of residents who identify as Māori to ensure they live longer, healthier, happier lives. The cultural advisor collaborates with the Boards and Bupa leadership team in business planning and service development to improve Māori and tāngata whaikaha health outcomes. Tāngata whaikaha provide feedback around all aspects of the service through general feedback, including completion of satisfaction surveys. Feedback from surveys is collated, which provides the opportunity to identify barriers and improve health outcomes.</p> <p>Bupa Liston Heights business plan for 2025 includes a mission statement and operational objectives with site-specific goals related to business and quality outcomes. The 2024 business plan was reviewed prior to the documentation of the 2025 plan. The goals are reviewed as required and annually. The regional operations manager reports to the national operations director.</p> <p>The service is managed by a GM who is a registered occupational therapist and has been in the role since 2020. They have been employed by Bupa since 2011. The GM is supported by a CM who has been in the role for five years and has worked at the facility since 1996. They are supported by the regional operations manager and a team of experienced and qualified staff. The management team reports that staff turnover has been relatively low.</p> <p>The GM and CM have completed over eight hours of training in managing an aged care facility, including Bupa regional managers' forums, pandemic and infectious disease planning, and infection control teleconferences.</p> <p>There is a transition plan in place that is already being implemented to ensure that residents have and continue to be informed around progress relating to the decommissioning of the rest home beds and the refurbishment of the bedrooms. There are no changes to governance or management as a result of the verification of dual-purpose beds, or as a</p>
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		result of the refurbishment of rooms.
<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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. Caregivers reported there are adequate staff to complete the work allocated to them. Residents and family/whānau confirmed there are sufficient staff. Over the past four weeks, both rosters (for the dual-purpose beds and dementia unit) showed that all shifts were covered by sufficient number of experienced caregivers, with support from the clinical and management team. Residents and family/whānau interviewed stated they are informed of any changes to staff.</p> <p>The service did not reduce staffing during the closure of the wing for refurbishment (closed May 2025) and maintained staffing base on 90% occupancy. The service is in the process of recruitment, based on current staff plans for planned leave and planning for increased acuity in the dual serviced beds.</p> <p>The GM and CM work 40 hours a week, Monday to Friday, and are available on-call after hours. A selection of caregivers are medication competent to support medication administration across the service.</p> <p>Ongoing education is planned on an annual basis, including mandatory training requirements. Competency assessments include (but are not limited to) hand hygiene; donning and doffing of personal protective clothing; medication administration; maintain a restraint-free environment; fire safety; moving and handling; male catheterisation (for RNs); syringe driver (for RNs) and first aid competencies. Training for care staff and registered nurses included: safe moving and handling; Te Tiriti o Waitangi and Māori health; abuse prevention; safe food handling; health and safety; challenging behaviour; medication management; sluice training for caregivers, chemical safety; information and privacy; risk management; fundamentals of palliative care; incident management; falls management; gastro outbreak management; pressure injury prevention and identifying acute deterioration.</p> <p>Staff are supported to complete a New Zealand Qualification Authority</p>

		<p>education programme to meet the provider's funding and service agreement requirements. There are 32 caregivers; 20 of whom have attained a level 3 or above NZQA qualification. Twenty-two caregivers work in the dementia unit and of these 11 have completed the dementia standards and 11 are currently working towards completion.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. The staff records sampled demonstrated completion of the required training and competency assessments.</p> <p>Staff members interviewed reported feeling well-supported and safe in the workplace. The GM reported the model of care ensures all residents are treated equitably. Staff and management have completed cultural training. Bupa Liston Heights environment encourages collecting and sharing of quality Māori health information. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p> <p>There is an employee assistance programme in place to promote staff wellbeing. Staff participated in an annual employee satisfaction survey and staff interviewed reported a positive workplace.</p> <p>There are no changes to staff education as a result of the verification of dual-purpose beds, or as a result of the refurbishment of rooms.</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>	FA	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police-checked, and referees are contacted before an offer of employment occurs. A sample of eight staff records (two RNs, three caregivers, support services coordinator, a chef, and a staff member who works as a housekeeper and in the laundry) reviewed confirmed that the organisation's policies are being consistently implemented. Each position has a job description.</p> <p>Records confirmed all regulated staff and contracted providers have proof of current registration with their regulatory bodies. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and orientation to the environment, including emergency management. There is a process in</p>

		<p>place to review staff performance at regular intervals. Staff files show performance appraisals are completed annually for all staff.</p> <p>Each staff member's ethnic origin is documented on their personnel records and is used in accordance with Health Information Standards Organisation (HISO) requirements. Information held about staff is accurate and kept secure and confidential. A process to evaluate this data is in place and reported to the board at board meetings. Following any incident or accident, evidence of debriefing and follow-up action taken is documented. The GM, CM, and support office staff are available for any required debriefing and discussion.</p> <p>There are no changes to the human resource processes or to the orientation programme as a result of the reconfiguration of services.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</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>PA Low</p>	<p>There one activities coordinator and a senior caregiver who provide activities seven days a week. The programme is planned monthly. The monthly calendar is placed in large print on noticeboard and residents may have a copy in their rooms. There is no formal programme documented for the dementia unit. There was no evidence that the activities planned and provided facilitate opportunities to participate in te reo Māori, the service has commenced a process for this, however it was not in place at the time of audit. This is a continued short fall. The residents in the dementia unit are encouraged and supported to join in the main activities in the rest home/hospital lounge.</p> <p>The previous audit identified a lack of activities provided to hospital and dementia unit residents and a lack of a dementia activity plan. On the day of audit, a dementia unit activity plan was sighted, and range of activities were taking place in both the dementia unit and for hospital residents. This is an improvement from the previous audit.</p> <p>The resident's social and cultural profile in the resident's file includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A resident attendance list is maintained for activities, entertainment, and outings. Activities planned for the rest home and hospital include (but are not limited to) exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; board gaming; hand pampering; bingo; and happy hour. There are</p>

		<p>regular van drives for outings, regular entertainers visiting the residents, a weekly church service. Links with the community are maintained through regular van outings.</p> <p>There are regular resident meetings in the dual-purpose unit. Activities staff rely on feedback from other staff and family/whānau in the dementia unit. Residents and family/whānau can also provide feedback on activities at the six-monthly reviews.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A medication management policy is available for safe medicine management and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The facility uses robotic rolls. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>There is one medication room, and this will continue to be the only medication room. Medications are stored securely in the medication room. There are three medication trolleys (including for the refurbished wing) that are always locked when not in use. The medication fridge and medication room temperatures are monitored daily. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the electronic medication chart.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There is a policy in place to manage residents that wish to self-administer their medications. There were no residents self-administering medications on the days of the audit.</p>

		<p>As needed (PRN) medications are administered as prescribed and effectiveness is documented on the electronic medication system or in the progress notes. Medication competent caregivers or registered nurses sign when the medication has been administered. There are no vaccines kept on site. The facility does not use standing orders. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The registered nurses and CM described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p> <p>There are no changes to management or administration of medication as a result of the verification of dual-purpose beds.</p>
<p><b>Subsection 3.5: Nutrition to support wellbeing</b></p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. There is a support services coordinator who is responsible for the kitchen, laundry, and cleaners. All kitchen staff have completed safe food handling.</p> <p>The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in place, expiring September 2026.</p> <p>The four-weekly seasonal menu has been reviewed by the Bupa dietitian (November 2024). There is a food services manual available in the kitchen. The support services coordinator receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, diabetic, pureed foods) or residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Māori or Pasifika menu options are available upon request and family/whānau can bring special meals for their relatives. Residents have access to nutritious snacks. On the day of audit, meals were observed to</p>

		<p>be well presented.</p> <p>The cook completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are transported to dining rooms using hot boxes (including for the refurbished wing). Encouragement is given to stay seated for those residents who wander/constantly walk to ensure the dining experience is pleasurable for all. Modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents and family/whānau can offer feedback at the resident meetings and through resident surveys.</p> <p>There are no changes to food services as a result of the verification of dual-purpose beds.</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 compliance certificate. There is a maintenance officer who works five days a week and is available on call. Maintenance requests are documented in a maintenance book. This is checked daily and signed off when repairs have been completed. There is an annual preventative maintenance plan that includes electrical testing and tagging (completed November 2024). Monthly testing of hot water temperatures occurs and if temperature recordings are out of expected range a plumber is notified. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment is due December 2025.</p> <p>The 15 dual purpose beds are located in the main building, with direct level access through existing corridors to the rest home/ wings. The new wing also has its own front door with access to the car park.</p> <p>The front door opens to a large lounge and dining area with its own kitchenette and a small nurse's station. The dining room can be rearranged to accommodate mobility aids. There are plenty of space in the communal lounge where group activities can occur.</p>

		<p>All 15 dual purpose beds verified at this audit have been refurbished to offer premium/ ORA dual-purpose rooms. There is a heat pump in the room that can be individually controlled. The rooms now have a small kitchenette, with a basin, small bench space, cupboard, and fridge (there are no stovetops); there is also a television in each room. Resident rooms can be personalised and have their own full shower/toilet ensuites. The ensuite facilities have handrails, flowing soap, and hand towel dispensers. Rooms are fitted with a ceiling hoist and all rooms have hospital beds with controls. The doors, ensuites and bedrooms are spacious to accommodate transfer of equipment. There is plenty of natural light and ventilation. All rooms are for single occupancy.</p> <p>There are adequate visitor and staff toilet facilities available. The communal toilet and bathroom have appropriate signage and is disability appropriate and located near to the lounge. Rooms have wide doors, and spacious floor surfaces to accommodate transfer equipment. Fixtures, fittings, and flooring are appropriate and have surfaces that are easy to clean. Rooms have either ceiling heaters or heat pumps. The environment was maintained at a comfortable temperature on the day of audit.</p> <p>The new wing includes a sluice with sanitiser, linen rooms, a staff office and plenty of storage space.</p> <p>All corridors are wide and promote safe use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids. There are seats available for resting to be placed around the hallways. There are quiet areas if residents wish to have quiet time or speak privately with friends or family/whānau.</p> <p>There is outdoor furniture and seating with shade in place and there is wheelchair access to all areas. All outdoor areas and gardens were well maintained and are accessible and safe for residents' use.</p> <p>The service has established relationships with the local iwi, who have also blessed the land and will provide a blessing to the building.</p> <p>The physical environments is verified as safe and suitable to accommodate the reconfiguration of service.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand, December 2024. Fire evacuation drills are held six-monthly. Civil defence supplies are stored in an identified cupboards and are checked monthly. The facility has a contract with a company to supply a generator in an emergency. There are gas barbeques to cook on. There is an adequate food supply available for each resident for minimum of three days. Emergency water tanks provide 3,000 litres of water.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person is trained in first aid and always available.</p> <p>There are call bells in the residents' rooms, communal toilet, and lounge/dining room area. All call bells were functional.</p> <p>The facility is secured at night and there are nightly security patrols (contractor). Staff are identifiable. There is signage in place directing residents and visitors to emergency exits. Emergency information is provided to residents and family/whānau on admission.</p> <p>There are no changes to security of people and the workforce as a result of the verification of dual-purpose beds.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>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</p>	<p>FA</p>	<p>The infection prevention and antimicrobial stewardship (AMS) programmes are appropriate to the service's size and complexity. The governance body approved these programmes, which are linked to the quality improvement system, health, and safety and are reviewed and reported on yearly. Expertise and advice are sought following a defined process with the governance, management, and leadership team at Bupa and are able to provide expert advice and support. A documented pathway supports reporting progress, issues, and/or significant events to management.</p>

<p>programmes and respond to relevant issues of national and regional concern.</p>		<p>A stepwise approach to risk management is documented, an emergency pandemic plan is documented and has been reviewed. Bupa ensures there are sufficient resources and personal protective equipment (PPE) readily available and accessible to staff. All staff, residents and family/whānau have received training and updates for managing infection outbreaks. Training records are well maintained.</p> <p>There are no changes to governance of the infection control programme or antimicrobial programme as a result of the verification of dual-purpose beds</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The governance body approved the infection prevention and antimicrobial stewardship programme that is linked to the quality improvement system and reflects the strategic direction of the organisation. Expertise and advice are sought following a defined process, is reviewed and reported on annually. The CM (registered nurse) is the infection prevention and control coordinator (IPCC), and the position description for IPCC is well-defined and in place. The IPCC has input when infection control policies and procedures are reviewed. The IPCC has access to shared clinical records and diagnostic results to make decisions.</p> <p>The service has a pandemic plan and guidelines to manage and prevent infection exposure. Infection prevention and control training is provided to staff, residents, and visitors. Adequate supplies of personal protective equipment (PPE) and hand sanitisers were in stock. Hand hygiene audits were completed as per schedule. Staff are advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for Covid-19. The support services coordinator has set up isolation stations in storage so staff can rapidly implement isolation procedures. The stations include instructions, signs to post on the door of the type of isolation, PPE, yellow rubbish bags, and dissolvable linen bags. Stock of PPE, isolation stations and hand sanitiser are checked monthly.</p> <p>The service has documented policies and procedures that reflect current best practices. These policies and procedures are accessible and available for staff. The care delivery, cleaning, laundry services, and</p>

		<p>food management processes were observed. Staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand hygiene techniques, and the use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. The training includes hand hygiene procedures, donning and doffing protective equipment, outbreak management, and regular Covid-19 updates. Records of staff education are maintained. The IPCC has completed various infection prevention and control training online.</p> <p>The IPCC (CM) reported they work in consultation with Health New Zealand infection control specialists in procurement processes for equipment, devices, and consumables. The CM and registered nurses reported there are processes in place for early consultation with the infection prevention personnel during the reconfiguration of the closed wing and when significant changes are proposed they are be consulted. The CM and registered nurses reported single-use medical devices are not re-used at the service. Shared equipment is appropriately cleaned between use. The service completes cleaning and environmental audits to safely assess and to provide evidence that these procedures are carried out.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. In interviews, staff understood these requirements.</p> <p>There are no changes to the infection control programme as a result of the verification of dual-purpose beds.</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>FA</p>	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is</p>

<p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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>appropriate for the resident cohort's size, scope, and complexity. Infection rates and antimicrobial use are monitored monthly, reported in a monthly quality report, and presented at meetings. The registered nurse collates and analyses the electronic medication management system with pharmacy support. The annual infection control and AMS review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, isolated pathogens, and adverse effects.</p> <p>There are no changes to the antimicrobial programme as a result of the verification of dual-purpose beds.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and infection definitions. Infections are entered into the register on the electronic database, and surveillance of all infections (including organisms) is collated into a monthly infection summary. Data is monitored and analysed for trends monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed during infection control, clinical and staff meetings. The IPCC interviewed confirmed the process of creating improvement plans should this be required.</p> <p>Benchmarking graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand. All infection data is reported to the governing body.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes, and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required and to keep family/whānau up to date on any infections.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene,</p>

		<p>medications prescribed and requirements if appropriate for isolation.</p> <p>Hand sanitisers are available for staff, residents, and visitors to the facility. Visitors to the facility sign in at entry to the building and sign out on exit.</p> <p>There are no changes to the surveillance of the infection control programme as a result of the verification of dual-purpose beds.</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 currently on site were clearly labelled with manufacturer's labels and stored in locked areas. There are secure areas to store cleaning chemicals, with a secure trolley able to be taken to specific areas. Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms. Equipment including a sanitiser is available in the sluice room. Training and education in waste management and infection control is completed as part of orientation and the mandatory training programme.</p> <p>All PPE has been purchased and include aprons, gloves and masks. Sharp's containers are available and meet the hazardous substances regulations for containers. There are policies for cleaning and infection prevention, and linen handling and processing. There are documented systems for monitoring the effectiveness and compliance with the service's policies and procedures. Laundry and cleaning audits are conducted as per the quality assurance programme.</p> <p>Sinks and separate hand washing facilities are in place. Cleaners are employed to perform cleaning services over seven days a week.</p> <p>The laundry is fully functional; the laundry processes are overseen by laundry assistants seven days a week. The laundry area is very well ventilated; there is a separate folding and sorting area. Laundry is distributed back on 'clean' covered trolleys. Personal laundry is labelled and placed in named baskets for distribution. There are large linen storage areas in the verified dual-purpose unit. Shelves are well stocked with linen.</p> <p>The IPCC and the maintenance officer provide oversight of the facility testing and monitoring programme for the built environment. They report</p>

		<p>to management and in the quality meeting.</p> <p>There are no changes to governance of the environment as a result of the verification of dual-purpose beds.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 3.3.4 Service providers shall facilitate opportunities for Māori to participate in te ao Māori.	PA Low	The service has residents who identify as Māori and two resident files reviewed included a Māori care plan identifying cultural support needs including social needs. The activity plans for the rest home and hospital did not include cultural activities including providing opportunities for Māori to participate in te ao Māori.	The activity plan does not include cultural activities or provide opportunities for Māori to participate in te ao Māori.	Ensure the activity plans include cultural activities or provide opportunities for Māori to participate in te ao Māori.  60 days

## 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.