

Bupa Care Services NZ Limited - Ballarat Care Home

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: Ballarat Care Home

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: 22 October 2025 End date: 23 October 2025

Proposed changes to current services (if any): This audit also verified the reconfiguration of services. The service notified HealthCERT on 13 October 2025 of the intention to reconfigure 10 dedicated rest home beds (Ashley community) to dual purpose beds. Note: that at the time of the audit the HealthCERT letter in response to the notification was not yet received. The beds were verified at this audit as suitable to include hospital level care. As a result of the reconfiguration, the total number of the dual-purpose beds increased from 50 beds to 60 beds. The overall number of beds remain unchanged.

Total beds occupied across all premises included in the audit on the first day of the audit: 77

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Ballarat Care Home is a Bupa facility located in North Canterbury and provides hospital (geriatric and medical), rest home and dementia levels of care for up to 80 residents. There were 77 residents on the days of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Health New Zealand - Te Whatu Ora. 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.

This audit also verified the reconfiguration of 10 current rest home to dual purpose beds. All were verified as suitable for that purpose. The overall premise numbers stay the same.

The general manager is supported by a clinical manager and a unit 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.

Three previous audit findings related to staff performance appraisals, assessment timeframes, and progress notes remain ongoing.

This surveillance audit identified a shortfall related to orientation records.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

There is a Māori 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.

Ballarat Care Home 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

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

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

Ballarat Care Home 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. A staff training plan is in place to support staff in delivering safe quality care.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
--	--	---

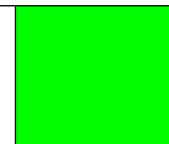
The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

The electronic medicine charts viewed 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.

All residents' transfers and referrals occur in a coordinated manner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

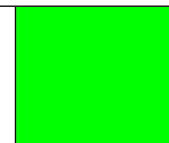


Subsections applicable to this service fully attained.

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

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

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



Subsections applicable to this service fully attained.

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

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

Subsections applicable to this service fully attained.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	16	0	0	2	0	0
Criteria	0	45	0	1	3	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service, which Ballarat Care Home 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 Māori health plan and care plan process.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The 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 no Pacific staff. Twelve staff (five caregivers, four registered nurses (RNs) including one unit coordinator, one maintenance manager, one diversional therapist (DT), and one cook) and two managers (the general manager and clinical manager) completed cultural safety training and could explain the implementation of cultural safety for Pacific peoples related to their cultural, and spiritual beliefs. There were no residents who identified as Pasifika at the time of the audit.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	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 general manager 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 six family/whānau (one rest home, two hospital level and three dementia), and five residents (two hospital level, three 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 Ballarat Care Home are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records.</p> <p>Staff interviewed 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, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and</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. All documentation regarding EPOA, and activation is on file, as reviewed in the residents’ files.</p>

control.		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The 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 or on request from staff. The Health and Disability Commissioner's 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 were seven complaints documented since the last audit; all have been closed off to the satisfaction of all involved. 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, clothing and some related to communication. There were no complaints from external agencies.</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 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</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>	FA	<p>Ballarat Care Home is located in Rangiora, North Canterbury. The service is certified to provide rest home, hospital, and dementia level of care for up to 80 residents. There are 50 dual-purpose beds, 10 bed designated rest home unit, and a 20-bed dementia care unit.</p> <p>This audit also verified the reconfiguration of 10 current dedicated rest home (Ashley wing) to dual purpose beds. All were verified as suitable for that purpose. The overall premise numbers stay the same. All rooms are designed for single occupancy. There are no changes to the overall bed</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>numbers. Total number of dual-purpose beds are now 60.</p> <p>On the day of the audit there were 77 residents: 20 rest home residents; and 38 hospital residents, including two rest home residents on younger person with a disability (YPD) contract. There were 19 residents in the dementia unit. The remaining residents were under the age-related residential care contract (ARRC). There were three married couples at the time of the audit who were not sharing a room.</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 are discussed for service improvement.</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 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</p>
--	---

		<p>annually by the leadership team as part of strategy and planning. A vision, mission statement and objectives are in place. Annual goals for Ballarat Care Home have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in quality, and staff meetings. Quality goals are reviewed as part of weekly clinical review meetings.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Ballarat Care Home 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. Bimonthly quality meetings, monthly staff meetings, and weekly 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. Meetings were completed as scheduled. Action identified in meetings were assigned to a person with timeframes for achievement. Action plans were signed off.</p> <p>There is an internal auditing schedule in place. Internal audits have been completed as scheduled. Collation of data was documented as taking place. Quality, health and safety 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. Corrective actions are discussed at meetings. Benchmarking occurs on a national level against other Bupa facilities. Quality improvement projects are documented related to reduction in antipsychotic medication and for the reduction in falls.</p> <p>Resident and family satisfaction surveys have been completed. The most recent March 2025 and September 2025 resident and family/whānau satisfaction surveys had been collated and analysed at head office. The survey results reviewed evidence that the feedback was overall positive related to staff, and the quality of services provided; however, the food services and activities programme need improvement. Action plans are documented to ensure improvement. The latest results were discussed with staff 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</p>

		<p>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 general 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 general 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>
<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>FA</p>	<p>The roster provides 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 covered by agency, as sighted on the roster and on the days of the audit. The general manager, clinical manager and unit coordinator are available Monday to Friday. On call is provided on rotation with other general managers and clinical managers within the region. The roster reviewed and the general manager, clinical manager and area manager confirmed that the roster can accommodate an increase in hospital level care in Ashley wing.</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. The service provides study days each month and staff are rostered to attend; this ensures a very high percentage of staff who attend the 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; pressure injury prevention; and falls prevention.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-nine caregivers are</p>

		<p>employed. The Bupa orientation programme qualifies new caregivers at a level two NZQA. Of the 39 caregivers at Ballarat Care Home, 29 have achieved a level 3 NZQA qualification or higher.</p> <p>There are 16 caregivers allocated to work in the dementia unit, and 12 have completed the required dementia standards; whilst four are in the progress to complete the standards within the required timeframe.</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 RN specific competencies include syringe driver, and interRAI assessment competency. There are eleven registered nurses, including the coordinator and the clinical manager; nine are interRAI trained.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Moderate</p>	<p>Six staff files (three registered nurses and three caregivers) reviewed included evidence of completed orientation, 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.</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. Competencies are completed at orientation, and this was confirmed by staff interviewed. The service policies demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment for Māori. However, not all staff files had completed orientation records on file, and not all staff who have been employed for a year or more, had a current performance review on file. This is an ongoing shortfall.</p>
<p>Subsection 3.2: My pathway to wellbeing</p>	<p>PA</p>	<p>Registered nurses are responsible for completing all residents'</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>Moderate</p>	<p>assessments, developing and evaluating care plans, and overseeing the ongoing review of care. Six resident files were reviewed across all service levels (two rest home, two hospital, and two dementia care residents) including one hospital-level resident funded under a YPD contract. Initial assessments and care plans were developed in consultation with the resident and/or their Enduring Power of Attorney (EPOA) and were completed within the required timeframes. Care plans were informed by data collected through comprehensive nursing assessments, which included (but were not limited to) domains such as nutrition; pain; mobility and transfers; skin integrity; continence; pressure injury risk; cultural considerations; behaviour; and social history, as well as information obtained from pre-entry assessments completed by the Needs Assessment and Service Coordination (NASC) service or other referral agencies.</p> <p>In four resident files, initial interRAI assessments were completed within three weeks of admission. InterRAI reassessments were generally completed every six months or earlier if clinically indicated; however, not all interRAI assessments were undertaken within the required timeframes. The previous finding related to criterion # 3.2.1 remains open. Long term care plans have been completed within three weeks of admission.</p> <p>Review of residents' care plans confirmed that interventions were sufficiently detailed to provide clear direction and guidance for care staff in the safe and effective delivery of care. Care plans in the dementia unit evidenced a comprehensive 24-hour approach that reflected each resident's usual daily routine. Individualised interventions were documented to support caregivers in managing resident behaviours, promoting consistency, responsiveness, and person-centred care. Long-term care plans were holistic and individualised, reflecting each resident's assessed needs, preferences and goals of care. The care plans provided clear guidance to staff regarding both medical and non-medical support requirements. Documented interventions and identification of early warning signs were appropriate to the residents' clinical presentations and met their assessed needs.</p> <p>Policies and procedures were in place for the use of short-term care plans to address specific issues such as infections, weight loss and wounds. These short-term plans were completed, evaluated, and either signed off when resolved or integrated into the long-term care plan as appropriate. Review of resident records confirmed that short-term care plans were in use and consistently evaluated.</p>
---	-----------------	---

	<p>Interview with the clinical manager confirmed that a Māori Health Care Plan is completed when a resident identifies as Māori, to ensure cultural needs are appropriately assessed and integrated into care planning. There were no residents who identified as Māori at the time of audit.</p> <p>The initial medical assessment is undertaken by the contracted general practitioner (GP) within the required timeframe following admission. There is documented evidence of the exemption from monthly general practitioner visits when the resident's condition is considered stable. The service has a contract with a local medical practice that provides a general practitioner who visits the care home weekly, and provides on-call cover after hours. The general practitioner has access to the residents' records, including the medication system. The general practitioner interviewed stated that there was good communication with the service and the registered nurses demonstrated good assessment skills and that they were informed of concerns in a timely manner. A physiotherapist visits the care home weekly, and reviews residents referred by the registered nurse. There is evidence of a multidisciplinary approach in the care of residents with other specialist services, including (but not limited to) speech language therapist, wound care specialist, and continence specialist nurse available as required through Health New Zealand.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, general practitioner reviews, medication changes, and any changes to health status.</p> <p>There was evidence of wound care products available at the care home. A review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. The active wounds include pressure injuries (stage I and II), skin tears, incontinence associated dermatitis, lesions, abscess, and abrasions. Wounds were dressed as scheduled, with clear documentation that included assessments, photographs, management plans, and evaluations, evidencing progress towards healing. Referrals were completed for wound nurse specialist input as clinically indicated, with recommended plans incorporated into the wound management plans.</p> <p>Interviews with registered nurses (RNs) and caregivers confirmed that both verbal and written handovers occur at the commencement of each shift to</p>
--	--

		<p>ensure continuity of service delivery. The handover process takes place between the outgoing and incoming RNs, and includes all caregivers rostered on the shift. Observation on the day of audit verified that the handover was comprehensive and facilitated effective communication of residents' current status and care needs.</p> <p>Caregiver progress notes are generated through pre-populated intervention templates, which are populated once specific tasks are completed. RNs document clinical assessments as progress notes; however, review of resident progress notes in their entirety indicated that the entries do not consistently provide a complete and cohesive record of each resident's care journey, including all treatments and interventions delivered by both caregivers and RNs. Therefore, the previous finding related to criteria # 3.2.5 shall remain open.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; visual checks, weight; food and fluid; repositioning charts; and blood glucose levels. Monitoring charts have been completed as scheduled.</p> <p>All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Caregiver interviews confirmed they are familiar with the needs of all residents in the care home, and that they have access to the supplies and products they require to meet those needs. Neurological observations have routinely been completed for unwitnessed falls or those where head injury was suspected, as part of post falls management. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments (where these are completed) and when there is a change in the resident's condition. Evaluations are documented by the registered nurse. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</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. 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 are required to complete syringe driver training, and these have been completed as sighted in the training records.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent caregivers interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication rooms. The medication fridge and medication room temperatures are monitored daily. All stored medications are checked weekly. Eyedrops have been dated on opening.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the general practitioner had reviewed all resident 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, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were two resident self-administering medications. The self-administration guidelines have been implemented including an assessment of competency, general practitioner sign off, and secure medication storage. No vaccines are kept on site, and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs</p>	<p>FA</p>	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary</p>

<p>and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cook reported they accommodate residents’ requests.</p> <p>There is a current verified food control plan. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>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 move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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>	FA	<p>The buildings, plant, and equipment are fit for purpose at Ballarat Care Home 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 10 December 2025. There is a maintenance request book for repair and maintenance requests located in each nurses’ station. 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 weekly testing of hot water temperatures. Essential contractors/tradespeople are available as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</p>

		<p>Ten dedicated rest home beds in Ashley Community have been verified as suitable for hospital level care:</p> <p>Ashley wing is attached to Loburn wing, with its own spacious dining room and kitchenette with tea and coffee making facilities. The nurses' station is centrally located.</p> <p>There is enough space for equipment storage. The sluice is located in Loburn wing.</p> <p>All rooms are generously sized, with ample room for hospital beds and equipment. Hallways and doorways are wide enough to accommodate transfer by gurney. Staff confirmed all equipment is appropriate to meet the needs of individual residents.</p> <p>All bedrooms and communal areas have sufficient natural light and ventilation. There is heating in all areas, including full ensuite and communal shower area, and there are also heat pumps/ air conditioning units in the communal areas. There was a good ambient temperature on the day of the audit.</p> <p>All corridors have safety rails that promote safe mobility. Corridors are spacious, and residents were observed moving freely around the areas with mobility aids where required. Ensuites, communal showers and toilets are spacious to manoeuvre transfer and mobility equipment and have handrails. Taps are designed for ease of opening. Floors are non-slip and appropriate for ease of cleaning.</p> <p>The layout of the wing ensures communal areas are easy to access. Residents can easily access the outdoor areas.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p>	<p>FA</p>	<p>There is an infection prevention and antimicrobial stewardship 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 quarterly 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</p>

<p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>annually.</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 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 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 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 four outbreaks documented since the previous audit, including two Covid-19 outbreaks, an Influenza-like outbreak and an Influenza A outbreak. These were well documented, managed and reported to Public Health, where appropriate. Daily outbreak meetings occurred. A debrief was completed to identify what went well, and areas of improvement for future outbreak management.</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</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 and are approved by head office. Policies state that only a restraint coordinator and clinical</p>

<p>free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>manager may authorise the use of restraint. The regional restraint group is responsible for the Bupa restraint elimination strategy, and for monitoring restraint use in the organisation. Restraint is discussed at clinical governance and Board level.</p> <p>At the time of the audit, there were no residents using restraints. The designated restraint coordinator is one of the registered nurses. Training for all staff occurs at orientation and annually, as sighted in the training records.</p>
---	--	--

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	<p>Bupa has comprehensive policies and documents in place in relation to onboarding/orientation of new employees. The Bupa head office recruitment team ensures that the relevant documents of a new employee are uploaded to the electronic staff files; however, orientation records and performance appraisals are the responsibility at facility level. Staff interviewed stated a structured orientation is provided to newly employed staff. Five of the staff files reviewed did not have a completed orientation record on file.</p> <p>The new clinical manager and new general manager stated they have identified an improved process to ensure completed orientation records are put on file.</p>	Not all orientation records were on file for five of six staff files reviewed.	<p>Ensure completed orientation records are kept on file.</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 schedule of when performance reviews are due. A review of the schedule evidence that performance reviews were not completed in 2024 and 2025 YTD. The new clinical manager and new general manager have implemented a process to review the schedule to ensure performance reviews are completed.</p>	<p>Performance reviews were not completed as scheduled for 2024 and 2025.</p>	<p>Ensures staff who are employed for more than 12 months have an annual performance review completed.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>The service is required to demonstrate that all residents have an interRAI assessment completed, using the most clinically appropriate tool within 21 days of admission. Each resident's care plan must be informed by the interRAI assessment, and reviewed or updated when clinically indicated or at least every six months, whichever occurs first.</p> <p>Evidence from six resident files reviewed confirmed compliance with the required timeframes for both initial and six-monthly interRAI assessments. However, the resident's assessments due generated from the momentum system identified six overdue assessments on the day of the audit. This is an ongoing shortfall.</p>	<p>(i). Initial interRAI assessments for two hospital level care residents are overdue for three to eighteen days.</p> <p>(ii). Six-monthly interRAI reassessments for three rest home level care residents and one dementia level care resident are overdue by more than fourteen to thirty days.</p>	<p>(i) – (ii). Ensure interRAI assessments and reassessments are completed within the required timeframes.</p> <p>60 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p>	<p>PA Moderate</p>	<p>Exception reporting, as outlined in the Bupa Policy related to progress reporting, requires nursing staff to complete a progress note entry whenever there is a significant change in a resident's condition, health status, or response to care, or when a new intervention or event of clinical relevance occurs. This includes deterioration or improvement in condition,</p>	<p>(i). Caregivers mainly use the pre-set task lists and intervention templates in electronic management system, and do not always record when care or observations differ from what is usual for the resident.</p>	<p>(i). Ensure when care or observations differ from what is usual for the resident, that this is clearly documented within progress notes.</p> <p>(ii). Ensure progress notes completed by</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>communication with the general practitioner or family/whānau, attendance at appointments, or any situation that impacts the resident's wellbeing. The process supports early recognition of clinical changes and ensures prompt escalation and continuity of care. All entries are to be recorded contemporaneously, providing an accurate and chronological account of the resident's care journey and clinical interventions.</p> <p>Providers are required to maintain planned reviews and documentation that record achievement towards goals, identify changes in condition, and ensure the care plan is updated in response to progress that differs from expectation. The ARRC Contract Clause D7.1 mandates regular and accurate progress reporting that reflects changes in condition, treatment, and response to care.</p> <p>Progress notes reviewed do not consistently evidence exception reporting as per policy. Progress notes are not consistently written to accurately describe details to show changes in a resident's condition, treatment / interventions implemented, or progress towards goals. This is an ongoing shortfall.</p>	<p>(ii). Registered nurses complete progress notes, but these entries lack the level of detail expected when monitoring charts or assessment forms are in use.</p>	<p>registered nurses, evidence sufficient detail.</p> <p>90 days</p>
--	--	--	--	--

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.