

Bupa Care Services NZ Limited - Winara Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Bupa Care Services NZ Limited

Premises audited: Winara Rest Home

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

Dates of audit: Start date: 11 November 2025 End date: 12 November 2025

Proposed changes to current services (if any): In line with the HealthCERT reconfiguration letter dated 13 November 2025, additional six rest home beds were verified as dual purpose beds. This results in an increase of dual-purpose beds from 14 to 20 beds. The rooms were verified as suitable to accommodate dual purpose services. The overall bed numbers remain the same.

Total beds occupied across all premises included in the audit on the first day of the audit: 79

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 fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Winara Rest Home provides dementia, hospital (geriatric and medical) and rest home levels of care for up to 83 residents. On the days of the audit, there were 79 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 records and the files of residents, interviews with residents and their family/whānau, and interviews with the nurse practitioner, staff, and management.

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

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

This audit identified areas for improvement related to adverse events reporting, staff training, care plan interventions, monitoring and evaluations, and cleaning schedules.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

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

Residents and family/whānau are provided with information about the Code of Health and Disability Services Consumer 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 of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The leadership team of Bupa is the organisation's governing body responsible for the services provided at the service that 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 includes processes to meet health and safety requirements. Quality improvement projects are implemented. Internal audits, and meetings were documented as taking 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 ora | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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On entry to the service, information is provided to residents and their whānau and consultation occurs regarding entry criteria and service provision. Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs, and long-term care plans are developed. The general practitioner or nurse practitioner completes a medical assessment and ongoing review in timeframes that meet the aged residential care contract. Residents' files reviewed demonstrated evaluations are completed at least six-monthly. Residents have their needs met in a manner that respects their cultural values and beliefs. Handovers between shifts guide continuity of care and teamwork is encouraged.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

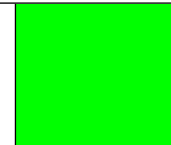
The activity programme is managed by a diversional therapist. The activity team, and programme provide residents with a variety of individual, group activities, including outings in the van, and maintains their links with the community.

The food service meets the nutritional needs of the residents. All meals are prepared on site. The service has a current food control plan. The organisational dietitian reviews the menu plans. Residents and family confirmed satisfaction with meals provided. Nutritious snacks are available at all times.

Transition, discharge, or transfer is managed in a planned and coordinated manner.

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

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



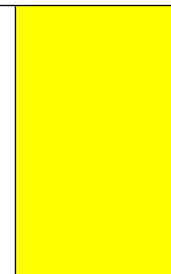
Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. There is a maintenance plan implemented. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. The dementia unit is secure, and residents can readily access secure and safe outdoor areas. Rooms are spacious enough for residents to move freely with mobility aids and personalised with their own belongings.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. There are security measures to safeguard the residents, staff, and visitors. There is an approved evacuation in place.

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.



Some subsections applicable to this service partially attained and of low risk.

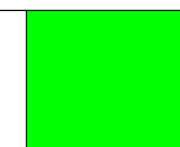
The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. A registered nurse coordinates the programme.

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 the cleaning and laundry 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 fully attained.
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Policies and procedures for restraint minimisation and safe practice align with the standard. On the days of the audit there were two residents using restraint. The restraint coordinator is the clinical manager (a registered nurse). Staff have ongoing training in the least restrictive practice and in safe use of restraint.

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	25	0	3	1	0	0
Criteria	0	170	0	4	2	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

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

		<p>completed for residents who identify as Māori when admitted.</p> <p>Winara Rest Home focuses on recruitment practices which includes building a diverse workforce that meets the needs of the residents they care for. The general manager stated that they support increasing Māori capacity within the workforce and will employ Māori applicants when they do apply for employment opportunities as vacancies become available. Employee ethnicity data is reported in the care home's dashboards. At the time of the audit there were staff who identified as Māori.</p> <p>The service has signage throughout in Māori and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori and English with pamphlets available.</p> <p>Interviews with twenty staff (five caregivers, five registered nurses [RNs], one enrolled nurse, one kitchen manager, two cleaners, one laundry person, one maintenance officer, one receptionist, one support services coordinator, one diversional therapist and one activity assistant) and five managers (general manager, clinical manager, business coordinator, regional operations manager, 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. Winara Rest Home's education policy on cultural safety includes components of the Fonofale model of Pacific Health.</p> <p>The organisation is embracing Pacific models of care through 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 service has access to local Pacific churches and Health New Zealand for support with people who identify as Pasifika as and</p>

		<p>when they get admitted. Access to interpreter services and cultural support is arranged where English is a second language, and if no staff members speak the resident's language.</p> <p>The Pacific Health Plan clearly sets out actions that are required to be implemented by the service to ensure Pacific worldviews, cultural and spiritual beliefs, and cultural safety are paramount and embedded in the service appropriately. There were staff who identified as Pasifika at the time of the audit.</p> <p>The service continues to strengthen relationships and seek guidance on its Pacific Plan, thereby increasing its involvement in a collaborative service delivery approach to ensure equitable, quality health and disability outcomes for Pacific people.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Residents and family/whānau are provided with information about the Code. The general manager and clinical manager discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in English, and te reo Māori.</p> <p>Discussions relating to the Code are held during 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 annual education and training programme. The training includes (but is not limited to) understanding the role of advocacy services, which are linked to the complaints process.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers and registered nurses interviewed described how they support residents to exercise choice and independence, giving examples of how residents' preferences shape their daily care. Residents confirmed they are encouraged to make decisions about their routines, activities, and the involvement of family/whānau in their care. The service responds to the needs of tāngata whaikaha and supports participation in te ao Māori. Care plans reflect resident choice and individual preferences.</p> <p>The Bupa annual training plan demonstrates education that supports safe, respectful, and culturally responsive practice. Satisfaction surveys in 2025 indicate that residents and family/whānau feel respected. 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.</p> <p>Spiritual needs are identified on admission and integrated into care planning with family/whānau involvement. Staff described appropriate professional boundaries and access to spiritual support. Church services are provided according to resident need.</p> <p>Throughout the audit, residents were observed to be treated with dignity and respect, with staff using person-centred and culturally appropriate communication. Privacy and independence are maintained, and staff orientation includes training on dignity, respect, and confidentiality. Care plans documented residents' preferred names.</p> <p>Māori celebrations such as Waitangi Day, Matariki, and Māori Language Week are observed. Staff described using common te reo Māori phrases in everyday interactions, and te reo Māori signage was visible throughout the care home. Cultural training incorporates Te Tiriti o Waitangi and tikanga Māori, and the Māori health plan acknowledges te ao Māori and its holistic worldview. Information on Te Tiriti and tikanga is available to guide both residents and staff.</p>
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<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. 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. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents and family/whānau, reported that their property and finances are respected, and professional boundaries were maintained. The general manager reported that the code of conduct, guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and felt safe. Police checks are completed as part of the employment process. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori health plan in place identified a strength-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by the clinical manager who reported that all wellbeing outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. 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/whānau on admission. Resident, and family/whānau meetings identify feedback from residents and consequent follow up by the service. This includes feedback from residents on the younger person with disability contract.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau and next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). Fourteen accident/incident</p>

		<p>forms reviewed identified family/whānau are kept informed; this was confirmed through interviews with family/whānau. The care home sends newsletters and photos of activities 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 are available. Interpreter services are used where indicated. At the time of the audit, there were residents who did not speak English. Staff interviewed advised the use 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 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>FA</p>	<p>There are policies around informed consent documented for Winara Rest Home. The nine 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. The service follows relevant best practice tikanga guidelines, welcoming the involvement of</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>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 disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is equitable and is provided to residents and family/whānau on entry to the service. The welcome pack includes comprehensive information on the process for making a complaint. Complaint forms are located throughout the care home or on request from staff. 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. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code and complaints process is visible, and available in te reo Māori, English, and other languages (as required).</p> <p>The general manager maintains a record of all complaints, both verbal and written, using an electronic complaints register. The general manager interviewed advised complaints logged were classified into themes (including but not limited to operational issues, quality of care, communication, customer rights) in the complaint register. Documentation, including follow-up letters and resolution, demonstrates that complaints are being managed in</p>

		<p>accordance with guidelines set by the HDC. Documentation reviewed evidence avenues of escalating the complaint should the complainant not be satisfied including but not limited to advocacy services and HDC.</p> <p>Seven complaints have been made since the last audit in August 2024. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants. Themes have been related to care, call bell response and the laundry services. Corrective actions related to the complaints were implemented as indicated with documentation evident in meeting minutes.</p> <p>There was one complaint to multiple providers / agencies related to care with an outcome that demonstrated that the complainant was not satisfied. In response to an email from HealthCERT dated 10 November 2025; a review of two recently admitted residents at the time of the audit evidence that robust pre-admission and admission processes have been implemented by the service to minimise the risk of similar concerns occurring for other residents.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in meetings (minutes sighted). Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication and working in partnership with family/ whānau through the process.</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</p>	<p>FA</p>	<p>Winara Rest Home provides dementia, hospital (medical and geriatric) and rest home level care for up to 83 beds. Occupancy on the day of audit was 79 residents: 19 dementia level care, 28 rest home level care and 32 hospital level of care including one on Accident Compensation Corporation (ACC) funding and one on respite care. All other residents were under the age-related</p>

<p>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>residential care agreement (ARRC). There are no double or shared rooms.</p> <p>There are 39 rest home beds (including 14 dual purpose beds), 24 dedicated hospital beds and 20 dementia beds. A further six rest home beds were verified as suitable for dual purpose use at this audit. With the changes the final numbers across the service are as follows: 20 dual purpose beds; 20 dementia beds; 24 hospital beds and 19 rest home only beds. The overall bed numbers remain the same.</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 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</p>
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		<p>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 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>Winara Rest Home'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)</p>
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		<p>who has been in the role for over four years. They are supported by a clinical manager (registered nurse) who has been in the role at Winara rest home for three years and a business coordinator who has been in the role since 2024. 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 low.</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 Ngā Paerewa Te Tiriti o Waitangi Module 1 and 2, preventing financial crime, antibribery and corruption, risk management, palliative care lecture series, pandemic and infectious disease planning.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Winara Rest Home 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>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 activities 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</p>

	<p>demonstrated satisfaction with service delivery showing a net promoter score of family/ whānau +69 (up by 21.4 from March 2025) and residents +50.7 (up by 19.7 from March 2025 survey). Feedback related to the care home presentation, quality care, cleanliness and safety evidence high satisfaction levels. Corrective actions were identified in relation to activities and the food service, which are being implemented. Results have been communicated to residents and displayed on the resident notice boards.</p> <p>Winara Rest Home implements a continuous quality improvement approach with service delivery including critical review of clinical data and benchmarking and identifying opportunities for improvement. Quality improvement projects are documented for managing behaviours of concern and reduction of the use of antipsychotic medication. 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 monthly, and the elected health and safety representatives have achieved relevant unit standards via external training. An up-to-date hazard and risk register was sighted. The hazard register is reviewed each month as part of the health and safety meeting. 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 not consistently completed for each incident/accident. When completed, immediate</p>
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		<p>action is noted, and any follow-up action(s) required documented as evidenced in thirteen accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Corrective actions are developed, implemented and signed off when completed for any clinical indicators out of the expected benchmarking ranges. The system generates a report that goes to each operational team/governance team, with automatic alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the general manager and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 and Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) have been completed. There have been outbreaks appropriately documented and reported since last audit.</p> <p>Positive outcomes for Māori and people with disabilities are considered at all quality and risk activities. The management team reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and 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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>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</p>

	<p>staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. The general manager, business coordinator and clinical manager are available Monday to Friday. On-call cover for all Bupa care homes in the region is covered by a rotation of one care home general manager and one clinical manager each week.</p> <p>There is an annual education and training schedule being implemented for 2025. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes Māori health, Tikanga, and Te Tiriti o Waitangi. Cultural awareness training is part of orientation and provided annually to all staff. Review of the training records shows low numbers of staff completing the required training. All completed training is recorded on attendance sheets and staff training records noting that there are low levels of completion of the required training.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Winara Rest Home supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 44 caregivers employed in total, with 27 having achieved level 3 and above NZQA qualification. A record of completion is maintained on an electronic human resources system. There are ten staff working in the dementia unit; eight have completed the required dementia unit standards, one is enrolled and in the process of completing the required unit standards and one has recently started working in the dementia unit.</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</p>
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		<p>administration, oxygen administration, and wound management). Review of the records confirms that staff have current competencies.</p> <p>Additional registered nurse specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. There are 17 registered nurses (including the clinical manager) and one enrolled nurse. Thirteen registered nurses are interRAI trained including four who have completed the palliative care interRAI training and competency. 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 wellbeing activities of the 'take five' Bupa wellness programme. 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>Winara Rest Home'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</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>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>Once applicants pass screening, suitable applicants are interviewed by the Winara Rest Home general manager. 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 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, nurse 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</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</p>

<p>data in order to achieve Māori health equity. 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>business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type. All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, timely and met current documentation standards. Signatures that are documented include the name and designation of the service provider. Archived records are held securely on-site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. There is a consent process for data collection. The general manager reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the 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>Winara Rest Home has a clearly defined, transparent, and culturally responsive entry-to-service process that upholds informed choice, mana, identity, and equity.</p> <p>Accurate and accessible information about the service is provided to prospective residents and whānau prior to entry. This includes a general information pack, dementia-specific information (where applicable), and written materials available in English and te reo Māori.</p> <p>The service maintains documented entry criteria, which are communicated to residents, whānau, Needs Assessment Service Coordination (NASC) teams, Health New Zealand referrers, and the wider community as appropriate.</p> <p>The completed assessment is stored in the resident's file. Nine out of nine reviewed residents' files have a NASC assessment</p>

		<p>confirming level of care. All files reviewed have admission agreements signed and met contractual requirements, including clearly stated exclusions.</p> <p>The entry process respects the rights, identity, and cultural preferences of the person, with ongoing consultation and involvement of whānau. Where entry is delayed, the service provides timely updates to the resident, whānau, or referrer. Interviews confirmed that residents and relatives received clear, accurate, and timely communication throughout the admission process.</p> <p>There are clear processes for declining entry. Declines occur only when the service cannot safely meet a person's needs or when no beds are available. The clinical manager liaises directly with the referrer, communicates the decision, and ensures the resident is referred back to NASC or Health New Zealand for alternative placement. The service records all declined referrals, including the reason for declining.</p> <p>The service demonstrates routine analysis of admission and decline data, including equity indicators. Bupa records all enquiries, admissions, and reasons for declining entry. This information is collated centrally for organisational oversight. The resident electronic system captures ethnicity data for all enquiries and decline rates, enabling analysis of entry and decline trends for Māori and non-Māori.</p> <p>Winara Rest Home shows evidence of partnership with Māori communities and organisations to support Māori individuals and whānau prior to entry. Residents and family/whānau are advised of options to access other health and disability services, including social support or Kaupapa Māori agencies, if indicated or requested.</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</p>	<p>PA Moderate</p>	<p>Winara Rest Home implements a comprehensive and person-centred assessment and care planning process. Registered Nurses are responsible for all clinical assessments, including interRAI assessments, risk assessments, cultural assessments, and</p>

<p>wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>completion of long-term care plans. Nine resident files were reviewed; three rest home level of care; three dementia level of care and three at hospital level of care (including one on ACC funding and one on respite care) demonstrating consistent assessment practice and resident/whānau involvement at each stage.</p> <p>Initial assessments, the initial support plan, and person-centred templates (including “My Day, My Way”) are completed within required timeframes, followed by timely interRAI completion and development of long-term care plans. Cultural assessments are completed on admission by a registered nurse, enrolled nurse or activities team member. Residents and whānau confirmed they are invited to contribute to assessments, care planning, and evaluation.</p> <p>Assessment is thorough and uses validated tools, including interRAI outcomes. InterRAI clinical triggers were reflected in the reviewed care plans. The “Map of Life” and lifestyle assessment inform aspirations, strengths, preferred routines, and meaningful activities across a twenty-four-hour period. Behaviour support and de-escalation strategies are clearly documented for residents in the dementia unit.</p> <p>Medical assessments are completed by the General Practitioner (GP) and Nurse Practitioner (NP) within required timeframes, followed by routine three-monthly reviews or sooner if needs change. The NP interviewed expressed satisfaction with the standard of care at Winara Rest Home, noting that the nursing staff are proactive, timely escalates concerns, and residents’ needs are met effectively.</p> <p>Care plans reviewed were reflective of a holistic model of care. Care plans aligned with residents’ goals, cultural identity, and pae ora aspirations. Early warning signs were documented for residents with complex conditions. Health professionals involvement including the GP/NP, physiotherapist, dietitian, speech-language therapist, wound care specialist, continence support advisor, podiatrist, and specialist nursing was well documented; however, not all care plans are updated with their instructions. Specialist referrals are initiated promptly when required. Care staff described clear processes for implementing care plans and involving</p>
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		<p>residents and whānau in day-to-day decision-making.</p> <p>Care plan evaluations occur every six months or earlier when changes in condition are identified; however, evaluations did not always evidence progression towards the resident's goals. InterRAI reassessments are completed prior to evaluations to guide care plan updates. Family/whānau participation is encouraged through attendance at reviews or by providing feedback by email when unable to attend.</p> <p>Progress notes are completed each shift by caregivers and daily by RNs; however, additional progress note entries were not consistently documented as per policy requirements.</p> <p>Short-term care plans are used to monitor residents' progress toward resolving new, acute, or temporary issues including (but not limited to), wounds, infections, and weight loss. However, short-term care plans were not consistently developed when skin tears were identified.</p> <p>Review of wound assessments demonstrated appropriate management, supported by access to specialist wound nursing advice. Nineteen residents had active wounds, including skin tears, lesions, and incontinence-associated dermatitis. There were no pressure injuries at the time of audit.</p> <p>Monitoring charts including for weight, blood glucose, behaviour, bowel habits, fluid intake, blood pressure, and repositioning were used appropriately. Monitoring of observations as identified in short term care plans were not always implemented. Neurological observations are completed for unwitnessed falls or head injuries; however, inconsistencies were identified in the completion and documentation of neurological observations and blood sugar monitoring.</p> <p>Staff confirmed that verbal and written handovers are comprehensive and promote safe continuity of care, and documentation reviewed supported this.</p> <p>The service implements processes that support Māori residents and whānau to identify their own pae ora outcomes. Tikanga principles and Māori healing methodologies (karakia, rongoā, and</p>
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		<p>spiritual practices) are incorporated into care planning where relevant. The Māori resident interviewed confirmed that cultural identity and preferences are respected and reflected in care planning. There are procedures in place to remove barriers that prevent tāngata whaikaha and whānau from independently accessing information.</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>Winara Rest Home provides a comprehensive, structured, and person-centred activities programme that supports residents' physical, cognitive, emotional, social, and cultural wellbeing. Activities are delivered by four activities coordinators (three full time and one part time) including one with qualified diversional therapist who oversees the activity programme in the care home. Activities are delivered seven days per week from 9.00 am to 5.00 pm, with caregivers supporting residents activities on weekends. Members of the team hold current first aid certificates.</p> <p>Residents' preferences, strengths, cultural identity, communication needs, and engagement style are identified on admission through the Map of Life and the socialising and activities section of the care plan, completed with the involvement of residents and whānau. Individual goals are incorporated into long-term care plans and reviewed through the evaluation process at least six-monthly.</p> <p>Programmes are tailored for each unit: rest home, hospital, and dementia unit ensuring activities meet varying levels of ability. Offerings include group activities, Tovertafel (system that projects interactive games onto any surface) which stimulates sensory engagement, walking groups, reminiscence, music, arts and crafts, puzzles, gardening, exercise groups, themed events, and one-on-one sessions. Participation is documented in the electronic system and used to refine the programme.</p> <p>Residents are supported to access the wider community through weekly van outings. Outings include scenic drives, cafés, beaches, garden centres, bowling, parks, cultural sites, and local events. On-site engagement is enhanced within upgraded communal areas, the puzzle corner, Tovertafel, self-service coffee station, and</p>

		<p>garden seating overlooking Kapiti Island. Regular visits from musicians, entertainers, school groups, and volunteers strengthen community connection.</p> <p>Connection with family and whānau is supported through free Wi-Fi, a dedicated technology hub, and accessible tea/coffee facilities in the family room. Residents requiring individual engagement receive tailored one-to-one activities such as supported walks, sensory sessions, and personalised outings.</p> <p>Practice is guided by the Bupa NZ Māori Health Strategy, which promotes equitable outcomes and supports participation in Māori community initiatives. Māori cultural engagement includes Matariki, waiata, flax weaving, kapa Māori arts, and other kaupapa Māori activities. The service maintains a strong relationship with Te Āti Awa ki Whakarongotai Marae, ensuring access to cultural guidance, kaumātua support, and Māori community networks. Staff also participate in wider community initiatives such as, local events, and intergenerational activities.</p> <p>Feedback from residents and whānau consistently reflects that the monthly programme is meaningful, enjoyable, varied, and supports strong community connection.</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>	FA	<p>Winara Rest Home has a comprehensive medication management system supported by current policies and procedures that meet all legislative and professional guideline requirements. Medication prescribing, dispensing, administration, reconciliation, review, allergy documentation, and error reporting are clearly described within organisational policy and reflected in practice.</p> <p>The service uses a secure electronic medication management system for prescribing, administration documentation, reviewing pro re nata medications effectiveness, and recording medication errors. All medications are supplied by a contracted pharmacy in robotic packs, and deliveries are checked against electronic prescriptions by competent staff, with discrepancies promptly followed up.</p> <p>Medications are administered by registered nurses and</p>

		<p>medication-competent caregivers, all of whom complete annual competency assessments and ongoing training in medicine management, including syringe driver use. Medication rounds observed were safe, resident-centred, and aligned with required protocols. Staff interviewed clearly described their responsibilities across receiving, administering, documenting, monitoring, and disposing of medications.</p> <p>Medicines are securely stored. Weekly or monthly stock checks are completed. Medication refrigerators and room temperatures are monitored daily and maintained within acceptable ranges. Liquid medications and eyedrops are dated on opening and expired or unused medications are returned to the pharmacy.</p> <p>Eighteen electronic medication charts reviewed confirmed that prescribers conduct three-monthly reviews, and each chart includes allergies, photo identification, clear dosing instructions, and prescriber notes. As required medication effectiveness is consistently recorded. There are no standing orders and vaccines are not stored on site.</p> <p>Policies support safe self-administration of medications. Where residents self administrate medications, they undergo a competency assessment, and medications are stored securely in the resident's room. At the time of audit, only one resident was self-administering medications, with evidence of three-monthly competency review aligned with prescriber review cycles.</p> <p>All over-the-counter supplements or alternative therapies used by residents are reviewed and documented by the GP or NP to ensure they are safely integrated into the person's medication regimen.</p> <p>Residents and whānau are consulted regarding medication changes, including indications and possible side effects. The clinical manager stated appropriate support, advice, and treatment for Māori is available.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and</p>	<p>FA</p>	<p>All meals are prepared onsite by a trained kitchen manager (chef), supported by cooks and kitchen assistants who have completed</p>

<p>consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>food safety, hygiene, and ongoing food control plan training. The kitchen is clean, well-organised, and operates under a verified food control plan, with the next renewal due in April 2026.</p> <p>A four-weekly seasonal menu reviewed by a registered dietitian ensures nutritional adequacy and variety. Two meal options are available daily, with alternatives provided on request. Modified textures (including puréed, minced and moist) and special diets such as diabetic and vegetarian are accommodated. Nutritional supplements and food fortification are provided as clinically indicated.</p> <p>Residents’ clinical assessments include dietary needs, cultural requirements, food preferences, allergies, intolerances, and likes/dislikes. This is incorporated in the development of the menu. Menu input is obtained through resident meetings, food focus groups, satisfaction surveys, and direct conversations with the kitchen manager. Residents interviewed confirmed they enjoy the meals and can request alternatives. Kitchen staff meet individually with residents to discuss preferences when required.</p> <p>Meals are plated in the rest home dining room and delivered to the dementia unit in a bain-marie and to the hospital unit via a hot box. Dining environments observed were calm, dignified, and supportive. Staff provided discreet assistance, and adaptive equipment such as lip plates was available. Nutritious morning/afternoon teas, supper, and snacks are available across the home, with the dementia unit offering additional fruit and snack packs for residents who become hungry between meals.</p> <p>Residents and whānau may participate in food preparation as part of the activities programme. Culturally preferred foods are provided, including Māori kai, chop suey, dumplings, and Indian dishes. Kitchen staff demonstrated understanding of tikanga Māori and cultural safety practices related to tapu and noa.</p> <p>Food safety monitoring is consistently maintained. Refrigerator, freezer, chiller, dishwasher, and cooked food temperatures are recorded and within acceptable ranges. Food is stored appropriately, labelled with opening dates, and waste is disposed of safely. Cleaning schedules and chemical storage requirements are</p>
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		<p>met.</p> <p>Staff completed nutrition and hydration training as part of the annual education programme, ensuring staff remain up to date with best practice.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Winara Rest Home ensures that all transitions, transfers, and discharges are planned, coordinated, and carried out in partnership with residents and their family/whānau. The process prioritises safety, dignity, continuity of care, and culturally responsive communication.</p> <p>When a transfer is required, the registered nurse completes a comprehensive verbal handover to the receiving service, outlining clinical needs, risks, current treatments, and any culturally significant considerations. If a resident becomes acutely unwell, registered nurses access timely advice from the GP or NP. In urgent situations, ambulance services are contacted immediately and family/whānau are informed without delay.</p> <p>All relevant documentation is sent with the resident, including the care summary, medication chart, legal documents, advance care or shared goals of care records, and any risk information. These documents are placed in a yellow transfer envelope and handed to ambulance staff, ensuring seamless information flow to the receiving hospital or facility.</p> <p>Residents and family/whānau interviewed confirmed that staff provide consistent support to access external health services such as allied health providers, kaupapa Māori agencies, specialists, and hospital services. Records sighted demonstrated that attendance at external appointments is documented, and transportation arrangements. Staff encourage family/whānau to attend appointments whenever possible to support shared understanding and decision-making.</p> <p>Transitions back to the service are managed with equal care. Staff review hospital discharge summaries, update care plans, reconcile medications, and ensure any new risks or recommendations are</p>

		promptly actioned. The process reflects a commitment to supportive, culturally respectful, and well-coordinated transitions.
<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>	FA	<p>Winara Rest Home features a single level care home across an ample space across a sloping terrain.</p> <p>At the time of the audit the service was verified for a reconfiguration of six rest home beds to dual purpose (increase of dual-purpose beds from 16 to 20 beds). The rooms had ensuites, were large enough to accommodate extra equipment and located close to the nurses’ station. The dining room is spacious to accommodate additional mobility equipment. The rooms were verified as suitable for dual purpose use.</p> <p>The buildings, plant, and equipment are fit for purpose and comply with all legislative and regulatory requirements for the provision of health and disability services. A current Building Warrant of Fitness, valid until 2 June 2026, is displayed in a public area of the care home. The environment is culturally inclusive, reflects the diverse identity of residents, and supports culturally safe practices for Māori and whānau.</p> <p>Maintenance systems are overseen by the full-time maintenance officer, supported by part time maintenance person and external contractors. Maintenance requests are recorded in logbooks located in each nurse’s station and are reviewed daily, with all completed actions signed off in accordance with Bupa’s organisational procedures. A structured annual maintenance programme is in place, incorporating electrical testing and tagging, calibration of medical equipment, routine call-bell system checks, and monthly hot-water temperature monitoring. Any temperature deviations from expected parameters are documented, investigated, and corrective actions implemented promptly. Essential contractors, including plumbers and electricians, are available 24 hours a day to ensure continuity of safe operation and environmental compliance.</p> <p>The physical environment is safe, accessible, and designed to support resident mobility and independence. Winara Rest Home</p>

	<p>comprises single-occupancy rooms across multiple interconnected areas, including rest home, dementia, and hospital-level care. Corridors are wide and allow unrestricted movement using mobility aids. Residents were observed mobilising safely around the care home, supported by unobstructed pathways, and handrails positioned throughout internal areas.</p> <p>Resident rooms provide adequate personal space for safe care delivery and are designed to be comfortably arranged and personalised. All rooms have handbasins and external windows that provide natural light, ventilation, and a comfortable ambient environment. The rest home and dual-purpose rooms include a mix of full ensuites and rooms with shared ensuite facilities. The dementia unit contains communal showers and toilets, while additional communal bathrooms are positioned close to lounge and dining areas across the home. Vinyl flooring is installed in bathrooms, toilets, dining spaces, and kitchenettes, and all areas are fitted with handrails and call-bell systems to promote safety, hygiene, and accessibility. Soap and paper towels are consistently available at all handbasins.</p> <p>Winara Rest Home provides a range of communal and quiet spaces that accommodate individual and group activities. Seating alcoves, lounges, and dining areas are located throughout the home, with layout and furniture that allow residents to engage socially, relax, or participate in activities of choice.</p> <p>The secure dementia care unit includes an open-plan lounge and dining environment with secure, safe outdoor access to a courtyard and walking pathways. This environment provides ample space for free movement, promoting safety and independence for residents who wander.</p> <p>External courtyards and garden areas offer shaded seating and safe walking paths and are maintained regularly by contracted grounds staff. Resident rooms are refurbished as they become vacant to maintain a homely and well-presented environment.</p> <p>All communal areas and bedrooms receive natural light, and the care home is appropriately heated and ventilated. Residents and family/whānau consistently report that the environment is</p>
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		<p>comfortable, warm, and well maintained. Staff interviewed confirmed they have adequate and functional equipment available to safely deliver care in alignment with residents' assessed needs.</p> <p>The organisation acknowledges its obligation to ensure that any new building works or major renovations are co-designed with Māori to reflect Māori aspirations, cultural identity, and mana-enhancing design principles. This process is supported and overseen by Bupa's governance team.</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>Winara Rest Home has comprehensive emergency and security management systems that ensure care and support are delivered safely during routine operations and in emergency or unexpected events. Organisational emergency management policies clearly outline staff responsibilities, response actions, and evacuation procedures for a wide range of emergency scenarios. These policies guide staff to complete a coordinated and timely evacuation when required and are supported by site-specific emergency response plans.</p> <p>A Fire and Emergency New Zealand approved evacuation plan is in place. Fire evacuation drills are conducted six-monthly in accordance with the requirements of the Building Warrant of Fitness, and staff demonstrated awareness of their roles and responsibilities during fire or emergency events. Emergency lighting is installed throughout the care home, and each unit maintains civil defence bins containing essential emergency supplies, including PPE. These are checked on a six-monthly schedule.</p> <p>The care home has sufficient water storage capacity, with 15,000 litres held on site for civil defence purposes. Emergency food stores are maintained, and gas cooking capability is available should the main power supply fail. A designated emergency storage area contains additional critical supplies required to support residents and staff during an extended emergency. Staff receive emergency management training during orientation and through the annual education programme. External contractors are also</p>

		<p>oriented to emergency procedures. A minimum of one staff member trained in first aid is on duty at all times.</p> <p>A call-bell system is available in all resident bedrooms, ensuites, communal bathrooms, and lounge/dining areas. Call bells form part of the preventative maintenance programme to ensure functionality and prompt response capability. During the audit, residents were observed to have call bells within reach, and residents and family/whānau interviewed consistently reported that staff respond to call bells in a timely and supportive manner.</p> <p>The care home is secured after hours, with staff completing routine nighttime security checks to ensure the safety of residents, staff, and property.</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 addition to expertise at Bupa head office.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	<p>FA</p>	<p>The infection prevention and control (IPC) coordinator is a</p>

<p>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.</p> <p>Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>registered nurse (the unit coordinator) who leads, oversees and coordinates the implementation of the infection control programme at Winara Rest Home. Infection prevention and control coordinator's role, responsibilities and reporting requirements are defined in the infection prevention and control coordinator's job description. The IPC coordinator has 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 coordinator has 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 equipment, and regular Covid-19 updates. However not all staff have completed the required training (link 2.3.4). 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</p>
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		<p>advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The infection prevention and control coordinator liaises with the clinical manager in procurement processes for equipment, devices, and consumables. The infection prevention and control coordinator, 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 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>To ensure cultural safety the service ensures that kitchen linen is washed separately, and different face clothes are used for different parts of the body. There were culturally safe practices observed and thus acknowledge the spirit of Te Tiriti. The infection prevention and control coordinator reported that residents who identify as Māori will be 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 and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is 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 infection control coordinator collates and analyses the electronic medication management system with pharmacy support. The annual infection control and</p>

		<p>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 Winara Rest Home has conservative use of antimicrobials when benchmarked with other care homes.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged unless clinically indicated as reviewed by the general practitioner or nurse practitioner. At the time of the audit there was one resident on prophylactic antibiotics which were regularly monitored by the general practitioner and nurse practitioner. 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 infection prevention and control coordinator 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, through 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 residents with infection</p>

		<p>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 three Covid-19 outbreaks (September 2024, May 2025 and August 2025) and one gastroenteritis related outbreak (December 2024) reported since the last audit. The outbreaks were appropriately notified to Health New Zealand and Public Health. There was evidence of regular communication with the Bupa infection prevention and control coordinator. Outbreak logs were completed. 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. 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>PA Low</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. Not all staff have completed chemical safety training (link 2.3.4). A chemical provider monitors the effectiveness</p>

<p>transmission of antimicrobialresistant organisms.</p>		<p>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 lift used to send laundry to the ground floor where the laundry room is. The same lift at separate times later in the day carries clean laundry in labelled baskets and linen in covered trolleys up to the next level of the building for delivery. 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. Linen was seen to be transported on covered trolleys.</p> <p>Cleaners' trolleys are attended to at all times and locked away in the cleaners' cupboard when not in use. Cleaning schedules have not 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 good-quality linen. The washing machines and dryers are regularly serviced.</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 Winara Rest Home 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 coordinator provides 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>Winara Rest Home demonstrated strong organisational and governance commitment to restraint minimisation and elimination in accordance with the Bupa Restraint Minimisation and Safe Practice Policy. Bupa's organisational priority of supporting people to live</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>longer, healthier, happier lives underpin its philosophy of minimising and eliminating restraint use. The policy clearly outlines that restraint is used only when clinically justified, and only after all other least restrictive strategies have been thoroughly trialled.</p> <p>Bupa has updated all restraint-related work instructions, templates, and processes. This includes strengthening cultural assessment processes so that staff consider each person’s cultural identity, values, beliefs, and whānau preferences when assessing and planning care related to restraint. These updates have been incorporated into routine restraint assessment processes used at Winara Rest Home.</p> <p>Strong governance oversight is evident at both national and care home level. Restraint usage and progress toward elimination are formally reported to the Bupa Clinical Governance Committee (CGC). This structure ensures executive-level visibility of restraint data, risks, and minimisation strategies. Restraint use is also benchmarked within Bupa facilities. Bupa maintains a national restraint coordinator who provides oversight of restraint use across all care homes, monitors incidents, ensures adherence to policy, and supports services in minimising restraint. The national restraint coordinator is supported by regional quality partners who work directly with care homes.</p> <p>Winara Rest Home also utilises Bupa’s clinical information system to support accurate documentation, monitoring, and review of restraint. Restraint data is recorded, collated, and reported through established organisational channels, ensuring visibility and compliance with reporting expectations.</p> <p>At the time of audit, Winara Rest Home had two approved restraints in use at hospital level care: one lap belt and a low bed. Review of documentation confirmed compliance with Bupa policy. Each restraint episode included comprehensive clinical assessment, documentation of alternative strategies trialled, cultural considerations, General Practitioner involvement in approval, informed consent or activated EPOA consultation, and clear risk–benefit evaluation. Monitoring records demonstrated safe implementation consistent with policy, including checks related to dignity, comfort, cultural needs, mobility, nutrition, toileting, and</p>
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		<p>psychosocial wellbeing. Three-monthly restraint evaluations were completed and aligned with policy requirements.</p> <p>Executive leadership responsibility for restraint minimisation is well-defined within Bupa's governance structure. The Clinical Director, National Clinical Leads, and Quality Partners ensure national consistency, while the clinical manager at Winara Rest Home acts as the designated Restraint Coordinator. The coordinator demonstrated strong knowledge of the policy, legal requirements, and organisational expectations, and provides oversight of assessment, approval, monitoring, and review processes.</p> <p>Workforce capability is maintained through mandatory orientation and annual education in least restrictive practice, de-escalation, cultural safety, safe restraint use, equipment competency, and statutory responsibilities. Staff interviews at Winara Rest Home confirmed strong understanding of restraint minimisation principles, alternatives to restraint, cultural responsiveness, and safe practice expectations. Staff were clear that restraint is used only as a last resort.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>Winara Rest Home demonstrated that restraint is used safely, appropriately, and only as a last resort. At the time of audit, two residents were using approved restraint: one lap belt and low bed. File reviews and staff interviews confirmed that all restraint use was clinically justified, culturally responsive, and consistent with Bupa's commitment to least restrictive practice and restraint elimination.</p> <p>Bupa policy requires a comprehensive assessment before any restraint is approved, including clinical needs, alternatives trialled, risks and benefits, cultural considerations, and input from the resident, whānau/EPOA, and GP/NP. Winara Rest Home met these requirements. Assessments were completed in the resident electronic management system using the Bupa restraint assessment process, with clear documentation of consultation, general practitioner approval, and confirmation that the least restrictive option was chosen.</p> <p>Staff interviews confirmed that restraint is only considered when all</p>

		<p>alternative strategies have been attempted and found ineffective in maintaining safety. Alternatives routinely used at Winara Rest Home include falls prevention strategies, sensor mats, environmental adjustments, modified routines, engagement strategies, behaviour support, and culturally responsive interventions. Staff demonstrated sound understanding of Bupa's expectation that restraint is a last resort, and that resident dignity, cultural safety, and mana must be upheld throughout the process.</p> <p>Frequency of monitoring is determined by the restraint coordinator. Monitoring requirements were implemented in full accordance with Bupa policy. Monitoring intervals were clearly documented by a registered nurse based on individual risk, with records showing checks on comfort, circulation, mobility, emotional wellbeing, toileting, pressure area care, hydration, and safety. Monitoring demonstrated holistic consideration of cultural, physical, psychological, and psychosocial needs.</p> <p>A restraint register is maintained within the resident electronic system and reviewed monthly by the clinical manager, who is the designated restraint coordinator. Restraint data and review outcomes are discussed during clinical and staff meetings, ensuring shared oversight and continuous improvement. Three-monthly evaluations were completed and documented, with evidence of interdisciplinary review, consultation with EPOA/whānau, assessment of ongoing need, review of cultural factors, and identification of minimisation strategies.</p> <p>Winara Rest Home has a clearly defined procedure for emergency restraint; however, no emergency restraint had occurred at the service. Debrief requirements are documented in the policy and stated the restraint coordinator is the designated person to complete the debrief.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to</p>	<p>FA</p>	<p>Review of restraint use occurs monthly across the organisation, with data extracted through Power BI and provided to each Bupa care home, including Winara Rest Home. At the care home level, individual restraint episodes are reviewed monthly, ensuring regular</p>

<p>reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>assessment of ongoing need and opportunities for minimisation. Six-monthly restraint audits are also completed, with corrective actions implemented where required.</p> <p>Restraint data, trends, and review findings are discussed during clinical and quality meetings, including analysis of the types of restraint in use, minimisation strategies for individual residents, and any required updates to training, policy, or processes. Evidence confirmed that Bupa implements changes to policies, guidelines, education, and clinical processes when indicated through review outcomes.</p> <p>Restraint use is benchmarked across all Bupa facilities, supporting organisational consistency and identification of outliers or trends. Outcomes from restraint review are reported to Bupa head office through established governance reporting pathways, ensuring oversight by the Clinical Governance Committee and organisational leaders.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	PA Low	Winara Rest Home follows the National adverse Event Reporting Policy for internal reporting. However, incident and accident reports are not consistently completed for each resident or staff member affected by an aggressive behaviour of concern.	Three of four incidents for a resident aggressive behaviour only reflected the aggressor and no incident forms were completed for the affected staff or resident.	<p>Ensure that there are corresponding adverse events completed for residents/ staff who have been affected by the aggressive behaviours of a resident.</p> <p>90 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	There is an annual education and training schedule being implemented for 2025 which lists compulsory training (learning essentials and clinical topics). Review of the attendance and completion of training records indicates low numbers of staff having completed the required training. Less than 50% of staff have completed training related to (but not limited to),	Review of the staff training completion and attendance records evidenced low compliance with training requirements.	<p>Ensure that staff complete required training as scheduled.</p> <p>90 days</p>

		<p>abuse and neglect, behaviours of concern, chemical safety, code of rights, continence, pain, sexuality and intimacy, activities and falls. Although the general manager and clinical manager have processes in place to ensure advance notice of upcoming training, repeat sessions offered over the month and reminder letters; staff still have not all completed the required training.</p> <p>There is a process to ensure that all completed training is recorded on staff records and electronic human resources system.</p>		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing</p>	<p>PA Moderate</p>	<p>The organisation has policies and procedures detailing assessment, care planning, and evaluation requirements. Registered nurses complete comprehensive assessments and develop long-term care plans. Care plans reviewed were reflective of a holistic model of care. Care plans aligned with residents' goals, cultural identity, and pae ora aspirations. Early warning signs were documented for residents with complex conditions. Health professionals involvement including the GP/NP, physiotherapist, speech-language therapist, dietitian, wound care specialist, continence support advisor, podiatrist, and specialist nursing were well documented; however, not all care plans were reflective of their instructions. This resulted in incomplete written guidance for staff.</p>	<p>(i). Instructions from a physiotherapist related to an exercise regimen and change in dietary requirements as prescribed by a dietitian were not reflective in the care plan of one hospital level resident.</p> <p>(iii). The instructions from the GP related to the frequency of blood sugar monitoring for one hospital level resident were not reflective in the care plan and resulted in inconsistent implementation of the required monitoring.</p>	<p>(i). - (ii). Ensure care plan interventions reflect the residents' current needs to provide adequate guidance for caregivers.</p> <p>60 days</p>

<p>practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>				
<p>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</p>	<p>PA Moderate</p>	<p>The service has policies and procedures for falls prevention and post falls management, including the requirement to complete neurological observations following unwitnessed falls or where a head injury is suspected. However, neurological observations were not consistently initiated or completed as required.</p> <p>Processes require acute changes in health status to be documented through short-term care plans). Short term care plans were not consistently developed for identified skin tears, and required observations documented in short term care plans were not consistently carried out at the prescribed frequency.</p>	<p>(i). Five of five unwitnessed falls did not have neurological observations completed as per policy.</p> <p>(ii). Two skin tears did not have short term care plans developed as required to provide guidance for ongoing assessment and management.</p> <p>(iii). Two residents with chest infections did not have observations completed four times per day as scheduled in the short-term care plan.</p>	<p>(i). Ensure neurological observations are completed as per policy.</p> <p>(ii). Ensure that short term care plans are developed for residents developing skin tears.</p> <p>(iii). Ensure that monitoring and observations required as indicated in the short term care are carried out and implemented.</p> <p>60 days</p>

<p>promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>				
<p>Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	<p>PA Low</p>	<p>Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by a registered nurse; however, three long term care plans reviewed did not evidence documented evaluation of progress towards a resident's goals.</p> <p>Progress Reporting policy requires nursing staff to complete a progress note entry whenever there is a significant change in a resident's condition, health status, or response to care, or when a new intervention or event of clinical relevance occurs. This includes deterioration or improvement in condition, communication with the general practitioner or family/whānau, attendance at appointments, or any situation that impacts the resident's wellbeing. The process supports early recognition of clinical changes and ensures prompt escalation and continuity of care. Furthermore, the policy states that all entries are to be recorded contemporaneously providing an accurate and chronological account of the resident's care journey and clinical interventions.</p>	<p>(i). Three out of nine files reviewed had no progression towards the residents' goals documented.</p> <p>(ii). Caregivers mainly use the pre-set task lists and intervention templates in electronic management system and do not always record when care or observations differ from what is usual for the resident.</p> <p>(iii). Registered nurses complete progress notes, but these entries lack the level of detail expected when monitoring charts or assessment forms are in use.</p>	<p>(i). Ensure that resident goals are evaluated routinely or as required.</p> <p>(ii) – (iii). Ensure consistent implementation of exception reporting, with progress notes accurately reflecting any changes in residents' condition, treatment, and response to care.</p> <p>90 days</p>

		<p>However, reviewed progress notes reports do not consistently implement exception reporting as per policy. Progress notes are not consistently written to accurately describe details to show changes in a resident's condition, treatment / interventions implemented. Care plan evaluations for three residents did not evidence progress towards goals.</p>		
<p>Criterion 5.5.3</p> <p>Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include:</p> <p>(a) Methods, frequency, and materials used for cleaning processes;</p> <p>(b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team;</p> <p>(c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p>	PA Low	<p>There are designated cleaners rostered seven days a week to provide cleaning services to all areas of the care home. Cleaners' trolleys are attended to at all times and locked away in the cleaners' cupboard when not in use. Cleaning schedules have not been consistently maintained for daily and periodic cleaning. Review of the "full clean checklist" records that indicate when rooms have had a full clean does not demonstrate that rooms have had the scheduled monthly "full clean" completed as scheduled.</p>	<p>A review of the records related to the cleaning of resident's rooms do not demonstrate that the rooms have consistently had a full clean completed monthly as scheduled.</p>	<p>Ensure compliance with the monthly full clean schedule of resident rooms.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.