

Bupa Care Services NZ Limited - Cedar Manor Rest Home & Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Bupa Care Services NZ Limited

Premises audited: Cedar Manor 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: 13 November 2025 End date: 14 November 2025

Proposed changes to current services (if any): The service requests a reconfiguration of beds to have all 34 hospital beds as dual purpose and 13 of 15 rest home beds as dual purpose, bringing the proposed dual-purpose beds up from 25 to 72. At the time of the audit the service was verified as suitable to have 37 hospital beds as dual purpose and eleven of 15 rest home beds as dual purpose. Rooms 8, 9, 10 and 11 were assessed to be suitable only for rest home level of care due to the size and accessibility of

the rooms. With this, the service has been verified and confirmed to provide four rest home only beds, 70 dual purpose beds and continue to have 18 dedicated dementia beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 92

Executive summary of the audit




Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Cedar Manor Rest Home and Hospital provides dementia, hospital (geriatric and medical), and rest home levels of care for up to 92 beds. On the day of the audit, there were 92 residents.

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

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

Feedback from residents and family/whānau was positive about the care and the services provided.

The certification audit identified the service meets the standard.

The service has been awarded continuous improvement related to reduction in falls and management of challenging behaviours.

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 are fully attained.

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

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

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

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

The complaints process is responsive, fair, and equitable. Complaints are managed in accordance with the Code, and complainants are kept fully informed of outcomes of the investigation.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service are fully attained.
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The leadership team of Bupa is the organisation's governing body, and they are responsible for the services provided. Services are planned and coordinated and are appropriate to the needs of the residents and family/whānau. Goals sighted in the strategic plan are formulated and approved by the area leadership team.

The service has quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff and include processes to meet health and safety requirements. Quality improvement projects are implemented. Internal audits, and meetings take place as scheduled.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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Entry into the facility is managed in a safe, timely and equitable manner. Registered nurses are responsible for assessment, care planning, and evaluation of care. Residents and family/whānau interviewed expressed they are involved at all stages of service delivery. A general practitioner visits the facility twice a week to complete medical assessments and medication reviews. Residents have their needs met in a manner that respects their cultural values and beliefs.

A diversional therapist oversees activities. Activities are provided seven days per week. There is a varied activities programme that is tailored for the residents in each area (rest home, hospital, or dementia) in the facility. Residents have choice of activities that are meaningful to them.

There are policies and processes that describe medication management, and these align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education. All medication charts were completed correctly and evidenced documentation of allergies and sensitivities.

Nutritional needs and preferences of residents are identified on admission and during regular reviews. There is a current food control plan. The menu caters for cultural preferences and has been reviewed by a dietitian. Dietary needs, allergies, intolerances, and preferences are catered for. Residents expressed a high degree of satisfaction with the meals provided.

Discharge and transfer are managed safely in collaboration with residents and their family/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.

Subsections applicable to this service are fully attained.

There is a current building warrant of fitness. There is a preventative and reactive maintenance plan implemented. Rooms are spacious with ample room to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. The dementia unit is secure. There is adequate space throughout the facility for residents to move around freely with mobility aids. There are sufficient toilet and bathing facilities. All communal areas and resident rooms have natural light.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency including a pandemic. There are emergency supplies for at least three days. A staff member trained in resuscitation and first aid is on duty at all times. There are appropriate security measures in place overnight.

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 are fully attained.

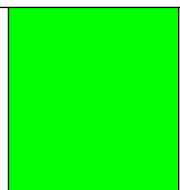
The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. A registered nurse coordinates the programme.

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

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

There are documented policies and procedures for cleaning and laundry services, with monitoring systems in place to evaluate the effectiveness of these services. Chemicals are stored securely and safely. Fixtures, fittings, and flooring are appropriate for cleaning.

Here taratahi | Restraint and seclusion

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 are fully attained.
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The clinical manager is the restraint coordinator. Bupa has a national restraint coordinator who oversees all restraint practices throughout the organisation. Cedar Manor Rest Home and Hospital has been restraint free for many years. The goal of care is to ensure residents needs are met and they are enjoying their lives.

Staff receive ongoing training to ensure restraint is not used.

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	27	0	0	0	0	0
Criteria	2	166	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Clinical staff described their commitment to supporting Māori residents and their family/whānau by identifying what is important to them, their individual values and beliefs, and enabling self-determination and authority in decision-making that supports their health and wellbeing. There are clear processes that include use of tikanga in everyday practice, and training for staff. Staff have completed training around Te Tiriti o Waitangi.</p> <p>Cedar Manor Rest Home and Hospital links with their own Māori staff who can provide interpreting services or who can link with contact kaumatua within their iwi when required. The service has also fostered relationships with the local iwi Ngai Te Rangi who provides guidance as required. Residents and family/whānau at Cedar Manor Rest Home and Hospital engage in providing input into the resident's care planning, their activities and their dietary needs, as evidenced in interviews with six residents (three hospital, three rest home), and eight family/whanau (one rest home, four hospital and three dementia). The service can also access kaumātua from Health New Zealand for support and guidance.</p>

		<p>There are cultural assessments available that are completed for residents who identify as Māori.</p> <p>Cedar Manor Rest Home and Hospital focuses on recruitment practices which include building a diverse workforce that meets the needs of the residents they care for. The general manager stated that they support increasing Māori capacity within the workforce and will employ Māori applicants when they do apply for employment opportunities as vacancies become available. Employee ethnicity data is reported in the care home's dashboard data.</p> <p>The service has signage throughout the facility in Māori. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori and English with pamphlets available.</p> <p>Interviews with 19 staff (seven caregivers, five registered nurses, one kitchen manager, one cleaner, one laundry, one maintenance officer, one support services coordinator, one diversional therapist and one activity assistant); and five managers (general manager, clinical manager, business services coordinator regional operations manager, and regional quality partner); and documentation reviewed described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The organisation has a Pacific Peoples Health Equity plan guided by the principles embodied in the Ministry of Pacific Peoples cultural practices and protocols. It further outlines how it responds to the cultural needs of residents and how staff are supported to ensure culturally safe practices. Cedar Manor Rest Home and Hospital's education policy on cultural safety includes components of the Fonofale model for Pacific Health.</p> <p>The organisation embraces Pacific models of care through staff and various organisations that can provide support and guidance when Pacific people are being supported. Although there were no residents who identified as Pasifika at the time of the audit, the clinical manager interviewed, advised that family/whānau of Pacific residents would be encouraged to be present during the admission</p>

		<p>process, including completion and review of the assessments and support plans. Individual cultural beliefs are documented for all residents in their support plan. Resident's family/whānau are encouraged to be involved in all aspects of care, particularly in nursing decisions, satisfaction of the service, and recognition of cultural needs. Cultural needs assessments guide staff in the delivery of safe equitable services to meet resident cultural needs.</p> <p>The service continues to recruit new staff as vacancies become available. At the time of the audit there were staff who identified as Pasifika who are involved in imparting their knowledge and lived experience in relation to worldviews, cultural, and spiritual beliefs of Pacific peoples. The general manager described how Cedar Manor Rest Home and Hospital continues to provide equitable employment opportunities for the Pacific community. Staff interviewed confirmed that all cultures are respected at the care home.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Residents and family/whānau are provided with information about the Code. The general manager and clinical manager discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in English, sign language and te reo Māori.</p> <p>Discussions relating to the Code are held during the three-monthly resident and family/whānau meetings. Residents and family/whānau interviewed reported that the service upholds the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available on the notice boards and in the entry pack of information provided to residents and their family/whānau. The policy documents link to spiritual support. Residents attend communion services and church services as required. The service recognises Māori mana Motuhake, and this is reflected in the Māori health care plan that is in place.</p> <p>Staff receive education on the Code at orientation and through the</p>

		annual education and training programme. This includes (but is not limited to) understanding the role of advocacy services, which are linked to the complaints process.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Caregivers and registered nurses (RNs) interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service responds to tāngata whaikaha needs and enables their participation in te ao Māori. Residents are encouraged to have control and choice over activities they participate in, as evidenced in resident` care plans.</p> <p>The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. There were couples receiving services at the time of the audit. Policies on sexuality and intimacy are in place, and staff reported they uphold each resident’s right to private and intimate relationships, as confirmed by a resident couple interviewed on the day of the audit.</p> <p>The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with family/whānau involvement and integrated into the residents' care plans. Staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, church services are available according to resident need, and spiritual support is available.</p> <p>It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is</p>

		<p>encouraged. The storage and security of health information policy is implemented. Orientation for staff covers the concepts of personal privacy and dignity. Residents' files and care plans identified resident's preferred names.</p> <p>Waitangi Day, Matariki and Māori language week are celebrated at Cedar Manor Rest Home and Hospital. Caregivers interviewed described how they use common te reo Māori phrases when speaking with Māori residents and for everyday greetings. Te reo Māori signage was evident in a range of locations. Cultural training and policies which incorporate Te Tiriti o Waitangi and tikanga Māori are in place. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living & non-living things. Written information referencing Te Tiriti o Waitangi and tikanga is available for residents and staff to refer to.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct (100% compliance). A code of conduct statement is included in the staff employment agreement.</p> <p>Residents and family/whānau, reported that their property and finances are respected, and professional boundaries were maintained. The general manager reported that the code of conduct, guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism.</p> <p>Family/whānau stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and felt safe. Police checks are completed as part of the employment process. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori health plan in place identified a strength-based, person-centred care and general healthy wellbeing outcomes for Māori</p>

		<p>residents admitted to the service. This was further reiterated by the clinical manager who reported that all wellbeing outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whanau on admission. Three monthly resident, and family/whānau meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau and next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). Twelve accident/incident forms reviewed identified family/whanau are kept informed; this was confirmed through interviews with family/whanau. The care home sends newsletters and photos of residents to keep family informed of what has been happening around the care home and what is planned.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were residents who did not speak English. Staff interviewed confirmed the use of hand and facial gestures in addition to cue cards, google translate and family/whānau acting as translators for the residents who did not speak English.</p> <p>Non-subsidised residents (or their appointed representative) are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services. The management team hold head of department meetings to enhance internal communication and facilitate a holistic</p>

		<p>approach to care. The registered nurses described an implemented process around providing residents and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent documented for Cedar Manor Rest Home and Hospital. The ten resident files reviewed included general consent forms appropriately signed by either by the resident or the activated enduring power of attorney (EPOA) as part of the admission process. Residents interviewed could describe what informed consent was and their rights around choice.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care.</p> <p>Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision. Files reviewed for residents in the dementia unit had activation of EPOA letters or current welfare guardian documents on file.</p> <p>The organisational advance directive policy has been implemented. There are advance care plans clearly documented to assist in planning the resident's ceiling of care and wishes. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and</p>	<p>FA</p>	<p>The complaints procedure is equitable and is provided to residents and family/whānau on entry to the service. The general manager maintains a record of all complaints, both verbal and written, by using a complaint register which is kept electronically. There has been one complaint made in 2024, and seven received in 2025 year</p>

<p>disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>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. There were no trends or patterns identified. All the complaints were closed off to the satisfaction of the complainants.</p> <p>There is one HDC complaint from May 2025 related to a resident transfer for higher level of care. All required documentation, investigation reports and corrective action plans were submitted to HDC within the required timeframes. A closure letter from HDC dated 6 November 2025 confirmed that the concerns were unsubstantiated and required no further action from Cedar Manor Rest home and hospital.</p> <p>Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted). The general manager interviewed advised complaints logged were classified into themes (operational issues, quality of care, communication, customer rights) in the complaint register.</p> <p>The welcome pack included comprehensive information on the process for making a complaint. All residents and family/whānau interviewed stated they were provided with information on complaints process, would feel comfortable making a complaint and that the service would support them throughout the process. Complaint forms are easily accessible at the entrance to the care home and the nurses' office. A suggestions box is adjacent to where the complaints forms are held.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern, including at the resident and family/whānau meetings and during the six-monthly clinical review meetings. The contact details for advocacy service are posted in large print on resident noticeboards. Residents or relatives making a complaint can involve an independent support person in the process if they choose. Staff also confirmed they would document a complaint for anyone who had difficulty doing this or support the resident or family/whānau in accessing independent advocacy services.</p>
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		<p>The general manager was aware of the preference for face-to-face communication with people who identify as Māori, identify appropriate venues for meetings and involving family/whānau. Residents and family/whānau interviewed confirm the management are open and transparent in their communications.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Cedar Manor Rest Home and Hospital provides dementia, hospital (medical and geriatric), and rest home level care for up to 92 beds. There are 34 hospital beds, 25 dual purpose beds, 15 rest home beds and 18 dementia beds. There are two double/shared rooms, located in the dementia wing and one shared / double room in Kauri wing that were all occupied. Curtains protect each resident's privacy. Family have consented to this arrangement, as documented in the family communication record in each resident's file.</p> <p>Occupancy on the day of audit was 92 residents: 18 residents at dementia level of care, 22 residents at rest home level care and 54 hospital level care residents including one on a younger person with disability (YPD) contract and one resident on long-term support chronic health contract (LTS-CHC). All other residents were under the age-related residential care (ARRC) agreement.</p> <p>The service requests a reconfiguration of beds to have all 34 hospital beds as dual purpose and 13 of 15 rest home beds as dual purpose, bringing the proposed dual-purpose beds up from 25 to 72. At the time of the audit the service was verified as suitable to have 37 hospital beds as dual purpose and eleven of 15 rest home beds as dual purpose. Rooms 8, 9, 10 and 11 were assessed to be suitable only for rest home level of care due to the size and accessibility of the rooms. With this, the service has been verified and confirmed to provide four rest home only beds, 70 dual purpose beds and continue to have 18 dedicated dementia beds.</p> <p>The leadership team of Bupa is the governing body and consists of Directors or heads of – Clinical and quality, Operations, Finance, Legal, Property, Customer transformation and technology, People, Marketing and Corporate Affairs. This team is guided by Global</p>

		<p>Bupa strategy, purpose and values and reports to the Bupa Care Services NZ Boards in New Zealand and the Bupa Australia & New Zealand (ANZ) Board. A New Zealand-based managing director reports to the New Zealand-based Board. Each director has an induction to their specific role and the senior leadership team. The directors are knowledgeable about legislative and contractual requirements and are experienced in the aged care sector. The Bupa Board and executive team have attended cultural training to ensure they can demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety. There is a cultural working group alongside the Bupa Leadership team.</p> <p>Bupa has a Clinical Governance Committee (CGC), a Risk and Governance Committee (RGC), a Learning and Development Governance Committee, and Wellbeing Health and Safety Governance Committee where analysis and reporting of relevant clinical and quality indicators are discussed to improve services offered. Issues raised in governance committees also report through to the Bupa leadership team meetings and Boards. There is a clinical support improvement team (CSI) that includes clinical specialists in restraint, infections and adverse event investigations, and a customer engagement advisor based in the head office to support care homes with improvements to their service. Each region has a regional quality partner who supports the on-site clinical team with education, trend review, internal audits, and management. Furthermore, Bupa undertakes national and regional forums as well as local and online training, national quality alerts, use of benchmarking quality indicators, learning from complaints (open casebooks) as ways to share learning, improve equity and the quality of care for Māori and tāngata whaikaha. The cultural advisor collaborates with the Boards and Bupa leadership team in business planning and service development to support the improvement of Māori and tāngata whaikaha wellbeing.</p> <p>The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori), which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. The goals of the Māori strategy permeate through service delivery and are measured as part of the</p>
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	<p>quality programme. The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers.</p> <p>Bupa has an overarching three-year strategic business and operational plan with clear business goals to support its person-centred philosophy. The Bupa leadership team annually reviews the business and operational plan for strategy and planning. Guidance in cultural safety for their employees is provided through training in cultural safety awareness around Māori health equity, barriers to care and disparities in health outcomes, as documented in the Towards Māori Health Equity policy.</p> <p>Cedar Manor Rest Home and Hospital's business plan for 2025 includes a mission statement and operational objectives with site-specific goals related to business and quality outcomes. The goals are reviewed monthly and documented in the quality meetings and there is evidence of review and evaluation of the 2024 goals. The regional operations manager reports to the national operations director. Tāngata whaikaha provide feedback around all aspects of the service through resident meetings, general feedback, including completion of satisfaction surveys. Feedback from surveys is collated, which provides the opportunity to identify barriers and improve health outcomes.</p> <p>The service is managed by a general manager (registered nurse) who has been in the role for 18 months with years of management experience in the health sector. They are supported by a clinical manager who has been with Cedar Manor Rest Home and Hospital since 2014 and in the role for five years, and a business services coordinator who has been with Cedar Manor Rest Home and Hospital for 11 years. The management team works alongside and is supported by long-standing staff, a regional operations manager, and a regional quality partner. The management team reports that staff turnover has been relatively stable.</p> <p>The general manager and clinical manager have completed over eight hours of training in managing an aged care facility, including Bupa regional managers' forums, completion of Nga Paerewa Te Tiriti o Waitangi Module 1 and 2, Bupa illuminate leadership program, Bupa national leaders conference 2025, clinical manager</p>
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		<p>conference, coaching programme, palliative care lecture series, pandemic and infectious disease planning, and infection control teleconferences.</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>Cedar Manor Rest Home and Hospital has a range of documents that contribute to quality, risk management, and reflect the principles of quality improvement processes. The quality and risk management systems include performance monitoring through internal audits, surveys and through the collection of clinical indicator data.</p> <p>Two-monthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; internal audits; benchmarking; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions related to clinical data and audits followed up on and signed off when completed. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and displayed for staff on the notice boards. Benchmarking occurs on a national level against other Bupa care homes.</p> <p>Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The outcomes from the recent resident and family/whānau satisfaction survey conducted in October 2025 demonstrated satisfaction with service delivery showing a net promoter score of family/whanau +47 (up by 9.5 from March 2025) and residents +73 (up from +53 from March 2025 survey), with home presentation, quality care, cleanliness and safety scoring high in both surveys. Corrective actions were identified in activities and food service, which are being implemented. Results have been communicated to residents and displayed on the resident notice boards.</p> <p>Cedar Manor Rest Home and Hospital implements a continuous quality improvement approach with service delivery including critical review of clinical data and benchmarking and identifying</p>

	<p>opportunities for improvement. Continuous quality improvements are documented for falls reduction (2.2.4) and reducing behaviours of concern (3.2.4). Progress of the projects is discussed and reviewed in meetings with evidence of ongoing evaluations documented.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the care home is meeting accepted good practice and adhering to relevant standards. New policies or changes to policy are communicated and staff sign as acknowledgement.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. The 2024 health and safety goals have been measured and evaluated. A health and safety team meets two monthly, and the elected health and safety representatives have achieved relevant unit standards via external training. An up-to-date hazard and risk register (last reviewed April 2025) was sighted. Health and safety policies are implemented and monitored by the health and safety committee. The noticeboard in the staffroom keeps staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented. There were no serious work-related staff injuries reported since last audit.</p> <p>Electronic incident and accident reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Corrective actions are developed, implemented, and signed off when completed for any clinical indicators out of the expected benchmarking ranges. The system generates a report that goes to each operational team/governance team, with automatic alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the general manager and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 and Severity Assessment Code (SAC) reports to Health Quality and</p>
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		<p>Safety Commission (HQSC) have been completed. There have been outbreaks appropriately documented and reported since last audit.</p> <p>Positive outcomes for Māori and people with disabilities are considered at all quality and risk activities. The management team reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding of Māori models of care, health and wellbeing, and culturally competent staff.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</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>There is a staffing policy and procedure that describes rostering and staffing rationale. This includes documented processes for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day seven days a week. The care home adjusts staffing levels to meet the changing needs of the residents. Review of the current rosters showed shifts were covered by experienced caregivers, there was 24/7 registered nurse cover and support of the clinical and management team. There are dedicated activities, maintenance, housekeeping (laundry and cleaning) staff supporting service delivery.</p> <p>The general manager interviewed confirmed staff needs and shortages are reported to the national senior team. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. The general manager, business services coordinator and clinical manager are available Monday to Friday. On-call cover for all Bupa care homes in the region is covered by a rotation of one care home general manager and one clinical manager each week.</p> <p>There is an annual education and training schedule being implemented for 2025. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes Māori health, Tikanga, and Te Tiriti o Waitangi. Cultural awareness training is part of orientation and provided annually to all</p>

		<p>staff. Review of the training records shows compliance with completion of the required training to be consistently above 90%. All completed training is recorded on attendance sheets and staff training records.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Cedar Manor Rest Home and Hospital supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 50 caregivers employed in total, with 41 having achieved level 3 and above NZQA qualification. A record of completion is maintained on an electronic human resources system. There are 26 staff working in the dementia unit; 24 have completed the required dementia unit standards and two are enrolled and in the process of completing the required unit standards and are within the 18-month period.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to) restraint; hand hygiene; moving and handling; and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 and have undertaken extra training, complete many of the same competencies as the registered nurse staff (e.g., medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, and wound management). Review of the records confirms that staff have current competencies.</p> <p>Additional registered nurse specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. Eleven of the 13 registered nurses (including the clinical manager and unit coordinator) are interRAI trained. All registered nurses are encouraged to complete a professional development recognition programme (PDRP). All registered nurses attend relevant quality, staff, registered nurses, restraint, health and safety, and infection control meetings where possible. External training opportunities for care staff include training through Health New Zealand and hospice. A record of completion is maintained on an electronic register.</p> <p>Staff wellness is encouraged through participation in health and</p>
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		<p>wellbeing activities of the 'take five' Bupa wellness programme. A staff recognition programme is in place, and a range of initiatives are in place, including flu vaccinations, southern cross health insurance, shoes for support services staff, and staff nomination vouchers. Staff welfare is also promoted through staff lunches including pizza days, lunch buffets, and cultural day lunches. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations. Staff participated in an annual employee satisfaction survey and staff interviewed reported a positive workplace.</p> <p>Cedar Manor Rest Home and Hospital's environment encourages collecting and sharing quality Māori health information. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development that reflect standard employment practices and relevant legislation. The Bupa recruitment team advertise for and screen potential staff, including collection of ethnicity data. Each staff member's ethnic origin is used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data is in place and reported to the board at board meetings.</p> <p>Suitable applicants are interviewed by the Cedar Manor Rest Home and Hospital general manager once applicants pass screening. Ten staff files reviewed evidenced an organised recruitment process, reference checking, employment agreements and completed orientation. Staff sign the Bupa code of conduct on employment. This document includes (but is not limited to): the Bupa values; responsibility to maintain safety; health and wellbeing; privacy; professional standards; celebration of diversity; ethical behaviour; and declaring conflicts of interest.</p> <p>There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to</p>

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

		<p>viewed by other residents or members of the public. There is a consent process for data collection. The general manager reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned. The general manager is the privacy officer and there is a pathway of communication and approval to release health information.</p> <p>The service is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There are policies in place for entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed entry to service complied with entry criteria. The service admission agreement reviewed aligns with all service requirements. Each of the ten resident files reviewed included a signed admission agreement, signed by the resident or their enduring power of attorney (EPOA) or welfare guardian where there were in place and had been activated. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated they received the information pack along with sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. Three files reviewed for residents admitted to the secure dementia included a NASC assessment and approval for this level of care. The GM and CM are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and keeps the referral agency, residents and family/whānau informed should there be a delay. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and collates ethnicity data and undertakes routine analysis</p>

		<p>to show entry and decline rates; including specific data for entry and decline rates for Māori. Cedar Manor Rest Home and Hospital is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and liaison with local kaumatua.</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>FA</p>	<p>Ten resident files were reviewed including four hospital (including one on young disabled person [YPD] and one long-term support chronic health conditions [LTS-CHC]); three rest home; and three dementia level of care. Before admission, the clinical manager undertakes a pre-admission assessment to ensure staff are aware of residents' needs and the equipment and supplies they require are in place. Registered nurses are responsible for conducting all assessments, and for the development and review of care plans. Residents and family/whānau confirmed they are involved in assessment, care planning and review processes and resident files show evidence of resident and family/whānau involvement.</p> <p>Cultural assessments are completed for all residents by activities staff who have been trained to do so. The Bupa NZ Māori Health Strategy is implemented to ensure the service support Māori and family/whānau to identify their own pae ora outcomes. For residents who identify as Māori a Māori care plan is developed that includes their specific cultural needs and preferences. This was evidenced in one file of a resident who identifies as Māori. There is a Pacific care plan available should there be residents who identify as Pasifika.</p> <p>The clinical manager reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified, and strategies to manage these are documented. Staff confirmed they understood the process to support residents and family/whānau.</p> <p>All residents have admission assessment information collected and an initial care plan completed at the time of admission. All reviewed files (including those on YPD and LTS-CHC funding) have up to date interRAI assessments completed. All files reviewed confirmed the initial interRAI assessments and initial and long-term care plans were completed in a timely manner and within the required</p>

		<p>timeframes. All long-term care plans reviewed included interventions to manage all risks, early warning signs, and guide care delivery. The care plans are holistic and align with the service's model of person-centred care. Residents in the dementia unit have assessments of behaviour in place that include: the resident's current abilities; level of independence; identified needs/deficits; habits; routines, and behavioural characteristics. Behaviour management strategies include prevention-based strategies for minimising episodes of challenging behaviours; and a description of how the behaviour is best managed over a 24-hour period. Cedar Manor Rest Home and Hospital has achieved continuous improvement for reducing incidents of behaviours of concern and reduction in the use of antipsychotic medication.</p> <p>InterRAI assessments and care plan evaluations are completed at least six-monthly or when residents' needs changed. Evaluations document the progress towards the individual's goals and if they are met or unmet. Short-term care plans for infections, weight loss, behaviours of concern, changes in medications and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner. The service actively reviews the InterRAI outcome scores for each resident and compares with the previous interRAI in the clinical review meeting. The registered nurses use this tool to discuss if there are any other interventions that might be helpful if interRAI scores have dropped.</p> <p>General practitioners from a local general practice ensure residents are assessed within five working days of admission. The clinical manager stated admissions are planned to occur on the day the general practitioner is in attendance so residents can be medically assessed on the day of admission. The general practitioner reviews each resident at least three-monthly with visits from the practice twice weekly. The clinical manager is available 24/7 for clinical advice and decision making as required. When interviewed, a general practitioner expressed satisfaction with the standard of care and the registered nurses' competence at Cedar Manor Rest Home and Hospital. Specialist referrals are initiated as needed. Allied health interventions are documented and integrated into care plans. The service has an independent physiotherapist contracted to work six hours per week. The Bupa dietitian is contacted as required. A</p>
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	<p>continence advisor, hospice specialists, mental health team for older people and wound nurse specialist are available as required. A podiatrist visits six- weekly.</p> <p>Caregivers and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by registered nurses and caregivers. The electronic progress notes detail any new events (infections and incidents as examples) and follow up for any interventions (wound dressings as an example). The registered nurses further add to the progress notes following, general practitioner visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations are being met, and family/whānau confirmed the same regarding their loved ones. When a resident's condition alters, the registered nurses initiate a review with the general practitioner. Family/whānau stated they are notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There are a total of 34 wounds including two pressure injuries (one unstageable and one suspected deep tissue injury), a boil, skin tears, chronic lesions, venous ulcers, and a surgical wound. All residents with pressure injuries were admitted with them. Wounds were reviewed and had comprehensive wound assessments, wound management plans, and documented evaluations, including photographs to show healing progression. The clinical review meeting twice a week reviews all wounds including pressure injuries and, as a group, the registered nurses and clinical manager monitor the wounds and wound photos, review healing and ensure the best process is in place to assist recovery. This process is holistic and includes nutrition and positioning (as examples).</p> <p>The wound nurse had been accessed for input to the management of pressure injuries and chronic wounds. The caregivers and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care</p>
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		<p>supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels and repositioning. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Activities are provided all areas of the facility seven days per week, led by a registered diversional therapist assisted by a team of activities assistants (eight in total). One of the activities assistants is also a diversional therapist and another is currently studying for this qualification. The service has trained two senior caregivers to provide activities to cover absences to ensure continuity of the programme. In the dementia unit activities are provided until 4.30pm to minimise episodes of agitation in the late afternoon. Activities are planned monthly for each area, and a copy of the activities schedule is posted on the wall throughout the facility and in residents' rooms. Review of the activities schedule shows a range of activities are provided to meet the cognitive, physical, intellectual, and social needs of residents. Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, family/whānau and EPOAs. These are completed within two to three weeks of admission. The diversional therapist has identified residents who would like to participate in organising activities that interest them and with support one of the residents organises bowling competitions with other facilities and another organises baking activities as examples.</p> <p>Church groups visit twice a month and a priest visits individuals to give communion. Entertainers visit weekly and residents from the dementia unit join with the hospital and rest home level residents to participate if appropriate. School groups also visit regularly to perform for residents. Calendar and cultural events are celebrated including, but not limited to Christmas, Easter, ANZAC Day, Diwali, Te Wiki o Te Reo Māori, Samoan language week, Matariki and Waitangi Day.</p>

		<p>Activities for Māori include weaving, poi making, Māori entertainers to sing waiata, a guest speaker to tell Māori legends, visiting school groups to perform kapa haka and waiata and outings to a local marae.</p> <p>Many residents go on outings with family and friends. One of the residents on YPD funding helps to organise a ladies get together for the ladies' social club. There is a separate men's club for men to focus on activities that interest them.</p> <p>In the dementia unit there are a range of activities to stimulate the senses and memories including a Tover Tafel, calming music and individual conversations for reminiscing. Activities care plans include strategies for distraction and de-escalation for residents in the dementia unit. Outings are provided on Monday afternoons. During the audit residents were seen to be enjoying exercises and sing-a-longs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A medication management policy is implemented for safe medicine management, and this meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The facility uses robotic rolls. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely. There is one main medication room in Kauri wing and medication trolleys are stored in the locked nurses' stations in Oceanview and Tui (dementia unit). Medication trolleys were observed to be locked when not in use. The medication fridges and medication room temperatures are monitored daily and maintained within an acceptable range. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per</p>

		<p>manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the general practitioner and charted on the electronic medication chart.</p> <p>Twenty electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts at least three-monthly and each chart has a photo identification and allergy status identified. There were five residents who self-administer some of their medication. There is a policy implemented for ensuring residents who wish to self-administer are competent to do so, and for the secure storage of medications in residents' rooms.</p> <p>Pro re nata medications are administered as prescribed and effectiveness is documented on the electronic medication system or in the progress notes. Medication competent caregivers or registered nurses sign when the medication has been administered. There are no vaccines kept on site. The facility does not use standing orders. Residents and family/whānau are updated around medication changes, including the reason for changing medications and potential adverse reactions. This is documented in the progress notes.</p> <p>The registered nurses and clinical manager described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/ whānau are supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration</p>	FA	<p>All meals are prepared and cooked on site. There is a support services coordinator who is responsible for the kitchen, laundry, and cleaners. All kitchen staff have completed safe food handling.</p> <p>The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in place, expiring on 22 September 2026.</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>The four-weekly seasonal menu has been reviewed by the Bupa dietitian (November 2024). For main meals there are two options available plus a vegetarian option. If residents do not like the options, they are offered an alternative. There is a food services manual available in the kitchen. The support services coordinator receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, diabetic, pureed foods) or residents with weight loss. The kitchen manager (a trained chef) confirmed they are aware of resident likes, dislikes, and special dietary requirements. A whiteboard on the wall of the kitchen summarises residents' special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Māori or Pasifika menu options are available upon request and family/whānau can bring special meals for their loved ones. Residents have access to nutritious snacks 24/7. On the day of audit, meals were observed to be well presented.</p> <p>Kitchen staff complete a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are transported to dining rooms using hot boxes. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining area of each wing. In the dementia unit encouragement is given to stay seated for those residents who wander or constantly walk to ensure the dining experience is pleasurable for all. Modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents and family/whānau can offer feedback at the resident meetings and through resident surveys.</p>
<p>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</p>	<p>FA</p>	<p>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a different level of care. Discharge and transfer are planned</p>

<p>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>processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of the reason for transition/transfer, options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. In order to coordinate a supported transition of care or supports, when residents are transferred to the public hospital, their family/whānau is informed, registered nurse completes a set of transfer documents, and the general practitioner makes the referral to hospital. Relevant documentation sent with the resident includes a printout of their current medications, care needs, and a copy of enduring power of attorney documents. Resident needs and potential risks are communicated to the referred health service by the registered nurse. Where resident's wish or need to be seen by another health service, referral is made, examples sighted included referrals to the dietitian, speech language therapist, and specialist clinics at the hospital. Residents attending external appointments are encouraged to be accompanied by their family/whānau.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building warrant of fitness is current to 26 February 2026. There is a full-time maintenance person and another part time maintenance assistant. Compliance for the building warrant of fitness, lift and air conditioning is contracted out. The annual preventative maintenance schedule is developed and monitored by the regional manager. The maintenance person utilises an electronic tablet which alerts them of regular maintenance activities. Once tasks are completed, they are signed off electronically and the regional manager extracts the data and generates a monthly report. Staff can request repairs and maintenance in a maintenance logbook which is checked daily by the maintenance person and signed off when jobs are completed. For urgent repairs, staff call the maintenance person who can access essential contractors such as plumbers and electricians at any time.</p> <p>Fixtures, fittings, and flooring are appropriate. Electrical testing and tagging of all appliances was completed in April 2025. Clinical equipment was last checked and calibrated in September or October 2025. Hot water temperatures are checked monthly in each</p>

	<p>area and records show a safe temperature is maintained. The building has heat pumps in common areas including hallways and ceiling heaters in residents' rooms. All hand washing areas have free flowing soap and paper towels in the toilet areas, sluice rooms, medication rooms, kitchenettes, and main kitchen.</p> <p>Entry to the dementia unit is by electronic passcode. The unit has one main lounge, dining area, and a domestic style kitchen. There is a separate seating area for residents to sit quietly or visit with family/whānau. There is ample room for residents to walk freely and safely. The unit has been designed specifically for residents with a confused state. There is plenty of natural light with large windows in each resident room. There is one main garden area with a covered deck, raised vegetable gardens and a circular walking path. Some resident rooms look out onto the garden and windows in these rooms have darked panes to ensure visual privacy for residents. There are two other smaller outdoor areas that residents can easily access, one of which has covered seating. The design of the dementia unit enhances the resident's freedom of movement and ensures staff are able to supervise and monitor residents as they go about their day in a non-intrusive manner.</p> <p>Throughout the facility there are handrails in bathrooms and hallways. All rooms and communal areas allow for safe use of mobility equipment. There is adequate space for storage of mobility equipment.</p> <p>Each wing has a lounge, dining room and nurses' station and separate quiet rooms and seating areas. The Kauri lounge has recently been refurbished, and the diversional therapist has their office next to this so is readily available to residents. Each lounge area has a desk so staff can complete their electronic notes while supervising residents in the lounges. Furniture is appropriate for residents. There is a domestic style kitchen in each dining room.</p> <p>The resident rooms are of sufficient size to meet the residents' assessed needs and have external windows providing natural light and ventilation. Residents are able to manoeuvre mobility aids around the bed and personal space. Resident rooms were seen to have personal items of significance displayed. There are enough toilets in communal areas for residents and separate toilets for staff</p>
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		<p>and visitors. Toilets have privacy systems in place. All dual-purpose bedrooms in the care centre can accommodate residents requiring rest home or hospital level of care. The gardens and grounds are well maintained and have seating and shade and safe walking pathways.</p> <p>The service has no current plans to build or extend the care centre, but the general manager expressed their awareness of the need to consult the community to ensure the facility meets the needs and aspirations of Māori. Residents and family/whānau interviewed expressed a high level of satisfaction with the environment.</p> <p>As part of this audit, the service requested a reconfiguration of beds to all dual-purpose beds across the rest home/hospital wings. The service was verified as suitable to have 37 hospital beds as dual purpose and eleven of 15 rest home beds as dual purpose. Rooms 8, 9, 10 and 11 were assessed to be suitable only for rest home level of care due to the size and accessibility of the rooms.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Policies and procedures for fire safety, emergency planning, preparation, and response are available and known to staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place and was approved by Fire and Emergency New Zealand on 24 April 2006. Fire evacuation drills are conducted every six months, and these are added to the training programme. The latest evacuation drill was completed in September 2025, and a record of attendance was sighted. The staff orientation programme includes fire and security training.</p> <p>Fire exit doors were clearly labelled and free from clutter. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food, water (a total of 11 000 litres), continence products, and an external power point for a generator (which are supplied by Bupa if needed). Emergency lighting is available and is regularly</p>

		<p>tested. All registered nurses and senior caregivers have current first aid certificates. Staff demonstrated their understanding of emergency procedures.</p> <p>Call bells were sighted in each bedroom, communal areas and in toilet/shower areas. These are checked monthly by the maintenance person and records are entered into the electronic maintenance system. Residents and whānau confirmed staff respond to call bells promptly.</p> <p>Appropriate security arrangements are in place. The dementia unit is secure. External doors are kept locked so that entry into the facility is by the front door during the day. This entrance is locked at night. There is closed circuit television in hallways and communal areas. Emergency procedures are explained to the residents and family/whānau upon admission to services. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. The visitors' policy and guidelines were available to ensure resident safety and wellbeing are not compromised by visitors to the service.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The organisational infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The governance body approved these programmes, which are linked to the quality improvement system. The infection control programme is reviewed annually by the infection control and prevention specialists at Bupa head office, who report to and can escalate any significant issues to management and Board level. Documentation review evidenced recent outbreaks were escalated to the leadership team within 24 hours.</p> <p>Bupa has regular infection control teleconferences for information, education, discussion, and updates. Infection rates are presented and discussed at infection control, quality, and staff meetings. Infection prevention and control are part of the strategic and quality plans.</p> <p>The service has access to an infection prevention and control clinical nurse specialist from the local Health New Zealand, in</p>

		addition to expertise at Bupa head office.
<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>A registered nurse and the clinical manager both hold the portfolio of infection prevention and control (IPC) coordinators. They are responsible for leading, overseeing and coordination of the implementation of the infection control programme at Cedar Manor Rest Home and Hospital. The infection prevention and control coordinators' role, responsibilities and reporting requirements are defined in the infection prevention and control coordinator's job description. Both IPC coordinators have completed external education on infection prevention and control for clinical staff. They have access to shared clinical records and diagnostic results of residents. The governance body approved the infection prevention and control and anti-microbial stewardship programme that is linked to the quality improvement system and reflects the strategic direction of the organisation. Expertise and advice are sought following a defined process, is reviewed and reported on annually.</p> <p>The service has documented policies and procedures that reflect current best practices. These policies and procedures are accessible and available for staff. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. The infection prevention and control coordinators have input when infection control policies and procedures that have impact on healthcare associated infection risk are reviewed. Staff were observed following organisational policies, such as appropriate hand hygiene, use of hand sanitisers, and the use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has a pandemic plan and guidelines to manage and prevent infection exposure. Sufficient resources, including personal protective equipment (PPE), were sighted on the days of the audit. Resources were readily accessible to support a pandemic response plan if required. Staff have received infection control education at orientation and through ongoing competencies. Staff training includes hand hygiene procedures, donning and doffing protective</p>

		<p>equipment, and regular Covid-19 updates. Training records demonstrated 96% compliance with the required training by staff. Records of staff education were maintained electronically. Hand hygiene audits were completed as per schedule. Staff are advised not to attend work if they are unwell. Education with residents was on an individual basis and included reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The infection prevention and control coordinators liaise with the general manager in procurement processes for equipment, devices, and consumables. The infection prevention and control coordinators, interviewed on the day of the audit, reported that there were processes in place for early consultation with the infection prevention personnel in case of any new building renovations or when significant changes are proposed to an existing care home.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. The last infection control audits completed in February 2025 demonstrated compliance with expected guidelines.</p> <p>There were culturally safe practices observed and thus acknowledge the spirit of Te Tiriti. The service ensures that kitchen linen is washed separately, and different face clothes are used for different parts of the body. The infection prevention and control coordinator reported that residents who identify as Māori are consulted on infection control requirements as needed. The service has printed off educational resources in te reo Māori for staff and residents including hand hygiene posters.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe</p>	<p>FA</p>	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The</p>

<p>and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>antimicrobial policy is appropriate for the resident cohort's size, scope, and complexity.</p> <p>Infection rates are monitored monthly, reported in a monthly quality report, and presented at meetings. The clinical manager collates and analyses the electronic medication management system with pharmacy support. The annual infection control and anti-microbial stewardship review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, isolated pathogens, and adverse effects. Results show that Cedar Manor Rest Home and Hospital demonstrates appropriate use of antibiotics.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged unless clinically indicated as reviewed by the general practitioner. At the time of the audit there were no residents on prophylactic antibiotics. Monotherapy and narrow spectrum antibiotics are preferred when prescribed</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and infection definitions. Infections are entered into the register on the electronic database, and surveillance of all infections (including organisms) is collated into a monthly infection summary. Data is monitored and analysed for trends monthly and annually. Benchmarking occurs with other Bupa care homes. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed during infection control, clinical and staff meetings. The IPC coordinators interviewed confirmed the process of creating improvement plans should this be required.</p> <p>Benchmarking graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand. All infection data is reported to the governing body.</p> <p>Staff are made aware of new infections at handovers on each shift,</p>

		<p>progress notes, and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required and to keep family/whānau up to date on any infections. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation.</p> <p>There have been two outbreaks since last audit; Covid-19 in April 2025 and gastroenteritis in July 2024. There was evidence of regular communication with the Bupa infection control coordinator, Health New Zealand infection control nurse specialist. Outbreak meetings (sighted) were held, and `lessons learned` were captured and discussed to prevent, prepare for, and respond to future outbreaks. Any infections of concern are discussed and reported to the Bupa infection control coordinator. Outbreak logs were completed. Staff confirmed that resources, including PPE were in stock. Residents and family/whānau were updated regularly throughout the outbreaks.</p> <p>Hand sanitisers are available for staff, residents, and visitors to the care home. Visitors to the care home sign in at entry to the building and are requested not to visit if unwell.</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</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are sluice rooms (with sanitisers) and personal protective equipment, including face visors. Staff have completed chemical safety training.</p>

<p>transmission of antimicrobialresistant organisms.</p>		<p>A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on-site by dedicated staff seven days a week. There are defined areas for clean and dirty laundry. A dirty-to-clean flow is evident. There is a shoot used to send dirty laundry to the ground floor where the laundry room is and a separate lift to carry clean clothes in labelled baskets and linen in covered trolleys up to the resident rooms and cupboards. Kitchen linen and mop heads are also done on-site at separate times to resident clothes and linen. There are sufficient commercial washing machines and dryers. Material safety data sheets are available, and all chemicals are within closed systems.</p> <p>Cleaners' trolleys are attended to at all times and locked away in the cleaners' cupboard when not in use. Cleaning schedules have been consistently maintained for daily and periodic cleaning. All chemicals on the cleaner's trolley were labelled. Appropriate personal protective clothing was readily available. The numerous linen cupboards were well stocked with linen. The washing machines and dryers are checked and serviced regularly.</p> <p>The laundry and cleaning staff interviewed had good knowledge about cleaning and laundry processes and infection prevention and control requirements. The infection control committee have oversight of Cedar Manor Rest Home and Hospital testing and monitoring programme for the built environment through scheduled internal audits that include those related to cleaning, laundry, and the environment. The completed audits evidenced compliance with expected standards.</p> <p>The infection prevention and control coordinators provide support to maintain a safe environment during construction, renovation, and maintenance activities. There was no construction, installation, or maintenance in progress at the time of the audit.</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</p>	<p>FA</p>	<p>The policy and procedures for restraint minimisation and safe practice specify Bupa New Zealand is committed to providing a restraint-free environment to the best of their ability. This is supported by the governing body, management, unit coordinators</p>

<p>restrictions. Te Tiriti: Service providers work in partnership with Māori to 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>and staff. The policy requires when restraint is considered, the facility works in partnership with Māori, to ensure resident voices are heard, and ensure services are mana enhancing. Cedar Manor Rest Home and Hospital has been restraint free for many years.</p> <p>The restraint coordinator is the clinical manager. A job description is in place for the restraint coordinator role. The restraint coordinator stated their commitment to least restrictive practices is through ensuring residents needs are met through intentional rounding, regular toileting, implementing falls prevention strategies, use of equipment such as sensor mats and landing mattresses as examples, effective communication with family/whānau and educating staff on maintaining safety for individual residents.</p> <p>There is a national restraint coordinator who oversees restraint use throughout Bupa New Zealand. A monthly report is submitted to the national restraint coordinator and review of these for 2025 show there is no use of restraint and training is up to date.</p> <p>Training records demonstrate staff receive annual education on restraint minimisation, responding to distressed behaviour, and falls prevention. Staff complete an annual competency test.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	CI	<p>In 2023 the service recorded 361 falls. A goal was set for 2024 to reduce falls by 10% through strengthened prevention strategies and comprehensive resident assessments. Falls risk assessment now begins at pre-admission, allowing early identification of high-risk residents and proactive implementation of interventions such as bell mats. Where residents initially declined these measures, effective communication and reassurance from the team helped resolve concerns.</p>	<p>A Falls Focus Group was established, with nurses, caregivers and physiotherapists working collaboratively. Monthly data reviews and trend analyses inform targeted interventions. Physiotherapy input is sought for exercise and mobility strategies, and the concept of dignity of risk is actively discussed with families to balance safety with autonomy. Care plans have been strengthened to include specific prevention strategies, with ongoing review during multidisciplinary meetings and general practitioner consultations. General Practitioners continue to address polypharmacy and review antipsychotic use as part of fall reduction efforts. Falls data is regularly communicated to staff and displayed in common areas to promote shared accountability.</p>

			<p>Teamwork across all departments has been critical — from housekeeping ensuring bell mats are correctly positioned to maintenance preparing rooms for new residents and activity staff facilitating exercise for residents. As a result, the facility achieved a 19.4% reduction in falls in 2024, surpassing its target and performing below national benchmarks 10.5 rate (per thousand bed days) for Bupa and 9.2% rate for Cedar Manor Rest Home and Hospital.</p> <p>In 2025, the initiative continued to evolve. Strengthened physiotherapy services now offer consistent, individualized exercise programmes, while exercise classes as part of the activities programme are delivered seven days a week to enhance mobility and strength. Staff education remains a key focus, with 93% of clinical staff trained in falls prevention and management to date.</p> <p>As of 28 October 2025, 221 falls have been recorded compared to 231 in Oct 2024 — a 4.3% reduction. Since the beginning of 2024, the service has had a total reduction in falls of 23.7% as of October 2025 (22months). Continuous monitoring, collaboration, and education have embedded a culture of proactive falls prevention.</p> <p>Interviews with family/whanau on the day of the audit demonstrated how involved they were with all the strategies being implemented to minimise falls. They commented on the difference the exercise classes had made to the mobility of the residents and built confidence in ability to mobilise without fear of falling. Observations on the days of the audit demonstrated staff awareness and</p>
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			<p>responsiveness to the needs of residents with high risk of falls. The journey is ongoing. It does not mean that the project is finished but that it is something that as a care home they are now “living.” It is part of their journey with all residents, families, staff, and the multidisciplinary team who remain driven and proactive in their approach to continuing to show a falls reductions and also embracing the concept of “dignity of risk.</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>CI</p>	<p>Resident files show evidence of resident and family/whānau involvement. Residents and family/whānau interviewed expressed they are actively involved in assessment, care planning, and reviews of residents’ care. Family/whānau are invited to attend six-monthly review meetings and their input is documented in the electronic file. When reviewing care plans each goal is evaluated and the progress to achievement is documented. Where the goals or aspirations of residents change, these are updated. Residents and family/whānau interviewed stated staff support residents to be as independent as possible. Risk assessments including, but not limited to falls risk, pressure injury risk and changes in behaviour or development of delirium are ongoing and where there are changes the long-term care plan is updated.</p>	<p>At the end of 2023, the service identified behaviours of concern were above the Bupa benchmark with a total of 75 reports of behaviours of concern; 30% of which were in the dementia unit. The goal was for behaviours of concern to reduce by 5% in 2024. Strategies to achieve this included involving family/whānau from pre-admission, admission and ongoing to identify triggers for behaviour of concern and previous strategies that were effective; intentional rounding to identify if residents have current needs such as toileting, pain and food and drink as examples; implementing stress and distress monitoring charts to identify triggers and times for behaviours of concern; involving the general practitioner, involving mental health services for older people where needed; use of non-pharmacological interventions to engage residents in activities such as use of the Tover Tafel, and activities that interest specific residents such as folding towels for one resident and gardening for another; rostering the same staff in the dementia unit so residents are familiar with staff; adjusting the hours of activities staff to 4.30pm and afternoon outings</p>

			<p>for the dementia unit; and ensuring all staff (clinical and non-clinical) complete a two day training on 'person first, dementia second' (95% of staff have completed this overall and 98% in the dementia unit). Evidence of the above strategies was sighted in residents' files.</p> <p>In 2024 the service achieved a reduction in behaviours of concern of 33.33% with a total of 50 events which is below the Bupa benchmark. In 2025 the service aimed to reduce incidents of behaviour of concern by a further 10%. In quarter one they were a reduction of 21.4%, in quarter two there was a reduction of 14.3% and in quarter three there was a 67% reduction.</p> <p>At the same time the service identified the use of antipsychotic medication was 27.6% in 2024, above the Bupa benchmark. Strategies to reduce this included a review of medication charts to identify if prn antipsychotics were being administered. If none were administered within three months, staff liaised with the general practitioner to have the medication stopped. If a resident was stable on their antipsychotic medication the general practitioner trialled a reduction in the dose. Currently Cedar Manor Rest Home and Hospital has 19.58% of residents prescribed antipsychotic medications. This is below the Bupa benchmark of 23%.</p> <p>The service obtained feedback from family/whānau and overall family/whānau were satisfied with the behaviour management strategies in place for their loved ones and the reduction in antipsychotic medications.</p>
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End of the report.