

# Bupa Care Services NZ Limited - Stokeswood Rest Home & Hospital

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## Introduction

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

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

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

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

The specifics of this audit included:

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

**Premises audited:** Stokeswood 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: 20 October 2025      End date: 21 October 2025

**Proposed changes to current services (if any):** The service has applied for verification of four rest home beds for dual purpose. Although two of the rooms (1, 14) could be verified as suitable for dual purpose use, two were not suitable (2, 3). Two alternative rooms (19, 20) were identified during the audit, and these are considered to be suitable for dual purpose use. This would result in a reduction of the 43 dedicated rest home beds to 39 rest home only beds.

**Total beds occupied across all premises included in the audit on the first day of the audit: 82**

# 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

Stokeswood Rest Home and Hospital is a Bupa care home located in Lower Hutt, Wellington and provides dementia, hospital (geriatric and medical) and rest home levels of care for up to 87 residents. There were 82 residents on the days of audit.

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

The relieving general manager is supported by a clinical manager, a business coordinator, and a team of experienced staff.

There are documented quality systems and processes for the care home. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The areas for improvement identified at the previous audit relating to medication management, and training/induction of the infection control officer have been met.

Improvements are still required in relation to implementation of the quality programme; implementation of care plan processes; implementation of activities programme; and monitoring of civil defence equipment.

This surveillance audit identified areas of improvement related to staff roster; staff orientation and performance review; resident monitoring processes; safe food storage; evacuation drills; dementia environment; and chemical storage.

## 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.
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There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Bupa Stokeswood Rest Home and Hospital demonstrates their knowledge and understanding of resident’s rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident’s property and finances. The complaints process is responsive, fair, and equitable.

## 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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Stokeswood Rest Home and Hospital has an established and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed and services delivered that improve outcomes for Māori.

The service has documented quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting policy and management have an understanding and comply with statutory and regulatory obligations in relation to essential notification reporting. There is a staffing and rostering policy. An orientation programme and staff training plan are in place to support staff in delivering safe quality care.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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

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

The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritional snacks are available 24/7. All residents' transfers and referrals are coordinated with residents and families/whānau.

## 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.

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

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at Board level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends, and the information used to identify opportunities for improvements. Benchmarking occurs. There have been outbreaks recorded and reported on since the last audit.

## Here taratahi | Restraint and seclusion

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The restraint coordinator is the clinical manager who is a registered nurse. The facility had no residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

## Summary of attainment

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

<b>Attainment Rating</b>	<b>Continuous Improvement (CI)</b>	<b>Fully Attained (FA)</b>	<b>Partially Attained Negligible Risk (PA Negligible)</b>	<b>Partially Attained Low Risk (PA Low)</b>	<b>Partially Attained Moderate Risk (PA Moderate)</b>	<b>Partially Attained High Risk (PA High)</b>	<b>Partially Attained Critical Risk (PA Critical)</b>
<b>Subsection</b>	0	12	0	2	7	0	0
<b>Criteria</b>	0	41	0	4	9	0	0

<b>Attainment Rating</b>	<b>Unattained Negligible Risk (UA Negligible)</b>	<b>Unattained Low Risk (UA Low)</b>	<b>Unattained Moderate Risk (UA Moderate)</b>	<b>Unattained High Risk (UA High)</b>	<b>Unattained Critical Risk (UA Critical)</b>
<b>Subsection</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Ngā paerewa Health and disability services standard

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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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	A Māori health plan is documented for the service, which Stokeswood Rest Home and Hospital utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service currently has residents and staff who identify as Māori. The service recognises Māori mana motuhake, and this is reflected in the resident cultural assessments and Māori health care plans.
<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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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	The Ola Manuia Pacific Health and Action Plan and Te Mana Ola are the chosen models for the Pacific health plan and Pathways to Pacific Peoples Health Equity Policy. At the time of the audit there were Pacific staff who could confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Stokeswood Rest Home and Hospital. There were residents who identified as Pasifika at the time of the audit.

<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>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The business coordinator demonstrated how it is also given in welcome packs in the language most appropriate for the resident, to ensure they are fully informed of their rights. Interviews with one hospital family/whānau, and six residents (four hospital level, two rest home level) confirmed they are informed of their rights and their choices are respected.</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>	FA	<p>The Bupa organisational policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff at Stokeswood Rest Home and Hospital are trained in and aware of professional boundaries, as evidenced in interviews and ongoing education records.</p> <p>Ten staff (three caregivers, three registered nurses (RNs), one unit coordinator, one kitchen assistant, one activity coordinator and one relieving cook) and four managers (the regional operations manager, the relieving general manager, business coordinator and clinical manager) demonstrated an understanding of professional boundaries when interviewed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health,</p>	FA	<p>Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the resident or the activated enduring power of attorney (EPOA), where this has been activated.</p> <p>Enduring power of attorney documentation is filed in the residents' electronic records, and activated as applicable for residents assessed as incompetent to make an informed decision. Files reviewed for residents in</p>

<p>keep well, and live well. 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>the dementia unit had activation of EPOA letters, or current welfare guardian documents on file.</p>
<p>Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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 provided to residents and family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility, on noticeboards or on request from staff. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English. An electronic complaints register is being maintained, which includes all complaints, dates and actions taken. There have been two complaints made in 2024, and seventeen received in 2025 year to date. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Main themes were around care services, activities, and some related to communication. There was one complaint which included advocacy services (July 2025), that has since been closed off to the satisfaction of all involved.</p> <p>Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The relieving general manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the</p>	<p>FA</p>	<p>Stokeswood Rest Home and Hospital is located in Lower Hutt, Wellington and provides rest home, hospital and dementia level care for up to 87 beds. At the time of the audit the service applied for verification of four rest home beds for dual purpose. Although two of the rooms (1, 14) could</p>

<p>communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>be verified as suitable for dual purpose use, two were not suitable (2, 3). Two alternative rooms (19, 20) were identified during the audit, and these are considered to be suitable for dual purpose use. This would result in a reduction of the 43 dedicated rest home beds to 39 rest home only beds. Considering the changes, the service has 20 dedicated dementia beds, 24 hospital level care beds, 39 rest home level care beds, and four dual purpose beds. There are no double or shared rooms.</p> <p>On the day of the audit there were 82 residents: 40 rest home level of care, 19 dementia level of care, and 23 hospital level of care residents. There were two residents on the younger person with a disability (YPD) contract, one at hospital level of care, and the other at rest home level of care. All the remaining residents were under the age-related residential care contract (ARRC).</p> <p>The Leadership team of Bupa is the governing body and consists of Directors or heads of - Clinical, Operations, Finance, Legal, Property, Customer transformation, People, Risk, Corporate Affairs and Technology. There is a New Zealand based managing director that reports to a New Zealand based Board. The directors are knowledgeable around legislative and contractual requirements and are experienced in the aged care sector. Bupa has a clinical governance committee (CGC), risk and governance committee (RGC), a learning and development governance committee, and a work health safety governance committee, where analysis and reporting of relevant clinical and quality indicators is discussed in order to improve.</p> <p>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 head office to support their facilities with improvement to their service. Furthermore, Bupa undertakes national and regional forums, as well as local and online training, national quality alerts, use of benchmarking quality indicators, and learning from complaints (open casebooks) as ways to share learning and improve quality of care for Māori and tāngata whaikaha. 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.</p> <p>Bupa NZ is committed to supporting outcomes for Māori and address</p>
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		<p>barriers to provide equitable service delivery. Goals of the Māori strategy permeates through service delivery and measured as part of the quality programme. The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers. Bupa has an overarching strategic plan in place with clear business goals to support their person-centred philosophy. The business and operational plan is reviewed annually by the leadership team as part of strategy and planning. A vision, mission statement and objectives are in place. Annual goals for Bupa Stokeswood Rest Home and Hospital have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in quality, health and safety, registered nurses, and staff meetings (link 2.2.2).</p> <p>At the time of the audit there was an experienced relieving general manager (a registered nurse), who had taken up the role in August 2025, while the service recruits for a permanent general manager. The relieving general manager is supported by an experienced clinical manager, who has been in the role for a year, with previous years of clinical management in aged care, and a business coordinator who has been in their role since May 2025, but at the care home for over seven and a half years. The management team at Stokeswood Rest Home and Hospital is supported by the wider Bupa management team, that includes a regional operations manager and regional quality partner.</p> <p>The relieving general manager and clinical manager have completed training in excess of eight hours related to managing an aged care facility, including orientation for the clinical manager.</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</p>	<p>PA Moderate</p>	<p>Stokeswood Rest Home and Hospital is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality health and safety meetings, staff meetings and clinical meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints, staffing and education; however, meetings have not been completed as scheduled. Internal audits have not been completed as scheduled since last audit. Corrective actions plans have not been consistently developed,</p>

<p>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>implemented and signed off when completed. Actions from audits have not been consistently discussed with staff. The previous audit shortfalls (2.2.2 i-vi) continue.</p> <p>Collation of data was documented as taking place. Quality, health and safety and infection control goals, and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and held in folders in the staffroom. Benchmarking occurs on a national level against other Bupa care homes.</p> <p>Resident and family/whānau satisfaction surveys have been completed. At the time of the audit, the service had just received the results of the October 2025 resident and family/whānau satisfaction surveys that had been correlated and analysed at head office, and indicate a net promoter score of 18.8, down from 35.7 for residents, and 13.9, down from 34.8 for family/whānau. Action plans were yet evidenced to be developed and documented related to the outcome and shared with residents and family/whānau.</p> <p>A health and safety system is in place. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, meetings and via toolbox talks. Electronic entries are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident records reviewed. Incident and accident data is collated monthly and analysed. The electronic system generates a report that goes to each operational team/governance team, and generates alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse.</p> <p>Discussions with the regional operations manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications, and notifications to the Health Quality and Safety Commission since last audit. There have been outbreaks documented since the previous audit, which were appropriately notified.</p>
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<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>	<p>PA Low</p>	<p>The service has a safe staffing roster being implemented that aims to ensure provision of sufficient and appropriate coverage for the delivery of care and support. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Staff absences are not consistently covered by an agency, own or casual staff, as sighted on the roster reviewed. The relieving general manager, clinical manager and business coordinator are available Monday to Friday. On call is provided on rotation with other Bupa general managers and clinical managers within the region.</p> <p>There is an annual education and training schedule completed for 2024 and is being implemented for 2025. The education and training schedule lists compulsory training. Training has included (but not limited to) hand hygiene, abuse and neglect, chemical safety, emergency safety, manual handling, end of life choices, cultural and Māori strategy, restraint, dementia, the aging process, infection control, and falls prevention.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-four caregivers are employed. The Bupa orientation programme qualifies new caregivers at a level two NZQA. Of the 44 caregivers at Stokeswood Rest Home and Hospital, 32 have achieved a level 3 NZQA qualification or higher. There are 19 staff who work in the dementia unit; 17 have completed the required unit standards, two are enrolled.</p> <p>Annual competencies include (but are not limited to) hand hygiene, moving and handling, and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 undertake many of the same competencies as the registered nurses (eg, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, and wound management).</p> <p>Additional registered nurse specific competencies include syringe driver, and interRAI assessment competency. There are twelve registered nurses (including one unit coordinator and the clinical manager) and one enrolled nurse. All twelve registered nurses are interRAI trained.</p>
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<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>Six staff files reviewed included evidence of completed training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals, including (but not limited to) registered nurses, general practitioner, nurse practitioner, pharmacists, podiatrist, physiotherapist and dietitian.</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. Staff who have been employed for a year or more, did not have a current performance appraisal on file.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Six resident files were reviewed: two dementia unit files, two hospital files, and two rest home files (including one YPD). The RNs are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments.</p> <p>Initial assessments and long-term care plans were completed for residents. Where care plan interventions were documented, they were resident centred; however, they did not always include all interventions, and were not always detailed enough to provide guidance to staff around all the identified medical and non-medical needs; this is a continued shortfall from the previous audit. Short-term care plans are not always developed for acute problems and where they are documented as per policy.</p> <p>In the resident files reviewed, all interRAI assessments, reassessments, long-term care plans, and evaluations have been completed within expected timeframes. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the</p>

	<p>resident's individual activity care plan.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments, and when there is a change in the resident's condition. Evaluations are documented by an RN but do not include the degree of achievement towards meeting desired goals and outcomes; this is a continued shortfall from the previous audit. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There is evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>Residents in the dementia unit have behaviour assessments, and behaviour plans include triggers for behaviours, but do not always document the strategies for managing/diversion of behaviours. The long-term care plan includes close to normal routine that reflects a 24-hour reflection of resident's usual pattern.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. The service contracts a general practitioner (GP) from a local medical centre for twice weekly visits, and they are available on call 24/7. The GP had seen and examined the residents within two to five working days of admission, and completed three-monthly reviews. More frequent medical reviews were evidenced in files of residents with more complex conditions, or acute changes to their health status. The GP (interviewed) commented positively on the service, and confirmed appropriate and timely referrals were completed. They were satisfied with the competence of the RNs, care provided, and timely communication, when there are residents with concerns.</p> <p>A physiotherapist visits the facility weekly for a total of eight hours and on</p>
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		<p>request, to review residents referred by the RNs. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, wound care nurse specialist, and medical specialists are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds are assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Evaluations are completed at each dressing change and discussed with the clinical manager and GP when necessary. Where wounds require additional specialist input, this is initiated, and a wound nurse specialist consulted. At the time of the audit, there were 17 active wounds for 14 residents, including one stage II pressure injury, lesions and skin tears.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls; however, are not always completed as per policy. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure; weight monitoring; bowel records; repositioning chart; blood glucose levels; and fluid balance monitoring. Monitoring charts are not always completed according to the care plan or GP instruction. Staff interviews confirmed they are familiar with the needs of all residents in the facility, and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</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</p>	<p>PA Moderate</p>	<p>The activities coordinator works full time Monday to Friday to coordinate and implement the activities programme. They are supported by two activity assistants who work part time Tuesday to Saturday, and Sunday to Thursday. This ensures a seven-day cover of activities and a designated activities person for each area. However, there was only one of three activities staff on duty on day one of the audit. There is a separate activity planner for the dementia unit, and one for the rest home and hospital; however, on the days of audit, not all activities were provided as per plans. The provision of activities remains a shortfall from</p>

<p>unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>the previous audit.</p> <p>The activities programme was based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, and interests. These assessments were completed within three weeks of admission, in consultation with the family/whānau and residents. Each resident had a map of life developed detailing the past and present activities, career, and family. A monthly planner is developed, posted on the noticeboards and residents are given a copy of the planner for their rooms. Daily activities were noted on noticeboards to remind residents and staff.</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>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. The RNs and medication competent caregivers interviewed could describe their role regarding medication administration.</p> <p>All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in the medication rooms. The medication fridge and medication room temperatures are monitored daily. The previous shortfall has been addressed. All stored medications are checked weekly. Eyedrops have been dated on opening. Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all residents' medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications on the medication charts, including over-the-counter medications and supplements. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.</p> <p>Policies and procedures for residents self-administering are in place, and this includes ensuring residents are competent, and safe storage of the medications. There was one resident self-administering medications on</p>

		the day of the audit. This resident had a competency signed by the GP following three-monthly reviews, and six-monthly nursing review of competency. The resident had a lock box in their room. No standing orders are used.
<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>PA Moderate</p>	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cook interviewed reported they accommodate residents' requests. Nutritious snacks were available 24/7 in all units. There is a verified food control plan, expiring January 2026. The residents and family/whānau interviewed were complimentary regarding the standard of food provided. The main kitchen was observed to be clean, and all food was appropriately stored and labelled. The three kitchenettes for each of the units had unlabelled/ mislabelled and/or undated food stored.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</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</p>	<p>PA Moderate</p>	<p>The buildings, plant, and equipment are fit for purpose and comply with legislation relevant to the Health and Disability Services being provided. The environment is inclusive of people's cultures and supports cultural</p>

<p>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>practices. The building warrant of fitness is current. There is a maintenance request book for repair and maintenance requests located at the front desk. Equipment failure or issues are also recorded in the maintenance book. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</p> <p>On days of audit, the tour of the facility evidenced the communal toilets in the dementia unit were not able to be locked, the door to the garden of the dementia unit was locked so residents could not access the garden (rectified on the day of audit), and bedroom doors in the dementia units had high snip locks with the ability to prevent entry or exit of resident from their rooms.</p> <p>Four resident rooms were reviewed in the rest home to assess their suitability of dual purposes beds (hospital and rest home level). Four rooms: number 1, number 14, and numbers 19 and 20 have been assessed as suitable for dual service rooms. They all have wider doors, open onto a wide corridor (so equipment can swing round) and have an external window. The individual rooms are large enough to accommodate a hospital level resident and associated equipment. All four rooms are close to existing nurse's stations and large communal bathrooms. Two rooms (2,3) were deemed not suitable for dual purpose use.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Moderate</p>	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters, and describe the procedures to be followed in the event of a fire or other emergency. However, there are no process in place to check the civil defence supplies at regular intervals, and civil defence equipment could not be located on the days of audit. This a continued shortfall from the previous audit. A fire evacuation plan in place was approved by the New Zealand Fire Service on 2 September 2014. The most recent six-monthly trial evacuation drill was not able to be evidenced on the days of audit (12</p>

		August 25).
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an infection prevention and antimicrobial programme and procedure that has been developed by Bupa and their in-house infection control specialists, which includes the pandemic plan. 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 regularly by Bupa in consultation with infection control coordinators. This links to the overarching quality programme and the infection control programme is reviewed, evaluated, and reported on annually.</p> <p>The infection prevention and control (IPC) coordinator is a registered nurse (interviewed on the day of the audit), who leads, oversees and coordinates the implementation of the infection control programme at Stokeswood Rest Home and Hospital. The IPC coordinator has completed external education on infection prevention and control for clinical staff (April 2024) and orientation for the role. The previous shortfall has been satisfied.</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; donning and doffing personal protective equipment (PPE); monitoring of antimicrobial medication; infection control and cultural safety aseptic technique, and transmission-based precautions.</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</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and 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. Benchmarking occurs with other Bupa care homes. The service incorporates ethnicity</p>

<p>regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>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. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Health New Zealand.</p> <p>Infections, including outbreaks, are reported and reviewed so improvements can be made to reduce healthcare acquired infections (HAI). There have been five outbreaks documented since the previous audit (two Covid-19 and one Influenza in 2024, one gastroenteritis in May 2025 and one Covid-19 outbreak in July 2025). These were well documented, managed and reported to Public Health, where appropriate. Daily outbreak meetings occurred with hand hygiene and food safety/hygiene refresher trainings occurring. A debrief was completed to identify what went well and areas of improvement for the outbreaks.</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>PA Low</p>	<p>There are policies regarding chemical safety and waste disposal. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. A chemical provider monitors the effectiveness of chemicals. All chemicals were clearly labelled with manufacturer's labels; however, not all chemicals were stored in locked areas.</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</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards. The regional restraint group is responsible for the Bupa restraint elimination strategy, and for monitoring restraint use in the organisation. Restraint is discussed at the clinical governance and Board level. At the time of the audit there</p>

<p>ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>were no residents using restraints. When restraint is used, this is a last resort when all alternatives have been explored. The designated restraint coordinator is the clinical manager, who is responsible for the coordination of the approval of the use of restraints and the restraint processes. Training for all staff occurs at orientation and annually, as sighted in the training records. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Restraint competencies are completed on orientation and annually for all staff.</p>
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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)
<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 Moderate</p>	<p>Stokeswood Rest Home and Hospital is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Review of the meeting minutes since last audit shows that the quality, health and safety, infection control, and staff meetings have not been held as scheduled.</p> <p>The care home has an internal auditing process being implemented as part of the quality and risk management system. Review of the system shows that not all the audits have been completed as scheduled. For two audits where compliance was not at the</p>	<p>i). Meetings have not been completed as scheduled since last audit.</p> <p>ii). Internal audits have not been completed as scheduled.</p> <p>iii). Corrective actions have not been consistently developed for internal audits, where compliance was not at expected level.</p> <p>iv). Where corrective actions have been developed, there is no evidence to demonstrate follow up, implementation, and sign off when completed.</p> <p>v). Outcomes and actions</p>	<p>i). -ii). Ensure meetings and internal audits are completed as scheduled.</p> <p>iii)- iv). Ensure corrective actions are developed, implemented, and signed off when completed.</p> <p>v). Ensure outcomes of audits are discussed with staff.</p> <p>90 days</p>

		<p>expected level, corrective actions had not been developed. Ten audits did not demonstrate follow up and sign off of corrective actions that were developed. Outcome and actions from internal audits were not consistently discussed with staff, as evidenced in the meeting minutes reviewed.</p>	<p>from audits have not been consistently discussed with staff during meetings.</p>	
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA Low</p>	<p>The service has a safe staffing roster being implemented that aims to ensure provision of sufficient and appropriate coverage for the delivery of care and support. Review of a two-week roster showed that there were 15 shifts not covered across different roles for short notice and planned absence. These included seven caregiver shifts, five housekeeping (including two for planned leave), two kitchen hand, and one registered nurse. Interview with staff confirmed that staff absences are not consistently covered / replaced.</p>	<p>Interviews with staff and review of the roster shows that staff absences are not consistently covered. Over a two-week period, 15 shifts were not covered across the different roles of staff in the care home.</p>	<p>Ensure that staff are replaced for planned and short notice absences.</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 Moderate</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. Four of the six staff files reviewed did not have evidence of completed orientation records.</p>	<p>Four of six staff did not have evidence of completed orientation on file.</p>	<p>Ensured that there is evidence of completed orientation.</p> <p>90 days</p>

<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	<p>PA Moderate</p>	<p>There is a process to ensure that staff have the opportunity to discuss and review performance. Four staff files reviewed at the time of the audit did not have completed performance appraisals on file.</p>	<p>Four of four staff files do not have evidence of completed performance appraisals.</p>	<p>Ensure that there is evidence of completed performance appraisals.</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>(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</p>	<p>PA Moderate</p>	<p>Care plans were developed by the registered nurses following interRAI and other associated assessment tools. Cultural needs are documented and evidenced in one care plan for a resident of Māori descent; however, not all residents care plans reviewed provided sufficient information and guidance in the interventions related to their assessed risk and needs.</p> <p>There are policies and procedures for use of short-term care plans; however, not all residents had a short-term care plan (or documentation in the long-term care plan) for short term or acute needs.</p> <p>Caregivers are knowledgeable about the care needs of the residents and the family/whānau interviewed were happy with the care provided. Progress notes and monitoring records evidence care delivery to the residents reflective of their needs, as described by staff during interviews and confirmed by residents, family/whānau interviewed.</p>	<p>i). Two hospital and one rest home level of care resident did not have interventions related to falls prevention and mobility assistance.</p> <p>ii). One rest home and one dementia unit resident file did not have interventions for behaviours that challenge, including increasing confusion for the rest home resident.</p> <p>iii). One dementia unit resident's care plan did not include interventions for a high risk of dehydration.</p> <p>iv). One rest home and one dementia level of care resident did not have a short-term care plan (or direction in the long-term care plan) for weight loss.</p> <p>v). One hospital level resident with a pressure injury did not have interventions documented in relation to pressure injury</p>	<p>i). – v). Ensure care plans include interventions to support all assessed needs, including acute changes in health status.</p> <p>60 days</p>

wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.			prevention/ management or skin integrity.	
<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>(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>	PA Low	Resident files reviewed documented family/whānau involvement. This is included in family communication and involvement with ongoing and regular GP reviews and clinical assessments. There are a suite of monitoring charts available for staff to utilise; however, not all monitoring charts have been completed as per policy or care plan instructions.	<p>i). Five of five neurological observations were not completed as per policy post unwitnessed fall.</p> <p>ii). One dementia level resident did not have weight monitoring and food and fluid charting as per instruction.</p> <p>iii). One rest home level resident did not have twice daily pain monitoring as requested by the GP.</p>	<p>i). -iii). Ensure that care interventions are undertaken as per policy / instruction.</p> <p>60 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p>	PA Moderate	Evaluations of long-term care plans were at the time of interRAI re-assessments (six-monthly) for resident files reviewed that had been in the	Two hospital, one secure dementia and one rest home resident file did not document progress towards	Ensure care evaluations document the progression towards meeting goals.

<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>		<p>facility for more than six months, and when changes occurred earlier as indicated; this is an improvement from the previous audit. However, the evaluations of long-term care plans continue to not document progress towards goals.</p> <p>Where evaluations were completed, there was no evidence documented of progression towards goals and if the resident goals had been met or unmet.</p>	<p>stated goals as part of the evaluation process.</p>	<p>90 days</p>
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>PA Moderate</p>	<p>There are two separate activity planners for the dementia unit and one for the rest home/ hospital. The activities programmes are based on assessment and reflect the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, and interests. Activities were not always provided according to the activity plans on the days of audit. Care staff interviewed stated they are not given instruction or resources to provide activities in the absence of the activity staff.</p>	<p>i). Activities in the dementia unit have not been delivered as per plan, as sighted on the day of audit.</p> <p>ii). There were no facilitated activities noted in the hospital lounge with residents sitting and watching TV on separate occasions observed.</p> <p>iii). Care staff stated they are not provided with instruction and resources to provide</p>	<p>i). &amp; ii). Ensure that meaningful activities are provided for residents.</p> <p>iii). Ensure that staff are provided with instruction and resources to provide activities in the absence of the activity staff.</p> <p>60 days</p>

			activities in the absence of the activity team.	
<p>Criterion 3.5.5</p> <p>An approved food control plan shall be available as required.</p>	PA Moderate	The main kitchen was observed to be clean, and all food was appropriately stored and labelled. The three kitchenettes for each of the units had unlabelled/ mislabelled and/ or undated food stored. There is a verified food control plan expiring January 2026.	The kitchenettes for each of the units had unlabelled/ mislabelled and/ or undated food stored.	<p>Ensure all food is safely stored with correct labels and dates according to the policy and food control plan.</p> <p>60 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Moderate	<p>The buildings, plant, and equipment are fit for purpose and comply with legislation relevant to the Health and Disability Services being provided. The environment is inclusive of people's cultures and supports cultural practices. The building warrant of fitness is current, expiring in June 2026.</p> <p>On days of audit, the tour of the dementia unit evidenced all areas are not always accessible for residents, and locks were in use.</p>	<p>i). The communal toilets in the dementia unit are not able to be locked to ensure privacy.</p> <p>ii). The door to the outside garden in the dementia unit was locked on the morning of the first day of audit.</p> <p>iii). There were bedrooms in the dementia units with high snip locks on the door, with the ability to prevent entry or exit of resident from their room.</p>	<p>i). Ensure there is a process to respect resident privacy in the communal toilets.</p> <p>ii). Ensure resident are able to access the outside garden in the dementia unit.</p> <p>iii). Ensure there are no locks on bedrooms doors.</p> <p>60 days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>	PA Low	A fire evacuation plan in place was approved by the New Zealand Fire Service on 2 September 2014. The most recent six-monthly trial evacuation drill was not able to be evidenced on the days of audit. Staff interviewed all stated the trial evacuation had taken	The most recent six-monthly trial evacuation drill was not able to be evidenced on the days of audit.	<p>Ensure that records are maintained of trial fire evacuations.</p> <p>60 days</p>

		place.		
<p>Criterion 4.2.7</p> <p>Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.</p>	<p>PA Moderate</p>	<p>Civil defence planning guides direct the facility in their preparation for disasters, and describe the procedures to be followed in the event of a fire or other emergency. A civil defence plan was in place. Civil defence equipment was not able to be located on the days of audit. The service also continues not to have a documented process in place to check the civil defence equipment at regular intervals.</p>	<p>i). There is no evidence of a documented process in place to check the civil defence equipment at regular intervals.</p> <p>ii). The civil defence equipment was not able to be located on the days of audit.</p>	<p>i). Ensure civil defence equipment/supplies are checked at regular intervals.</p> <p>ii). Ensure the civil defence equipment/ supplies are located and easily accessible.</p> <p>60 days</p>
<p>Criterion 5.5.1</p> <p>Service providers shall ensure safe and appropriate storage and disposal of waste and infectious or hazardous substances that complies with current legislation and local authority requirements. This shall be reflected in a written policy.</p>	<p>PA Low</p>	<p>There is a chemical provider who monitors the effectiveness of chemicals for Stokeswood Rest Home and Hospital. All chemicals were clearly labelled with manufacturer's labels; however, the cupboards under the sinks of the rest home, hospital and dementia kitchenettes which do not have locks on them, were sighted to have chemicals stored in them on both days of the audit.</p>	<p>Chemicals were stored in the cupboards that do not have locks in the hospital, rest home, and dementia kitchenettes.</p>	<p>Ensure chemicals are safely stored in locked cupboards at all times.</p> <p>90 days</p>

## 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.