

Bupa Care Services NZ Limited - Parklands Hospital

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:	Parklands Hospital
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 29 January 2026 End date: 30 January 2026
Proposed changes to current services (if any):	None.
Total beds occupied across all premises included in the audit on the first day of the audit:	117

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

Parklands Hospital is a Bupa facility, which provides; psychogeriatric; hospital (medical and geriatric); residential disability – physical; and rest home level care services for up to 127 residents. There are 51 hospital beds including 26 dual purpose beds and 76 psychogeriatric beds.

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

The general manager is appropriately qualified, experienced, and supported by a clinical manager 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.

The certification audit identified a shortfall related to care plan interventions.

A continuous improvement rating was awarded for the elimination of restraint.

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

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

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

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The leadership team of Bupa is the organisation's governing body, and they are responsible for the services provided. Services are planned and coordinated and are appropriate to the needs of the residents and family/whānau. Goals sighted in the strategic plan are formulated and approved by the area leadership team.

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

<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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There is an admission package available prior to or on entry to the service. The clinical manager, unit coordinators and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals, with the resident and family/whānau input. Care plans viewed were evaluated at least six-monthly. Resident files demonstrated general practitioner reviews and visiting allied health professionals' input.

The activities coordinators implement an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meets the individual recreational preferences. Parklands Hospital conducted quality improvement projects in relation to activities, with positive impacts on residents' quality of life and satisfaction.

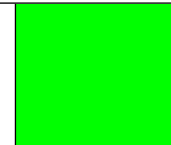
Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed evidenced at least three-monthly reviews by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Snacks are available 24/7. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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.



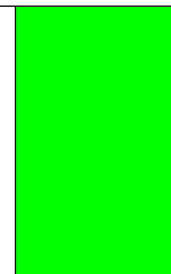
Subsections applicable to this service fully attained.

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

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

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

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



Subsections applicable to this service fully attained.


The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. The clinical manager and another registered nurse coordinate 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 have been outbreaks reported since the last audit.

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Restraint minimisation and safe practice policy and procedure is in place. Restraint minimisation is overseen by the restraint coordinator, the clinical manager. There are currently no restraints. Use of restraints would only be considered as a last resort, only after all other options are explored. Education is provided to staff around restraint minimisation, de-escalation, and challenging behaviour. A restraint register is maintained.

The facility has achieved the goal of eliminating restraint through a continuing improvement project started in 2018.

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	26	0	0	1	0	0
Criteria	1	169	0	0	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Clinical staff described their commitment to supporting Māori residents and their family/whānau by identifying what is important to them, their individual values and beliefs, and enabling self-determination and authority in decision-making that supports their health and wellbeing. There are clear processes that include use of tikanga in everyday practice, and training for staff. Staff have completed training around Te Tiriti o Waitangi.</p> <p>The service has also fostered relationships with the local iwi who provides guidance as required. Residents and family/whānau at Parklands Hospital engage in providing input into the resident's care planning, their activities, and their dietary needs, as evidenced in interviews with seven residents (note two younger persons with disability were interviewed by the consumer auditor), and eight family/whānau (two hospital and six from the psychogeriatric unit). The service can also access kaumātua from Health New Zealand for support and guidance. There are cultural assessments available that are completed for residents who identify as Māori. There were Māori</p>

		<p>staff employed at the time of the audit.</p> <p>Parklands Hospital focuses on recruitment practices which include building a diverse workforce that meets the needs of the residents they care for. The general manager stated that they support increasing Māori capacity within the workforce and will employ Māori applicants when they do apply for employment opportunities as vacancies become available. Employee ethnicity data is reported in the care home's dashboard data.</p> <p>The service has signage throughout the facility in Māori. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori and English with pamphlets available.</p> <p>Interviews with 28 staff (twelve caregivers, eight registered nurses [including three unit coordinators], one kitchen manager, one cleaner, one laundry assistant, one maintenance officer, and four activities coordinators); and four managers (general manager, clinical manager, business coordinator, and one support services coordinator); 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>	FA	<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. Parklands Hospital education policy on cultural safety includes components of the Fonofale model for Pacific Health.</p> <p>The organisation embraces Pacific models of care through staff and various organisations that can provide support and guidance when Pacific people are being supported. There were residents who identified as Pasifika at the time of the audit. The clinical manager interviewed, advised that family/whānau of Pacific residents are encouraged to be present during the admission process, including completion and review of the assessments and support plans. Individual cultural beliefs are documented for all residents in their</p>

		<p>support plan. Resident's family/whānau are encouraged to be involved in all aspects of care, particularly in nursing decisions, satisfaction of the service, and recognition of cultural needs. Cultural needs assessments guide staff in the delivery of safe equitable services to meet resident cultural needs.</p> <p>The service continues to recruit new staff as vacancies become available. At the time of the audit there were staff who identified as Pasifika who are involved in imparting their knowledge and lived experience in relation to worldviews, cultural, and spiritual beliefs of Pacific peoples. The general manager described how Parklands Hospital continues to provide equitable employment opportunities for the Pacific community. Staff interviewed confirmed that all cultures are respected at the care home. The last resident survey conducted evidence a 100 percent satisfaction rate in feedback related to cultural and spiritual support.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Residents and family/whānau are provided with information about the Code. The general manager and clinical manager discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in English, sign language and te reo Māori.</p> <p>Discussions relating to the Code are held during the quarterly 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. The two younger persons with disability interviewed by the consumer auditor sated they were happy with their environment and equipment.</p> <p>Staff receive education on the Code at orientation and through the</p>

		<p>annual education and training programme. This includes (but is not limited to) understanding the role of advocacy services, which are linked to the complaints process.</p>
<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 (RNs) interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The comments were also from two younger persons with disability (interviewed by the consumer auditor) responded positively when they were asked if they were treated with respect. The service responds to tāngata whaikaha needs and enables their participation in te ao Māori. Residents are encouraged to have control and choice over activities they participate in, as evidenced in resident' care plans.</p> <p>The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. There were couples receiving services at the time of the audit. Policies on sexuality and intimacy are in place, and staff reported they uphold each resident's right to private and intimate relationships, as confirmed by a resident couple interviewed on the day of the audit.</p> <p>The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with family/whānau involvement and integrated into the residents' care plans. Staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, church services are available according to resident need, and spiritual support is available.</p> <p>It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language</p>

		<p>with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation for staff covers the concepts of personal privacy and dignity. Residents' files and care plans identified resident's preferred names.</p> <p>Waitangi Day, Matariki and Māori language week are celebrated at Parklands Hospital. Caregivers interviewed described how they use common te reo Māori phrases when speaking with Māori residents and for everyday greetings. Te reo Māori signage was evident in a range of locations. Cultural training and policies which incorporate Te Tiriti o Waitangi and tikanga Māori are in place. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Written information referencing Te Tiriti o Waitangi and tikanga is available for residents and staff to refer to.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct (with records confirming that 100% staff have completed the required orientation programme). 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,</p>

		<p>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). Residents comfort accounts are managed by an external provider and residents' property is respected, labelled, and documented.</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.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission related to the services provided and what to expect. Regular resident, and family/whānau meetings, customer service improvement surveys, settling in surveys, six monthly resident/family feedback surveys provide opportunities for feedback around the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau and next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). Twenty-five accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through interviews with family/whānau. The care home sends newsletters and photos of residents to keep family informed of what has been happening around the care home and what is planned.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were residents who did not speak English. Staff interviewed confirmed the use of hand and facial gestures in addition to cue cards, google translate and family/whānau and staff 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</p>

		<p>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, dementia clinical specialists, and other 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. Young people with disabilities are supported to make themselves understood; their means of communication is documented in a care plan. They stated they receive monthly newsletters and are part of the regular residents and family/whānau meetings.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent documented for Parklands Hospital. The 11 resident files reviewed included general consent forms appropriately signed by either by the resident or the activated enduring power of attorney (EPOA) as part of the admission process. Residents interviewed could describe what informed consent was and their rights around choice.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care.</p> <p>Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision. Files reviewed for residents in the psychogeriatric 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 general manager maintains a record of all complaints, both verbal and written, by using a complaint register which is kept electronically. There have been eight complaints received in 2025 (since the last audit) and one in 2026 year to date. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. There were no trends or patterns identified. All the complaints were closed off to the satisfaction of the complainants.</p> <p>There were two complaints received from HDC. One in June 2023 (reported on in the last audit) has been closed off; the complaint was not substantiated; however, the facility has now increased closed circuit television camera (CCTV) coverage to all psychogeriatric units (hallways and lounge spaces). One HDC complaint dated 20 November 2024 has requested further information to be provided, the provider complied with the requested documentation within the timeframe (6 January 2026). An internal investigation was completed with the Bupa complaints resolution person. The complaint remains open.</p> <p>Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted). The general manager interviewed advised complaints logged were classified into themes (operational issues, quality of care, communication, customer rights) in the complaint register.</p> <p>The welcome pack included comprehensive information on the process for making a complaint. All residents and family/whānau interviewed stated they were provided with information on complaints process, would feel comfortable making a complaint and that the</p>

		<p>service would support them throughout the process. Complaint forms are easily accessible at the entrance to the care home and the nurses' office. A suggestions box is adjacent to where the complaints forms are held.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern, including at the resident and family/whānau meetings and during the six-monthly care plan review meetings. The contact details for advocacy service are posted in large print on resident noticeboards. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Staff also confirmed they would document a complaint for anyone who had difficulty doing this or support the resident or family/whānau in accessing independent advocacy services.</p> <p>The general manager was aware of the preference for face-to-face communication with people who identify as Māori, identify appropriate venues for meetings and involving family/whānau. Residents and family/whānau interviewed confirm the management are open and transparent in their communications.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Parklands Hospital is a Bupa facility, which provides; psychogeriatric; hospital (medical and geriatric); residential disability – physical; and rest home level care services for up to 127 residents. There are 51 hospital beds including 26 dual purpose beds and 76 psychogeriatric beds.</p> <p>On the day of audit there were 117 residents. There were no residents at rest home level of care, 46 hospital residents, including two hospital residents on younger persons with a disability (YPD) contract, three residents on an Accident Compensation Corporation funding (ACC) contract and one resident on long term support chronic health conditions (LTS-CHC) contract. All other residents were on the Age-Related Residential Care Agreement (ARRC).</p> <p>There were 71 residents across the four psychogeriatric (PG) communities on Age Related Residential Hospital Specialised Care Services (ARHSS) Agreement. There are no shared or double</p>

	<p>rooms. The provider informed at this audit they want to keep the YPD certified level of care even if the occupancy is less than five residents.</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 and New Zealand (ANZ) Board. A New Zealand-based managing director reports to the New Zealand-based Board. Each director has an induction to their specific role and the senior leadership team. The directors are knowledgeable about legislative and contractual requirements and are experienced in the aged care sector. The Bupa Board and executive team have attended cultural training to ensure they can demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety. There is a cultural working group alongside the Bupa Leadership team.</p> <p>Bupa has a Clinical Governance Committee (CGC), a Risk and Governance Committee (RGC), a Learning and Development Governance Committee, and Wellbeing Health and Safety Governance Committee where analysis and reporting of relevant clinical and quality indicators are discussed to improve services offered. Issues raised in governance committees also report through to the Bupa leadership team meetings and Boards. There is a clinical support improvement team (CSI) that includes clinical specialists in restraint, infections and adverse event investigations, and a customer engagement advisor based in the head office to support care homes with improvements to their service. Each region has a regional quality partner who supports the on-site clinical team with education, trend review, internal audits, and management. Furthermore, Bupa undertakes national and regional forums as well as local and online training, national quality alerts, use of benchmarking quality indicators, learning from complaints (open casebooks) as ways to share learning, improve equity and the quality of care for Māori and tāngata whaikaha. The cultural advisor collaborates with the Boards and Bupa leadership team in business planning and service development to support the improvement of</p>
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		<p>Māori and tāngata whaikaha wellbeing.</p> <p>The Bupa NZ Te Ao 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>Parklands Hospital business plan for 2025 includes a mission statement and operational objectives with site-specific goals related to business, health and safety and quality outcomes. The goals are reviewed quarterly and documented in the quality meetings and there is evidence of review and evaluation of the 2025 goals (2026 goals are in progress of development). 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 (nonclinical) who has been in the role since 2019. They are supported by a clinical manager who has been with Parklands Hospital in the role for eight years and with Bupa for 20 years, and a business coordinator who has been with Parklands Hospital for 2 years. The management team works alongside and is supported by long-standing staff, a regional operations manager, and a regional quality partner. The management team reports that staff turnover has been relatively</p>
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		<p>stable.</p> <p>The general manager and clinical manager have completed over eight hours of training in managing an aged care facility, including Bupa regional managers' forums, completion of Nga Paerewa Te Tiriti o Waitangi Module 1 and 2, Bupa illuminate leadership program, Bupa national leaders conference 2025, clinical manager conference, coaching programme, palliative care lecture series, pandemic and infectious disease planning, and infection control teleconferences.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Parklands Hospital has a range of documents that contribute to quality, risk management, and reflect the principles of quality improvement processes. The quality and risk management systems include performance monitoring through internal audits, surveys and through the collection of clinical indicator data.</p> <p>The clinical manager facilitates the regular bimonthly quality meetings and monthly 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. The quality partner provides a home report on the quality data, benchmarking, and clinical performance of the home; this information is cascaded in other meetings.</p> <p>Quality data and trends are added to meeting minutes and displayed for staff on the notice boards. Data is available in real time on 'Data in one click' a clinical dashboard platform from where several reports are generated as part of the quality discussions at meetings. Clinical performance key indicators (KPIs) are set for falls, behaviours, medication errors, antipsychotic medication use, restraint use and are benchmarked based on care type. The clinical manager reviews the data to identify trends and to identify contributing factors and</p>

	<p>implement corrective actions to address the root cause. Parklands Hospital implements a continuous quality improvement approach with service delivery including critical review of clinical data and benchmarking and identifying opportunities for improvement.</p> <p>The leadership team evidence commitment to improve the service delivery to their residents. This was evidenced through numerous awards presented to Bupa Parklands leadership team. Bupa Parklands has taken two major awards over the last 12 months, with the clinical manager being awarded the “Supreme Brave” award winner in 2024 as well as the Global Award Winner at the Bupa’s Best Awards in October 2025. Furthermore, the general manager received the Whakanui Hauora Award for Responsibility in 2025.</p> <p>Bupa benchmarks clinical indicators with other aged care providers and include falls, fractures, antipsychotic medication use, restraint, pressure injuries, and polypharmacy. External benchmarking are collated quarterly, and the results are shared at the quarterly clinical governance committee meeting. Overall care home clinical performance is monitored by the clinical and quality director which is reviewed and discussed with the regional operations manager. There are documented goals for 2025 for Parklands Hospital for pressure injury reduction and reduction in antipsychotic medication. These goals have been documented as being met. The quality goal of becoming a restraint free care home that was documented in 2024 has been achieved and a continuous improvement rating is awarded at this audit for eliminating restraint (link 6.1.5).</p> <p>Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The outcomes from the recent resident and family/whānau satisfaction survey conducted in October 2025 demonstrated high satisfaction with service delivery showing a net promoter score of family/whānau +35 (up from +26 from March 2025) with home presentation, quality care, cleanliness, and communication. Although the feedback related to food (65 percent) and activities (67 percent) in March 2025 was somewhat satisfactory, it was below the expectations of the management, and a quality improvement project was implemented for both in March 2025. As a result, the satisfaction increased to 79 percent and 71 percent respectively in October 2025.</p>
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		<p>events to the authorities were completed by the clinical manager.</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>FA</p>	<p>There is a staffing and absence management policy and procedure that describes rostering, 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.</p> <p>The clinical manager and general manager work full time Monday to Friday. There are three-unit coordinators (each looking after two units), all works Monday to Fridays. There is a dedicated duty leader on weekends to provide clinical leadership. A review of the current rosters showed shifts were covered by experienced caregivers, there was 24/7 registered nurse cover in the four PG units and 24/7 registered nurse cover for the two hospital units. The rosters evidence at least five RNs on the morning, Five in the afternoon and at least 3 RNs on at night. The RN coverage meets the contractual obligations under the ARRC contract for hospital level care and the ARHSS psychogeriatric level of care.</p> <p>The PG units and hospital units `rosters evidence sufficient number of caregivers allocated to provide the care. Family/whānau and residents interviewed stated there are sufficient staff on duty to meet their needs, and they are informed of changes to staff.</p> <p>There are dedicated activities, maintenance, housekeeping (laundry and cleaning) staff supporting service delivery over seven days.</p> <p>The general manager interviewed confirmed staff needs and shortages are reported to the national senior team. Interviews with staff confirmed that their workload is manageable, and that</p>

	<p>management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. 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>A comprehensive training and competency assessment plan is managed at care homes by the general manager and clinical manager and supplemented with regional and national clinical forums. There is an annual education and training schedule completed for 2025 and being implemented for 2026. 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 compliance with completion of the required training to be consistently above 95%. All completed training is recorded on attendance sheets and staff training records.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Parklands Hospital supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 68 caregivers employed in total, with 54 having achieved level 3 and above NZQA qualification. A record of completion is maintained on an electronic human resources system. There are 44 staff rostered to work across the four PG units; 36 have completed the required dementia unit standards/PG specific required by the ARHSS (D 17.11d) and six are enrolled and in the process of completing the required unit standards and are within the 18-month period. Two caregivers are due for their enrolment in February 2026. There are Careerforce assessors available to support staff to complete the required training.</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.,</p>
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		<p>medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, and simple 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. Twenty of the 23 registered nurses (including the clinical manager and unit coordinators) are interRAI trained. All registered nurses are encouraged to complete a professional development recognition programme (PDRP), three are in progress of completion. 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. A staff recognition programme is in place, and a range of initiatives are in place, including flu vaccinations, southern cross health insurance, shoes for support services staff, and staff nomination vouchers. Staff welfare is also promoted through staff lunches including pizza days, lunch buffets, and cultural day lunches. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations. Staff participated in an annual employee satisfaction survey (last People Pulse survey had 90 percent participation with high satisfaction recorded) and staff interviewed reported a positive workplace.</p> <p>Parklands Hospital's environment encourages collecting and sharing quality Māori health information. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people</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</p>

<p>in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>recruitment team advertise for and screen potential staff, including collection of ethnicity data. Each staff member's ethnic origin is used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data is in place and reported to the board at board meetings.</p> <p>Suitable applicants are interviewed by the Parklands Hospital general manager or clinical manager once applicants pass screening. Eleven 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, 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>
Subsection 2.5: Information	FA	There are policies and procedures that guide staff in the

<p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>management of information. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of an information systems failure.</p> <p>The resident files are appropriate to the service type. All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, timely and met current documentation standards. Signatures that are documented include the name and designation of the service provider. Archived records are held securely on-site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed.</p> <p>Personal resident information is kept confidential and cannot be 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</p>	<p>FA</p>	<p>There are policies implemented for entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. A review of residents' files confirmed entry to service complied with entry criteria. The service admission agreement reviewed aligns with all service requirements. Each of the eleven resident files reviewed included a signed admission agreement, signed by the resident or their enduring power of attorney (EPOA) or welfare guardian where these were in place and had been activated. Exclusions from the service are included in the</p>

<p>person and whānau.</p>		<p>admission agreement. Family/whānau and residents interviewed stated they received the information pack along with sufficient information prior to and on entry to the service.</p> <p>Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. Six files reviewed for residents admitted to the secure psychogeriatric unit included a Needs Assessment and Service Coordination (NASC) assessment and approval for this level of care. The clinical manager has access to health one and completes a preadmission suitability assessment, confirm the admission and then arranges the admission date with family and allied health. The clinical manager and unit coordinators are available to answer any questions regarding the admission process and services provided. A waiting list is managed. The service have information available for Māori, in English and in te reo Māori, on Māori-specific support and available community services for potential residents and their whānau.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and keeps the referral agency, residents and family/whānau informed should there be a delay. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and collates ethnicity data and undertakes routine analysis to show entry and decline rates; including specific data for entry and decline rates for Māori. Parklands Hospital is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and liaison with local kaumatua.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p>	<p>PA Moderate</p>	<p>Eleven resident files were reviewed including five hospital (including one young person with a disability [YPD], one on long-term support chronic health conditions [LTS-CHC] and one on a short-term ACC contract), and six psychogeriatric level of care. Before admission, the clinical manager undertakes a pre-admission assessment to ensure staff are aware of residents' needs and the equipment and supplies they require are in place. Registered nurses are responsible for conducting all assessments, and for the development and review of</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>care plans. Residents and family/whānau confirmed they are involved in assessment, care planning and review processes and resident files show evidence of resident and family/whānau involvement.</p> <p>Cultural assessments are completed for all residents by activities staff who have been trained to do so. The Bupa NZ Māori Health Strategy is implemented to ensure the service support Māori and family/whānau to identify their own pae ora outcomes. Interviews with the clinical manager, clinical coordinators and registered nurses confirmed that a Māori health care plan is completed for any residents that identified as Māori, to describe the support required to meet resident's needs, as sighted in the resident files reviewed on the day of the audit. The registered nurses interviewed described removing barriers so all residents have access to information and services required to promote independence and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes.</p> <p>There is a Pacific care plan available should there be residents who identify as Pasifika. The clinical manager reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified, and strategies to manage these are documented. Staff confirmed they understood the process to support residents and family/whānau.</p> <p>The service has comprehensive policies and procedures in place relating to assessment, support planning, and care evaluation. Registered nurses are responsible for completing assessments, including interRAI, developing resident-focused care plans, and evaluating care delivery at least six-monthly or earlier when residents' needs change.</p> <p>All residents have an initial assessment on entry to the service, and the assessment is used to inform the initial care plan. Information from pre-entry assessments completed by the Needs Assessment and Service Coordination (NASC) or other referral agencies is also used to inform care planning. Initial assessments and care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent and have been completed within the required timeframe. The cognitive and wellbeing assessment captures family/whānau,</p>
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	<p>friends, and community links. Ten reviewed files (which excluded the resident on ACC funding) evidenced completion of initial and six monthly interRAI assessments. The service actively reviews the InterRAI outcome scores for each resident and compares with the previous interRAI in the clinical review meeting and in multidisciplinary meetings held with residents and family/whānau. The resident who was funded by ACC also had a reassessment completed six monthly.</p> <p>Long-term care plans for residents at hospital level of care reviewed included interventions to manage risks, early warning signs, and guide care delivery. The care plans align with the service’s model of person-centred care. Resident files at psychogeriatric level of care confirmed that long-term care plans (LTCPs) include residents’ current abilities, level of independence, identified needs and deficits, habits and routines. Monitoring of behaviours of concern is documented. Gaps were identified in the documentation of registered nurse clinical analysis and in the translation of assessment and monitoring data into sufficiently specific and individualised care plan interventions.</p> <p>The files of younger residents include interRAI assessments and cultural and wellbeing plans which ensures YPD residents are provided with choice and supported to maintain their routine and to freely access the community. This was evidenced in their care plans. Physical and medical needs are addressed in the care plans and residents interviewed confirm they are involved in setting their own routine and care goals.</p> <p>All care plans reviewed included prevention-based strategies to minimise episodes of challenging behaviour, with guidance on how behaviours are best supported across a 24-hour period. The “my day, my way” care plan describes residents’ usual daily routines and provides clear, individualised strategies to guide staff in supporting residents at different times of the day were documented.</p> <p>Antipsychotic management plans (supplementary care plans) were initiated when antipsychotic medications were newly prescribed, discontinued, or when doses changed. These plans supported appropriate oversight of psychotropic medication use. Care plans did not always clearly specify the individual behaviours for which</p>
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		<p>antipsychotic medications were prescribed.</p> <p>Evaluations document the progress towards the individual's goals and if they are met or unmet. Short-term care plans for infections, weight loss, behaviours of concern, changes in medications and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and registered nurses complete monitoring charts, including but not limited to, bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels and repositioning. All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p> <p>The initial medical assessment is undertaken by the contracted general practitioner (GP) within the required timeframe following admission. There is documented evidence of the exemption from monthly general practitioner visits when the resident's condition is considered stable. The service has a contract with a local medical practice that provides a team of two GPs, one of which visits four times a week and the other once a week and as required. On-call cover after hours is provided by the GP practice. The general practitioners have access to the resident records including the medication system. The general practitioner interviewed stated that there was good communication with the service, and the registered nurses demonstrated good assessment skills and that they were informed of concerns in a timely manner. A physiotherapist visits the care home four hours per week, and review residents referred by GP or the registered nurse. There is evidence of a multi-disciplinary approach in the care of residents with other specialist services, including (but not limited to) speech language therapist, wound care specialist, and continence specialist nurse available as required through Health New Zealand. Residents in the psychogeriatric units are referred to and reviewed by the Mental Health support for Older Persons' (MHSOP) service as required, with input from specialist clinicians including psychiatrists and psychologists.</p> <p>Recommendations from these reviews are documented and</p>
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		<p>incorporated into care planning.</p> <p>Caregivers and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery. This was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by registered nurses and caregivers. The electronic progress notes detail any new events (infections and incidents as examples) and follow up for any interventions (wound dressings as an example). When a resident's condition alters, the registered nurses initiate a review with the general practitioner. The registered nurses add information to the progress notes following, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations are being met, and family/whānau confirmed the same regarding their loved ones. Family/whānau stated they are notified of all changes to health, including infections, accident/incidents, general and nurse practitioner visits, medication changes, and any changes to health status.</p> <p>A wound register is maintained. There are a total of 26 wounds including two pressure injuries (one unstageable and one stage two), skin tears, chronic lesions, ulcers, incontinence associated dermatitis and a surgical wound. There were comprehensive wound assessments, wound management plans, and documented evaluations, including photographs to show healing progression. All wounds are reviewed at the clinical review meeting twice a week reviews. This process is holistic and includes nutrition and positioning (as examples). Referrals were completed for the wound nurse specialist input as clinically indicated, with recommended plans incorporated into the wound management plans. The caregivers and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p>	<p>FA</p>	<p>The service employs a team of six activities assistants including the van driver, all with current first aid certificates. One activities</p>

<p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>assistant is currently enrolled with Careerforce to complete the New Zealand Certificate in Diversional Therapy, and all activities assistant working within the psychogeriatric units have completed the required dementia-specific training modules. The activities programme is overseen at facility level by the clinical manager and registered nurses. Organisational oversight of activities across Bupa services is provided by a diversional therapist.</p> <p>Activities are provided across all areas of the facility seven days per week. Each community has a dedicated activities assistant who develops and delivers a monthly activity calendar specific to their area. A seven-day-a-week programme is provided in each psychogeriatric community (Kauri, Rimu, Rata, and Kowhai). The hospital and dual-purpose communities (Matai and Ngaio communities) operate a combined seven-day-a-week activity calendar.</p> <p>Activities are planned on a monthly basis for each community, with calendars displayed throughout the facility and in residents' rooms. Review of activity schedules confirmed a varied programme designed to meet residents' cognitive, physical, intellectual, and social needs. There are sufficient activity resources available for staff and resident use, and each community has a designated activities table where staff and family/whānau are encouraged to initiate activities.</p> <p>Younger persons with disability have access to quiet lounges where they can access a newspaper and socialise. One of the YPD residents interviewed stated they have input into their own routine, including their cultural, social, community and family/ whānau connections.</p> <p>Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, family/whānau, and EPOAs or welfare guardians. Activity assessments and initial activity plans are completed on admission by activities coordinators, under the oversight of registered nurses. RNs evaluate and review activity plans in collaboration with caregivers, activities assistants and family/whānau (where necessary) to ensure activities remain appropriate, responsive, and aligned with residents'</p>
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		<p>assessed needs.</p> <p>One-to-one activities are provided for residents who are unable to participate in group programmes or who choose to remain in their rooms. Weekly outings are facilitated using the service van, with destinations guided by residents' preferences. A range of regular social, spiritual, and cultural activities are provided. Entertainers visit weekly and school groups also visit regularly to perform for residents. Church services are regularly and a priest visiting individuals to provide communion as requested.</p> <p>The service celebrates a range of themed days and cultural events, including Christmas, Easter, ANZAC Day, Diwali, Matariki, Waitangi Day, Te Wiki o Te Reo Māori, and Samoan Language Week. Opportunities are provided for residents to engage in te ao Māori, including celebration of Māori language and cultural events.</p> <p>Feedback and suggestions regarding the activities programme are obtained through resident meetings and resident surveys. Residents and family/whānau interviewed expressed satisfaction with the variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures available for safe medicine management that meet legislative requirements. All clinical staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration.</p> <p>Parklands Hospital currently uses an electronic medication system and robotic packaging for regular medicines and blister packs for short course medicines and for 'as required' medicines. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Younger persons with disability are provided with opportunities to self-administer their own medications where required and where they</p>

		<p>are deemed to be competent to do so.</p> <p>Medications were appropriately stored in the five medication areas (Matai, Ngaio, Kowhai, Rimu, and Rata) and in locked trolleys. Medication fridges and medication room temperatures are monitored daily. The temperature records reviewed showed that the temperatures for the fridge and rooms were within acceptable ranges. There are systems and processes to check all stored medications for expiry and required quantity. Eyedrops and creams have been dated on opening.</p> <p>Twenty-two electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly and each chart has photo identification and a documented allergy status. Over the counter medications are charted on the electronic medication chart.</p> <p>There were no residents self-administering medications. There are processes in place to support residents who may be deemed competent to self-administer medicines. "As required" medicines are administered as prescribed by medication competent staff, with effectiveness documented in the electronic system or progress notes. Medication competent caregivers and registered nurses sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The clinical manager and registered nurses described how they work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs,</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring 22 September 2026 The two-weekly seasonal menu has been reviewed and approved by a dietitian. There is a full-time kitchen manager who is</p>

<p>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>supported by another cook to ensure a seven-day cover on a rotating roster. There is a team of kitchen assistants who work morning and afternoon shifts.</p> <p>There is a food services manual available in the kitchen. The kitchen manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements or residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. The daily menu is documented on a noticeboard in the dining rooms. Residents have access to nutritious snacks 24/7. On the day of audit, meals were observed to be well presented.</p> <p>The kitchen manager and cooks complete a daily diary, which includes fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Meals are plated and put into hot boxes ready to be served to individual residents (as per their dietary requirements) in their room and in each of the Matai and Ngaio (hospital dining rooms) and Kauri, Rata, Kowhai and Rimu (psychogeriatric) dining rooms. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. Food services staff have all completed food safety and hygiene courses.</p> <p>The kitchen manager and caregivers interviewed understood basic Māori practices in line with tapu and noa. The kitchen manager advised that they provide food for the cultural themed days in line with the theme. The kitchen manager stated they accommodate any requests from residents within reason. The residents and family/whānau interviewed were complimentary regarding the food service and meals provided. They can offer feedback at the resident meetings and through resident surveys. The cook visits individual residents to address specific individual needs.</p>
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<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>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure that the discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau and residents are involved for all discharges or transfers to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The registered nurses explained that the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The facility holds a current Warrant of Fitness. Buildings, plant, and equipment are maintained to ensure they are fit for purpose, compliant with relevant health and disability service legislation, and supportive of the levels of care provided.</p> <p>A maintenance officer is employed for forty hours per week (Monday to Friday). Repair and maintenance requests are recorded in a maintenance request book, which is checked daily and signed off once work is completed. An annual preventative maintenance programme, developed by Bupa head office, is in place and includes scheduled monthly, three-monthly, six-monthly, and annual tasks. This programme incorporates routine equipment checks, call bell testing, calibration of medical equipment, and monthly monitoring of hot water temperatures. Essential contractors, including gardeners, plumbers and electricians, are engaged as required.</p> <p>The facility is a two-storey building, with all care services delivered on the first floor. Corporate offices and staff facilities are located on the second level and are accessed via stairs. Parklands Hospital undertakes ongoing review and improvement of the physical environment to enhance comfort, privacy, safety, and usability for residents and staff. This includes a rolling programme of resident room refurbishment, ongoing maintenance of gardens and outdoor</p>

	<p>spaces, enclosure of nurses' stations to support privacy, facility-wide lighting upgrades, installation of modern directional signage, and the addition of locally relevant decorative elements to enhance familiarity and orientation.</p> <p>Targeted upgrades have been completed across communal and clinical areas, including refurbishment of the Rimu community (new flooring, lighting, curtains, decals, recliner chairs, and centralised activities storage), repainting and lighting upgrades in the kauri community, and installation of new curtains and recliners in communal lounges. All nurses' stations have been fully enclosed to enhance privacy, and window tinting has been installed in resident rooms (psychogeriatric communities) overlooking courtyards. Facility-wide lighting upgrades, modern directional signage, and decorative decals featuring local Canterbury scenes have been added to improve visibility, wayfinding, and environmental familiarity.</p> <p>The physical environment is inclusive and supports residents' cultural practices. The clinical manager confirmed that the organisation recognises its obligation to ensure new buildings and major renovations reflect the aspirations and identity of Māori, with oversight and coordination provided by head office.</p> <p>Hospital Level Care: Matai (31 beds) and Ngaio (20 beds) communities.</p> <p>All bedrooms across both communities are single-occupancy, dual-purpose rooms. Bedrooms are of sufficient size to safely accommodate care delivery, including the use of transferring and mobility equipment, and are suitable for younger people with disabilities and their individual equipment. Residents are encouraged to personalise their rooms according to their preferences.</p> <p>The facility provides a mix of shared and full ensuite facilities, with adequate numbers of toilets and showers, including a large communal bathroom equipped with a shower bed. Hand basins with liquid soap and paper towels are accessible for resident use. Each community has a large open-plan lounge and dining area with kitchenette, designed to accommodate hospital-level equipment and residents using power chairs. Seating and space allow for both individual and group activities.</p>
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	<p>Additional facilities include a dedicated whānau room with separate tea and coffee facilities and a recreational lounge for younger people with disabilities, supporting socialisation and self-directed activities. Appropriate signage, easy-clean flooring, fixtures, and well-placed handrails are in place.</p> <p>Psychogeriatric Level Care: Kauri (20 beds), Rimu (20 beds), Rata (20 beds), and Kowhai (16 beds) communities.</p> <p>All communities are secure and accessed via keypad entry. All bedrooms are single occupancy and include hand basins, and residents are encouraged to personalise their rooms, as observed on the day of audit. Communal toilets and showers are available within the psychogeriatric communities, with additional toilets located near communal areas. Toilet and shower spaces are sufficiently sized to safely manoeuvre transferring and mobility equipment. A larger communal shower with shower bed is available; however, at the time of audit there were no residents requiring its use.</p> <p>Each community has a spacious communal lounge and dining area with safe access to secure courtyards and walking pathways. Seating and space arrangements support both individual and group activities, while the overall layout allows freedom of movement and promotes safety for residents who wander. Courtyards and walking pathways are enclosed by secure perimeter fencing. Sliding doors from living areas provide access to garden spaces with pathways, seating, and shaded areas.</p> <p>Centrally located nurses' stations with windows enable effective supervision within each community. Adequate and safe storage is available for equipment, aids, and supplies. Caregivers and registered nurses interviewed confirmed that all equipment identified in care plans is available to support safe care delivery. Communal, visitor, and staff toilets are accessible and supplied with liquid soap and paper towels.</p> <p>All communal areas and resident bedrooms have external windows providing ample natural light. Living areas and bedrooms are appropriately heated and ventilated, and residents and family/whānau interviewed reported the environment to be warm and comfortable.</p>
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		<p>Recent environmental improvements have further enhanced privacy, comfort, and functionality. Window tinting has been installed in all rooms overlooking courtyards to support resident privacy. The Kauri Community has been repainted, with lighting upgraded in communal areas to modernise and brighten the space, along with the addition of new curtains and recliner chairs in the lounge. The Rimu Community has also been upgraded to provide a more contemporary environment, including new carpet and vinyl flooring, curtains, lighting, wall decals, centralised activities storage, and new recliner chairs</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Policies and procedures for fire safety, emergency planning, preparation, and response are available and known to staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place and was approved by Fire and Emergency New Zealand. Fire evacuation drills are conducted every six months, and these are added to the training programme. The staff orientation programme includes fire and security training.</p> <p>Fire exit doors were clearly labelled and free from clutter. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food, water, continence products, and an external power point for a generator (which is supplied by Bupa if needed). Emergency lighting is available and is regularly tested. All registered nurses and senior caregivers have current first aid certificates. Staff demonstrated their understanding of emergency procedures.</p> <p>Call bells were sighted in each bedroom, communal areas and in toilet/shower areas. These are checked monthly by the maintenance person and records are entered into the electronic maintenance system. Residents and family/whānau confirmed staff respond to call bells promptly.</p> <p>Appropriate security arrangements are in place. The psychogeriatric</p>

		<p>communities are secure, and CCTV has been newly installed in communal areas. The building is locked at night and checked by a contracted security firm. Emergency procedures are explained to the residents and family/whānau upon admission to services.</p> <p>Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. The visitors' policy and guidelines were available to ensure resident safety and wellbeing are not compromised by visitors to the service.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<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.</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 implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection</p>	FA	<p>A registered nurse and the clinical manager both hold the portfolio of infection prevention and control (IPC) coordinators. They are responsible for leading, overseeing and coordination of the implementation of the infection control programme at Parklands Hospital. The infection prevention and control coordinators' role, responsibilities and reporting requirements are defined in the infection prevention and control coordinator's job description. Both IPC coordinators have completed external education on infection</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>prevention and control for clinical staff. They have access to shared clinical records and diagnostic results of residents. The governance body approved the infection prevention and control and anti-microbial stewardship programme that is linked to the quality improvement system and reflects the strategic direction of the organisation. Expertise and advice are sought following a defined process, is reviewed and reported on annually.</p> <p>The service has documented policies and procedures that reflect current best practices. These policies and procedures are accessible and available for staff. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. The infection prevention and control coordinators have input when infection control policies and procedures that have impact on healthcare associated infection risk are reviewed. Staff were observed following organisational policies, such as appropriate hand hygiene, use of hand sanitisers, and the use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has a pandemic plan and guidelines to manage and prevent infection exposure. Sufficient resources, including personal protective equipment (PPE), were sighted on the days of the audit. Resources were readily accessible to support a pandemic response plan if required. Staff have received infection control education at orientation and through ongoing competencies. Staff training includes hand hygiene procedures, donning and doffing protective equipment, and regular Covid-19 updates. Training records demonstrated 98 percent compliance with the required training by staff. Records of staff education were maintained electronically. Hand hygiene audits were completed as per schedule. Staff are advised not to attend work if they are unwell. Education with residents was on an individual basis and included reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The infection prevention and control coordinators liaise with the general manager in procurement processes for equipment, devices, and consumables. The infection prevention and control coordinators,</p>
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		<p>interviewed on the day of the audit, reported that there were processes in place for early consultation with the infection prevention personnel in case of any new building renovations or when significant changes are proposed to an existing care home.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. The last infection control audits completed demonstrated compliance with expected guidelines.</p> <p>There were culturally safe practices observed and thus acknowledge the spirit of Te Tiriti. The service ensures that kitchen linen is washed separately, and different face clothes are used for different parts of the body. The infection prevention and control coordinator reported that residents who identify as Māori are consulted on infection control requirements as needed. The service has printed off educational resources in te reo Māori for staff and residents including hand hygiene posters.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe 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>	<p>FA</p>	<p>The service has an antimicrobial stewardship programme. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The Bupa infection prevention and control specialist is responsible to develop this report annually under the guidance of the consultant geriatrician. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial stewardship programme 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 annual infection control and anti-microbial stewardship review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, isolated pathogens, and adverse effects. Results show that Parklands Hospital demonstrates appropriate use of antibiotics.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate</p>

		<p>and is discouraged unless clinically indicated as reviewed by the general practitioner or nurse practitioner. At the time of the audit there were no residents on prophylactic antibiotics. Monotherapy and narrow spectrum antibiotics are preferred when prescribed.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and infection definitions. Infections are entered into the register on the electronic database, and surveillance of all infections (including organisms) is collated into a monthly infection summary. Data is monitored and analysed for trends monthly and annually. Benchmarking occurs with other Bupa care homes. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed during infection control, clinical and staff meetings. The IPC coordinators interviewed confirmed the process of creating improvement plans should this be required.</p> <p>Benchmarking graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand. All infection data is reported to the governing body.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes, and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required and to keep family/whānau up to date on any infections. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation.</p> <p>There have been five outbreaks since the last audit: Covid 19 (June and August 2025), viral gastroenteritis (January and December 2025) unidentified respiratory outbreak (Ngaio unit in January 2026).</p>

		<p>Should there be any signs of an outbreak the Bupa infection prevention and control nurse will be contacted within 24 hours. Staff confirmed that resources, including PPE, ready-made outbreak kits are available to support the outbreak plan. There is a communication plan as part of the outbreak report on how and when residents and family/whānau are updated regularly throughout 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 transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are sluice rooms (with sanitisers) and personal protective equipment, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>The support services coordinator (interviewed) provides oversight of the cleaning and laundry delivery processes. Linen, including kitchen linen and personal clothes are laundered off site at a sister facility and delivered daily, seven days a week. The laundry is delivered in a van to the clean area in the receiving laundry space and picked up in a separate area.</p> <p>The laundry on site is used to receive clean laundry and the washing machine is used for the cleaning of mopheads. There are defined areas for clean and dirty laundry. A dirty-to-clean flow is evident. Clean clothes are transported in labelled baskets and linen in covered trolleys. Good quality linen were sighted in the cupboards. Material safety data sheets are available.</p> <p>Cleaners' trolleys are attended to at all times and locked away in the cleaners' cupboards when not in use. Cleaning schedules have been</p>

		<p>consistently maintained for daily and periodic cleaning. All chemicals on the cleaner's trolley were labelled. Appropriate personal protective clothing was readily available.</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 Parklands Hospital testing and monitoring programme for the built environment through scheduled internal audits that include those related to cleaning, laundry, and the general environment. The completed audits evidenced compliance with expected standards.</p> <p>The infection prevention and control coordinators provide support to maintain a safe environment during construction, renovation, and maintenance activities. There was no construction, installation, or maintenance in progress at the time of the audit.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The policy and procedures for restraint minimisation and safe practice specify Bupa New Zealand is committed to providing a restraint-free environment to the best of their ability. This is supported by the governing body, management, unit coordinators and staff. The policy requires when restraint is considered, the facility works in partnership with Māori, to ensure resident voices are heard, and ensure services are mana enhancing. During the audit there were no residents using restraint. Parklands Hospital has been restraint free since 2024.</p> <p>The restraint coordinator is the clinical manager. A job description is in place for the restraint coordinator role. The restraint coordinator stated their commitment to least restrictive practices is through ensuring residents needs are met through intentional rounding, regular toileting, implementing falls prevention strategies, use of equipment such as sensor mats and landing mattresses as examples, effective communication with family/whānau and educating staff on maintaining safety for individual residents.</p> <p>There is a national restraint coordinator who oversees restraint use throughout Bupa New Zealand. A monthly report is submitted to the national restraint coordinator and review of these for 2025 show the</p>

		<p>restraints in use and training is up to date. There is a restraint committee in place that meet bi-monthly. Meeting minutes were reviewed.</p> <p>Training records demonstrate staff receive annual education on restraint minimisation, types of restraint approved, definition of what is and is not restraint, the policies and procedures for restraint minimisation and safe practice, responding to distressed behaviour, and falls prevention. Staff complete an annual competency assessment.</p> <p>The facility is awarded a continuous improvement rating for successfully eliminating restraint (21 restraints used in 2018 to zero since February 2024).</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 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</p>	<p>PA</p> <p>Moderate</p>	<p>The service has comprehensive policies in place relating to assessment, support planning, and care evaluation. Registered nurses and enrolled nurses are responsible for completing assessments, including interRAI, developing resident-focused care interventions, and evaluating care delivery at least six-monthly, or earlier as residents’ needs change. Assessment outcomes inform the development of long-term care plans (LTCPs), with identified interventions intended to guide care delivery.</p> <p>Interventions for behaviours of concern for residents in the PG unit are not always specific. The antipsychotic management plan for one of six residents clearly specified the individual</p>	<p>The antipsychotic management plans for five of six residents did not clearly specify the individual behaviours being treated with prescribed antipsychotic medications. As a result, documentation did not clearly demonstrate linkage between behavioural presentation, clinical rationale, and evaluation of effectiveness.</p> <p>Care plans did not evidence documented registered nurse review and clinical analysis of stress and distress monitoring data for the six psychogeriatric residents reviewed.</p> <p>Interventions for behaviours of concern for residents in the PG unit are not always specific and</p>	<p>(i) Ensure that antipsychotic management plans specify the individual behaviours being treated with prescribed antipsychotic medications.</p> <p>(iii) Ensure that care plans evidence documented registered nurse review and clinical analysis of stress and distress monitoring data residents in the psychogeriatric unit.</p> <p>(iv) Ensure interventions for behaviours of concern for residents in the PG unit are specific and accurately</p>

<p>competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's 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>behaviours being treated with prescribed antipsychotic medications. Care plans did not evidence documented registered nurse review and clinical analysis of stress and distress monitoring data for the six psychogeriatric residents reviewed.</p>	<p>accurately reflect residents' current clinical presentation.</p>	<p>reflect residents' current clinical presentation.</p> <p>60 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 6.1.5</p> <p>Service providers shall implement policies and procedures underpinned by best practice that shall include:</p> <p>(a) The process of holistic assessment of the person’s care or support plan. The policy or procedure shall inform the delivery of services to avoid the use of restraint;</p> <p>(b) The process of approval and review of de-escalation methods, the types of restraint used, and the duration of restraint used by the service provider;</p> <p>(c) Restraint elimination and</p>	CI	<p>Parklands Hospital implemented a comprehensive, structured, risk-based continuous improvement programme to eliminate restraint use following the identification of unsafe and inappropriate restraint practices in 2018 and ongoing review of restraint trends across the service. As a large facility with 127 beds and a high proportion of residents requiring higher level of care (psychogeriatric), restraint minimisation was identified as a significant clinical, quality, and human-rights risk requiring sustained, service-wide improvement to effectively manage clinical complexity.</p> <p>The programme was informed by historical restraint data, internal audits, and governance review, and was explicitly aligned with the organisation’s restraint minimisation and safe practice policy. The policy establishes a clear expectation of a human rights-based, least-restrictive, restraint-free philosophy and</p>	<p>Baseline restraint reporting and quality review data demonstrated a clear staged reduction over time. In 2018, review of restraint data identified unsafe and inappropriate restraint practices, with the highest number of residents in restraint at one time recorded as 21. This finding prompted early improvement activity, including increased staff education and reinforcement of restraint minimisation principles, with a focus on restraint as a last resort and least-restrictive, human rights-based care. During 2019, continued improvement efforts focused on strengthening staff understanding and awareness, supported by ongoing monitoring and review of restraint use across the service.</p> <p>During 2020–2021, restraint use fluctuated across the service. Review and analysis during this period identified ongoing staff reliance on restraint as a</p>

<p>use of alternative interventions shall be incorporated into relevant policies, including those on procurement processes, clinical trials, and use of equipment.</p>		<p>is supported by governance oversight, staff education and competency frameworks, auditing and benchmarking processes, and systematic use of alternatives to restraint. This provided a clear foundation for a service-wide quality improvement programme focused on embedding restraint-free practice as standard care. At the time of audit, Parklands Hospital is restraint free.</p> <p>Measured outcomes demonstrate sustained elimination of restraint use, with zero residents restrained over multiple years, supported by embedded cultural change reflected in staff confidence to apply alternative strategies and identify unmet needs early, and ongoing assurance through auditing, reporting, education, and benchmarking. Restraint minimisation and elimination is embedded within the service's quality management framework and clinical culture, with governance oversight, competency assessment, and monitoring systems in place to sustain restraint-free, safe, dignified, and human rights-based care.</p>	<p>perceived safety strategy, highlighting the need for more structured, sustained, and service-wide intervention. These findings informed further quality improvement planning and strengthened governance oversight.</p> <p>Continued quality review and targeted improvement initiatives were implemented throughout 2022, resulting in a progressive reduction in restraint use and achieving zero residents restrained by the final quarter of the year. This outcome was sustained throughout 2023 across all service areas, as confirmed through restraint reporting, internal audits, and governance review. In 2024, the service achieved and maintained formal restraint-free care home status, demonstrating consolidation of restraint-free practice over time.</p> <p>In accordance with organisational policy requirements, the service implemented a multi-layered improvement programme to support these outcomes. This included strengthened clinical and governance leadership with dedicated restraint coordinator oversight, regular reporting and review through established quality and clinical governance structures, and ongoing staff education, orientation, and competency assessment in restraint minimisation and alternative strategies. The service systematically identified and implemented documented alternatives to restraint, including environmental modifications, individualised care strategies, psychosocial and physiological interventions, and engagement in meaningful activity. Robust restraint auditing, benchmarking, and data analysis processes were maintained to monitor trends and inform practice, alongside active involvement of residents and whānau in decision-making, care planning, and evaluation of strategies to maintain dignity, autonomy, and safety without</p>
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End of the report.