

Bupa Care Services NZ Limited - Willowbank Care Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Willowbank Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 19 February 2026 End date: 20 February 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:	47

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

Bupa Care Services NZ Limited - Willowbank Care Home (Willowbank Care Home) is in Napier and provides hospital (geriatric and medical), rest home and dementia levels of care for up to 56 residents. There were 47 residents on the days of audit.

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

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

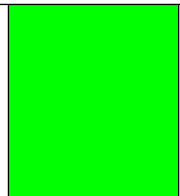
There are documented quality systems and processes for the care home. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed nine of the twelve previous shortfalls, related to resident's personal clothing; quality system implementation; supervision of residents; staff training; care plan documentation; care plan evaluations; and implementation of activities.

Improvements continue to be required around timeframes for care planning, care monitoring and medication management.

This surveillance audit identified further improvements related to orientation records and staff performance reviews.

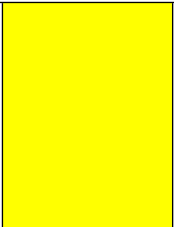
Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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There is a Māori health plan in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place, which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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Willowbank Care Home has an established and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Long-term care plans were holistic and individualised, reflecting each resident's assessed needs, preferences and goals of care. Resident files included medical notes by the general practitioner and visiting allied health professionals.

The electronic medicine charts sighted were reviewed at least three-monthly by the general practitioner. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

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

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

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

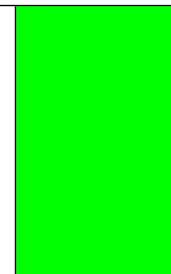


Subsections applicable to this service fully attained.

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

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

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



Subsections applicable to this service fully attained.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at Board level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	1	2	0	0
Criteria	0	46	0	2	3	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service, which Willowbank Care Home utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service currently has residents and staff who identify as Māori. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan and care plan process.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Ola Manuia Pacific Health and Action Plan and Te Mana Ola are the chosen models for the Pacific health plan and Pathways to Pacific Peoples Health Equity policy. At the time of the audit there were Pacific staff able to support and provide guidance staff and residents. Twelve staff (five caregivers, four registered nurses (RNs), one maintenance manager, one business coordinator, and one kitchen manager) and two managers (the general manager and clinical manager) completed cultural safety training and could explain the implementation of cultural safety for Pacific peoples related to their cultural, and spiritual beliefs. There were no residents who identified as Pasifika at the time of the audit.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The general manager demonstrated how it is also given in welcome packs in the language most appropriate for the resident, to ensure they are fully informed of their rights. Interviews with four family/whānau (one rest home, two hospital level and one dementia), and four residents (two hospital level, two rest home level) confirmed they are informed of their rights and their choices are respected.</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>	FA	<p>Caregivers and RNs interviewed described how they support residents to choose what they want to do and provided examples. Residents interviewed reported they are treated with respect and cares are provided with privacy and dignity. Resident choice and preferences reflect in the care plan. 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. Orientation for staff covers the concepts of personal privacy, and dignity and privacy training has occurred as scheduled for 2025. Observation, discussion with caregivers, RN's and management confirmed that communal underwear is not used at Bupa Willowbank Care Home. The previous partial attainment #1.4.3 has been addressed.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The Bupa organisational policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff at Willowbank Care Home are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records.</p> <p>Staff interviewed demonstrated an understanding of professional boundaries when interviewed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p>	FA	<p>Resident files reviewed included completed general consent forms and</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>consents for influenza and Covid-19 vaccinations. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the resident or the activated enduring power of attorney (EPOA), where this has been activated. All documentation regarding EPOA, and activation is on file, as reviewed in the residents' files.</p>
<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 provided to residents and family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English. An electronic complaints register is being maintained, which includes all complaints, dates and actions taken. There were three complaints documented since the last audit; all have been closed off to the satisfaction of all involved. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Main themes were around food services and care services. There were no complaints from external agencies.</p> <p>Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The general manager acknowledged their understanding that for Māori, there is a preference for</p>

		face-to-face communication and to include whānau participation.
<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>	FA	<p>Willowbank Care Home is situated in Napier, Hawkes Bay. The service is certified to provide rest home, hospital, and dementia level of care for up to 56 residents. There are 36 dual-purpose beds and a 20-bed dementia care unit.</p> <p>On the day of the audit there were 47 residents: 19 rest home residents; and 14 hospital residents, including two rest home residents on younger person with a disability (YPD) contract. There were 14 residents in the dementia unit. The remaining residents were under the age-related residential care contract (ARRC). There was one married couple at the time of the audit, who were not sharing a room.</p> <p>The leadership team of Bupa is the governing body and consists of Directors or heads of - Clinical, Operations, Finance, Legal, Property, Customer transformation, People, Risk, Corporate Affairs and Technology. This team is guided by the Global Bupa strategy, purpose and values and reports to the Bupa Care Services NZ Boards in New Zealand and the Bupa Australia & New Zealand (ANZ) Board. There is a New Zealand based managing director that reports to a New Zealand based Board. The directors are knowledgeable around legislative and contractual requirements, and are experienced in the aged care sector. Bupa has a clinical governance committee (CGC), risk and governance committee (RGC), a learning and development governance committee, and a work health safety governance committee, where analysis and reporting of relevant clinical and quality indicators are discussed for service improvement.</p> <p>There is a clinical support improvement team (CSI) that includes clinical specialists in restraint, infections and adverse event investigations and a customer engagement advisor, based in head office to support their facilities, with improvement to their service. Furthermore, Bupa undertakes national and regional forums, as well as local and online training, national quality alerts, use of benchmarking quality indicators, and learning from complaints (open casebooks), as ways to share learning and improve quality of care for Māori and tāngata whaikaha. The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The</p>

		<p>strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori), which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system.</p> <p>Bupa NZ is committed to supporting outcomes for Māori and address barriers to provide equitable service delivery. Goals of the Māori strategy permeates through service delivery and measured as part of the quality programme. The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers. Bupa has an overarching strategic plan in place, with clear business goals to support their person-centred philosophy. The business and operational plan is reviewed annually by the leadership team as part of strategy and planning. A vision, mission statement and objectives are in place. Annual quality and business goals for Willowbank Care Home have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in quality, and staff meetings. Quality goals are reviewed as part of twice weekly clinical review meetings.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Willowbank Care Home is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality meetings, six-weekly staff meetings, and twice-weekly clinical review meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints; staffing; and education. Meetings were completed as scheduled. Action identified in meetings were assigned to a person with timeframes for achievement. Action plans were signed off. The general manager (GM) has commenced the implementation of this system, with a noted improvement since their employment six months ago.</p> <p>There is an internal auditing schedule in place. Internal audits have been completed as scheduled for the last six months since the new GM commenced. Internal audits evidenced progress and sign off when completed. Collation of data was documented as taking place. Quality, health and safety goals, and progress towards attainment are discussed at meetings. Quality data and trends are displayed on the office noticeboards, discussed in meetings, added to meeting minutes, and held in folders in the</p>

		<p>staffroom. Corrective actions are consistently documented when required, signed off when completed and are discussed at meetings. The previous partial attainment # 2.2.2 has been addressed. Benchmarking occurs on a national level against other Bupa facilities. Quality improvement projects are documented related to reduction in antipsychotic medication, medication errors, and for the reduction in falls.</p> <p>Resident and family satisfaction surveys have been completed. The most recent March 2025 and September 2025 resident and family/whānau satisfaction surveys had been collated and analysed at head office. The survey results reviewed evidence that the feedback was overall positive related to staff, and the quality of services provided; however, the food services and activities programme need improvement. Action plans are documented to ensure improvement. The latest results were discussed with staff and shared with residents and family/whānau.</p> <p>A health and safety system is in place. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register was reviewed (sighted). Health and safety goals are documented and discussed at monthly health and safety meetings. The previous partial attainment #2.2.3 has been addressed. Staff are kept informed on health and safety issues in handovers, meetings and via toolbox talks. Electronic entries are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident records reviewed. Incident and accident data is collated monthly and analysed. The previous partial attainment #2.2.5 has been addressed. The electronic system generates a report that goes to each operational team/governance team and generates alerts depending on the risk level. Results are discussed in the quality and general staff meetings and at handover. Each event involving a resident reflected a clinical assessment and timely follow up by a registered nurse.</p> <p>Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications and notifications to the Health Quality and Safety Commission since the last audit. There have been two outbreaks documented since the previous audit, which were appropriately notified.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The roster provides sufficient and appropriate coverage for the delivery of care and support. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Staff absences are covered by casual staff and agency, as sighted on the roster and on the days of the audit. The general manager and clinical manager are available Monday to Friday. On call is provided on rotation with other general managers and clinical managers within the region. Observation, discussion with caregivers, RN's, management and family/whānau confirmed that rosters ensure caregivers or activities staff supervise residents in the dementia lounges. The previous partial attainment #2.3.1 has been addressed.</p> <p>There is an annual education and training schedule implemented for 2026. The education and training schedule lists compulsory training. The service provides online education with monitoring of completion and ongoing encouragement. This ensures a very high percentage of staff who attend the compulsory training. Training has included relevant subjects, such as (but not limited to) resident rights; emergency safety; cultural awareness; and infection control.</p> <p>Cultural training is included in orientation and in the annual training schedule. Education topics related to cultural training awareness, Te Tiriti, and health equity have been completed as part of the annual training schedule. This aspect of the previous partial attainment #2.3.2 has been addressed.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-one caregivers are employed, including a team of twelve casual staff. The Bupa orientation programme qualifies new caregivers at a NZQA level two achievement. Of the 31 caregivers at Willowbank Care Home, 22 have achieved a NZQA level 3 qualification or higher.</p> <p>There are 20 caregivers allocated to work in the dementia unit, and 10 have completed the required dementia standards; whilst 7 are in progress to complete the standards. Three staff are not yet enrolled in the training programme, but have only recently commenced employment.</p> <p>Annual competencies include (but are not limited to) hand hygiene, moving and handling, and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 undertake some of the same competencies as the registered nurses (eg, medication administration,</p>
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		<p>controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, and wound management).</p> <p>Additional RN specific competencies include syringe driver, and interRAI assessment competency. There are seven registered nurses and the clinical manager; all are interRAI trained.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	PA Low	<p>Five staff files (two registered nurses, one kitchen manager and two caregivers) reviewed included evidence of training and competencies and professional qualifications on file where required. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation, and this was confirmed by staff interviewed. The service's policies demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment for Māori. However, not all staff files had completed orientation records on file, and not all staff who have been employed for a year or more, had a current performance review on file.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Moderate	<p>Registered nurses are responsible for completing all residents' assessments, developing and evaluating care plans, and overseeing the ongoing review of care. Five resident files were reviewed across all service levels (one dementia care, two rest home, and two hospital residents), including one rest home level resident funded under a short-term ACC contract and one rest home resident under a respite contract. Initial assessments and care plans were developed in consultation with the resident and/or their Enduring Power of Attorney (EPOA) and were completed within the required timeframes. Care plans were informed by data collected through comprehensive nursing assessments, which included (but were not limited to) domains such as nutrition; pain; mobility and transfers; skin integrity; continence; pressure injury risk; cultural</p>

	<p>considerations; behaviour; and social history, as well as information obtained from pre-entry assessments completed by the Needs Assessment and Service Coordination (NASC) service or other referral agencies.</p> <p>Initial interRAI assessments were completed within three weeks of admission. InterRAI reassessments were scheduled for completion every six months or earlier if clinically indicated; however, not all interRAI assessments were undertaken within the required timeframes. The previous partial attainment related to criterion # 3.2.1 has not been addressed. Long-term care plans have been completed within three weeks of admission.</p> <p>Review of residents' care plans confirmed that interventions were sufficiently detailed to provide clear direction and guidance for care staff in the safe and effective delivery of care. Care plans in the dementia unit evidenced a comprehensive 24-hour approach that reflected each resident's usual daily routine. Individualised interventions were documented to support caregivers in managing resident behaviours, promoting consistency, responsiveness, and person-centred care. Long-term care plans were holistic and individualised, reflecting each resident's assessed needs, preferences and goals of care. The care plans provided clear guidance to staff regarding both medical and non-medical support requirements. Documented interventions and identification of early warning signs were appropriate to the residents' clinical presentations and met their assessed needs. The previous partial attainment related to criterion # 3.2.3 has been addressed.</p> <p>Policies and procedures were in place for the use of short-term care plans to address specific issues, such as infections, weight loss and wounds. These short-term plans were completed, evaluated, and either signed off when resolved or integrated into the long-term care plan as appropriate. Review of resident records confirmed that short-term care plans were in use and consistently evaluated.</p> <p>Interview with the clinical manager confirmed that a Māori health care plan is completed when a resident identifies as Māori, to ensure cultural needs are appropriately assessed and integrated into care planning. There were residents who identified as Māori at the time of audit.</p> <p>The initial medical assessment is undertaken by the contracted general practitioner (GP) within the required timeframe following admission. The</p>
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	<p>service has a contract with a local medical practice that provides a general practitioner, who visits the care home twice weekly for a total of four hours and provides on-call cover after hours. The general practitioner has access to the residents' records, including the medication system. The general practitioner interviewed stated that there was good communication with the service, and the registered nurses demonstrated adequate assessment skills and that they were informed of concerns in a timely manner. A physiotherapist visits the care home weekly, and reviews residents referred by the registered nurse. There is evidence of a multidisciplinary approach in the care of residents with other specialist services, including (but not limited to) speech language therapist, wound care specialist, and continence specialist nurse available as required through Health New Zealand.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, general practitioner reviews, medication changes, and any changes to health status.</p> <p>There was evidence of wound care products available at the care home. A review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. The active wounds include a stage II facility acquired pressure injury, skin tears, incontinence associated dermatitis, lesions, abscess, and abrasions. Wounds were dressed as scheduled, with clear documentation that included assessments, photographs, management plans, and evaluations, evidencing progress towards healing. Referrals were completed for wound nurse specialist input as clinically indicated, with recommended plans incorporated into the wound management plans.</p> <p>Interviews with registered nurses (RNs) and caregivers confirmed that both verbal and written handovers occur at the commencement of each shift to ensure continuity of service delivery. The handover process takes place between the outgoing and incoming RNs, and includes all caregivers rostered on the shift. Staff interviewed and handover documentation confirmed that the handover was comprehensive and facilitated effective communication of residents' status and care needs.</p> <p>Caregiver progress notes are generated through pre-populated intervention templates, which are populated once specific tasks are completed. RNs document clinical assessments as progress notes. Entries reviewed</p>
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		<p>provided a complete and cohesive record of each resident's care journey, including all treatments and interventions delivered by both caregivers and RNs.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; visual checks, weight; food and fluid; repositioning charts; and blood glucose levels. Monitoring charts have not always been completed as scheduled.</p> <p>All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Caregiver interviews confirmed they are familiar with the needs of all residents in the care home, and that they have access to the supplies and products they require to meet those needs. Neurological observations have routinely been commenced for unwitnessed falls, or those where head injury was suspected. However, these were not consistently completed as scheduled. The previous finding related to criterion # 3.2.4 remains open. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>The evaluations include the degree of achievement towards meeting desired goals and outcomes. Multi-disciplinary meetings involving input from the GP, families/whānau and staff have been held six-monthly in conjunction with care plan reviews. The previous finding related to criteria # 3.2.5 has been addressed.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities,</p>	<p>FA</p>	<p>The resident's activities programme is implemented by an activity coordinator who works 70 hours a fortnight, and is supported by two activity assistants who together work 70 hours a fortnight to provide all residents with their activities. The activities were based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These assessments were completed within three weeks of admission in consultation with the family/whānau and residents. Each resident had a map of life developed detailing the past and present activities, career, and family. A monthly</p>

<p>planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>planner is developed and displayed throughout the facility on noticeboards. Residents and family/whānau meet monthly to discuss different issues at the facility and provide feedback relating to activities.</p> <p>The activity programme is formulated by the activity coordinator in consultation with the management team, RNs, EPOAs, residents, and care staff. The activities on the programme were varied and appropriate for residents assessed as requiring dementia, rest home, and hospital level of care. The residents in the rest home, dementia, and hospital communities were observed participating in a variety of activities on the audit days that were appropriate to their group settings. There are regular outings and drives for all residents (as appropriate).</p> <p>The dementia community's activities calendar sighted has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities, including pet therapy, music therapy, beauty therapy, walks and art. Activities were observed on the days of the audit in the dementia community between residents and the activities team or caregivers.</p> <p>There were residents who identified as Māori. The general manager reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals with varying events lined up.</p> <p>Residents and family/whānau reported favourably regarding the level and variety of activities provided. The previous partial attainment # 3.3.1 has been addressed.</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</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses are required to complete syringe driver training, and these have been completed as sighted in the training records.</p> <p>Staff were observed to be safely administering medications. The registered</p>

<p>that complies with current legislative requirements and safe practice guidelines.</p>		<p>nurses and medication competent caregivers interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication rooms. The medication fridge and medication room temperatures are monitored daily. Aspects of the previous partial attainment #3.4.1 related to fridge and room temperatures and controlled drug weekly stocktakes have been addressed. Stored medications are checked weekly; however, emergency and impress stocktake have not occurred as scheduled. Policy require eyedrops to be dated on opening and discarded as per manufacturer's instructions; however, on the days of audit, this was not consistently done.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the general practitioner had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There was one resident self-administering medications. The self-administration guidelines have been implemented including an assessment of competency, general practitioner sign off, and secure medication storage. No vaccines are kept on site, and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and</p>	<p>FA</p>	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cook reported they accommodate residents' requests.</p> <p>There is a current verified food control plan. The residents and family/whānau interviewed were complimentary regarding the standard of</p>

<p>hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and 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 buildings, plant, and equipment are fit for purpose at Willowbank Care Home and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. The Certificate for Public use is current, expiring 11th April 2026. There is a maintenance request book for repair and maintenance requests located in the GP room, and in the corridor near the entrance to the community centre. Equipment failure or issues are also recorded in the maintenance book. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and weekly testing of hot water temperatures. Essential contractors/tradespeople are available as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	<p>FA</p>	<p>There is an infection prevention and antimicrobial stewardship programme and procedure that has been developed by Bupa and their in-house</p>

<p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>infection control specialists, which includes the pandemic plan. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff. Policies and procedures are reviewed in a timely manner and in response to current best practise, current trends and learnings from outbreaks, in consultation with infection control coordinators. This links to the overarching quality programme, and the infection control programme is reviewed, evaluated, and reported on annually.</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education is comprehensive in relation to infection prevention and control and includes monitoring antimicrobial medication.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database, and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa care homes. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. The service receives regular notifications and alerts from Health New Zealand.</p> <p>Infections, including outbreaks, are reported and reviewed so improvements can be made to reduce healthcare acquired infections (HAI). There have been two Covid-19 outbreaks since the previous audit. These were well managed, documented, and reported to Public Health, where appropriate. Daily outbreak meetings occurred. A debrief was completed to identify what went well, and areas of improvement for future outbreak management.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am 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>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards and are approved by head office. Policies state that only a restraint coordinator and clinical manager may authorise the use of restraint. The regional restraint group is responsible for the Bupa restraint elimination strategy, and for monitoring restraint use in the organisation. Restraint is discussed at clinical governance and Board level.</p> <p>At the time of the audit, there were no residents using restraints. The designated restraint coordinator is the clinical manager. Training for all staff occurs at orientation and annually, as sighted in the training records.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	<p>Bupa has comprehensive policies and documents in place in relation to onboarding/orientation of new employees. The Bupa head office recruitment team ensures that the relevant documents of a new employee are uploaded to the electronic staff files; however, orientation records and performance appraisals are the responsibility at facility level. Staff interviewed stated a structured orientation is provided to newly employed staff. Five of the five staff files reviewed did not have a completed orientation record on file.</p> <p>The clinical manager and general manager stated they are implementing an improved process to ensure completed orientation records are put on file.</p>	Two staff files reviewed did not evidence orientation records, and three staff files had incomplete orientation documentation.	<p>Ensure completed orientation records are evidenced.</p> <p>90 days</p>

<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	<p>PA Low</p>	<p>There is a schedule of when performance reviews are due. A review of the schedule evidence that performance reviews were not completed in 2024 and 2025. The new general manager has implemented a process to review the schedule, to ensure performance reviews are completed in required timeframes.</p>	<p>Performance reviews were not completed as scheduled for 2024 and 2025.</p>	<p>Ensure staff who are employed for more than 12 months have an annual performance review completed.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>All assessments are completed by an RN on admission. An initial summary care plan is developed within 24 hours of admission to provide guidance for caregivers on care delivery for the residents. Files evidenced that all residents who are required to have an interRAI assessment, are completed within 21 days of admission. Each resident's care plan is informed by the interRAI assessment. InterRAI reviews are required at least every six months; however, this was not consistently evidenced. This is an ongoing shortfall. Care plan evaluations for residents where this was required, were not always completed as scheduled.</p>	<p>(i). InterRAI reassessments for one hospital and one dementia level care resident were overdue for eight to twenty days.</p> <p>(ii). Six-monthly care plan evaluations for one hospital and one dementia level care resident were overdue for eight and twenty days.</p>	<p>(i). Ensure interRAI reassessments are completed within the required timeframes.</p> <p>(ii) Ensure care plans reviews are completed as scheduled.</p> <p>60 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed</p>	<p>PA Moderate</p>	<p>There is a policy for neurological observations being undertaken for unwitnessed falls or where there is suspected injury to the head. Eight fall related incidents that required neurological observations were reviewed. Four were completed according to policy.</p> <p>There are a suite of monitoring charts that are available; however, not all monitoring charts have not been completed as per care plan.</p>	<p>(i). Neurological observations have not been completed as per policy for four of eight fall related incidents that required neurological observation to be completed.</p> <p>(ii). Intentional rounding has not been consistently</p>	<p>(i). Ensure neurological observations are completed as per policy.</p> <p>(ii)-(iii). Ensure monitoring records are completed as per policy and care plan</p>

<p>needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>			<p>completed hourly as scheduled.</p>	<p>requirements.</p> <p>60 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>The RNs, and medication competent caregivers who administer medications had current competencies which were assessed in the last twelve months. Education around safe medication administration is provided. All medication charts and signing sheets are electronic. On the days of the audit, a medication competent caregiver was observed to be safely administering medications.</p> <p>There are two medication rooms (one for rest home and hospital residents and another for the dementia community). There is a system implemented to consistently check for expired medicines for deceased residents and unused medicines stored in the medication rooms; however, the weekly checks of the impress system have not been consistently completed.</p> <p>Medications were stored in the medication trolleys and the two medication areas. Review of eyedrops in current use in the three medication trolleys identified not all were</p>	<p>(i). Two eyedrops in the dementia unit and one eyedrop in the dual care unit were in use past the expired date.</p> <p>(ii). One eyedrop in current use did not evidence an opening or expiry date.</p> <p>iii). The emergency and impress medications checks have not occurred weekly as scheduled since September 2025 in the dual unit.</p>	<p>(i-ii). Ensure eyedrops are dated on opening and discarded as per manufacturer's instructions</p> <p>(iii). Ensure that stock check of impress medications is completed weekly.</p> <p>60 days</p>

		discarded as per manufacturer's instructions, or dated on opening.		
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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, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.