

Bupa Care Services NZ Limited - Bethesda Rest Home & Hospital

Introduction

This report records the results of a Certification Audit; Partial Provisional 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: Bethesda Rest Home & Hospital

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

Dates of audit: Start date: 30 March 2026 End date: 31 March 2026

Proposed changes to current services (if any): This audit verified the five care suites in the rest home are dual purpose beds, as per Ministry of Health [Manatū Hauora] letter, June 2025. In addition, the service requested reconfiguration of 20 rest home beds for dual purpose. This partial provisional audit has verified these rooms as being suitable to provide rest home and hospital level of care. This confirms that Bupa Bethesda Rest Home and Hospital will have a total of 90 beds, comprising 25 hospital beds, 45 dual purpose beds and 20 dedicated dementia beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 86

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

Bethesda Rest Home and Hospital provides dementia, hospital (geriatric and medical), and rest home levels of care for up to 90 beds. On the day of the audit, there were 84 residents.

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

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

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

This audit verified the five care suites in the rest home are dual purpose beds. This partial provisional audit has also verified 20 rest home beds as being suitable to provide rest home and hospital level of care.

The certification audit identified shortfalls related to care planning

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. Staff confirmed that if incidences of abuse, neglect or discrimination were suspected, this would be 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 Care Services NZ is the organisation's governing body, and they are responsible for the services provided. Services are planned and coordinated and are appropriate to the needs of the residents and family/whānau. Goals sighted in the strategic plan are formulated and approved by the area leadership team.

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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Entry to the service is managed in a timely and equitable manner. The clinical manager completes pre-admission assessments to ensure service capability and appropriate resource allocation. Residents and family/whānau confirmed involvement in assessment, care planning, and evaluation, with cultural values, beliefs, and preferences respected.

Registered nurses are responsible for care planning, implementation, and evaluation, informed by interRAI and comprehensive clinical assessments. General practitioner or nurse practitioner input is available regularly, with medical reviews completed within required timeframes and at least three-monthly thereafter.

Care planning is individualised and reflects residents' needs, goals, and risks. Monitoring and multidisciplinary input are evident.

An activities programme is implemented across all levels of care and is overseen by a diversional therapist, supported by activities staff. Activities are individualised and meaningful, with adaptations in the dementia unit to support sensory engagement, routine, and behavioural support.

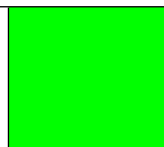
Medication management systems are implemented in accordance with legislative requirements and best practice. Staff administering medications have medication competency assessments annually. Medication charts reviewed were complete, with allergies and sensitivities documented.

Nutritional services are provided onsite. Residents' dietary needs, preferences, allergies, and cultural requirements are identified and accommodated. The menu is reviewed by a dietitian, and a current food control plan is in place.

Transition, transfer, and discharge processes are coordinated to ensure continuity of care, with involvement of residents and family/whānau and appropriate communication with receiving services.

Te aro ki te tangata me te taiao haumarū | 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.



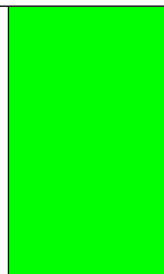
Subsections applicable to this service fully attained.

The facility has a current building warrant of fitness and a planned maintenance programme. The environment is clean, well maintained, and supports safe mobility and independence. Communal areas and resident rooms are appropriately sized, with adequate natural light and access to outdoor spaces. The secure dementia unit provides a safe environment with accessible outdoor areas.

Emergency management systems are in place, including a documented emergency plan and sufficient civil defence supplies for at least three days. Staff are trained in emergency procedures, with at least one staff member always on duty with a current first aid and resuscitation certificate. Security systems support resident safety, including controlled access and overnight monitoring.

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. A registered nurse coordinates the programme.

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

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

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint policy outlines processes for the assessment, approval, monitoring, and review of restraint should it ever be required. The clinical manager is the designated restraint coordinator, with oversight supported at organisational level.

The service has maintained a restraint-free environment for over eight years, with no planned or emergency restraint used during this period.

Staff receive education on policy, restraint elimination and safe practice at orientation and annually, with competency assessments completed to support restraint elimination and staff preparedness.

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	1	0	0	0
Criteria	0	167	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service does not have 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. The Towards Māori health equity policy reflects Bupa NZ's commitment to supporting the best health outcomes for Māori and guidance for their employees on developing cultural safety and Māori health equity. 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>Bethesda Rest Home and Hospital links with a local marae that can provide interpreting service and cultural supports or can link with kaumātua when required. Residents and family/whānau at Bethesda Rest Home and Hospital engage in providing input into the resident's care planning, their activities and their dietary needs, as evidenced in interviews with nine residents (four hospital, five rest home), and six family/whānau (one rest home, one hospital and</p>

		<p>four dementia). There are cultural assessments available that are completed for residents who identify as Māori.</p> <p>Bethesda Rest Home and Hospital focus 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 as vacancies become available. Employee ethnicity data is reported in the care home's dashboard data.</p> <p>The service has signage throughout the facility in Māori. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori and English with pamphlets available.</p> <p>Interviews with 19 staff (eight caregivers, two registered nurses, one cook, two cleaners, one laundry, one maintenance officer, one diversional therapist and three managers (general manager, clinical manager and regional quality partner); and documentation reviewed described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The organisation has a Pacific Peoples Health Equity plan guided by the principles embodied in the Ministry of Pacific Peoples cultural practices and protocols. It further outlines how it responds to the cultural needs of residents and how staff are supported to ensure culturally safe practices. Bethesda Rest Home and Hospital's education policy on cultural safety includes components of the Fonofale model for Pacific Health.</p> <p>The organisation embraces Pacific models of care through staff and various organisations that can provide support and guidance when Pacific people are being supported. A Pasifika care plan has also been developed and included in the care plan documentation.</p> <p>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</p>

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

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

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

		<p>residents admitted to the service. This was further reiterated by the clinical manager who reported that all wellbeing outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Two monthly resident, and family/whānau meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure 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). Thirteen 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 via email, and mail. Bethesda is part of Blua App pilot - an App on where a family/whānau can access through smart phones, tablets and personal computers to keep family informed of what is happening in the care home and what is planned. The App will also allow family to directly message staff.</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 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</p>

		<p>with the resident, such as the hospice and Health New Zealand specialist services. The management team hold head of department meetings to enhance internal communication and facilitate a holistic approach to care. The registered nurses described an implemented process around providing residents and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>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 Bethesda Rest Home and Hospital. The ten resident files reviewed included general consent forms appropriately signed by either by the resident or the activated enduring power of attorney (EPOA) as part of the admission process. Residents interviewed could describe what informed consent was and their rights around choice.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care.</p> <p>Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision. Files reviewed for residents in the dementia unit had activation of EPOA letters or current welfare guardian documents on file.</p> <p>The organisational advance directive policy has been implemented. Advance care plans are 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>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</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>using an electronic complaint register. There have been no complaints made in 2024, six received in 2025 and one received 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. There have been no external or HDC complaints.</p> <p>Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted). The general manager interviewed advised complaints logged were classified into themes (operational issues, quality of care, communication, customer rights) in the complaint register.</p> <p>The welcome pack included comprehensive information on the process for making a complaint. All residents and family/whānau interviewed stated they were provided with information on complaints process, would feel comfortable making a complaint and that the service would support them throughout the process. Complaint forms are easily accessible at the entrance to the care home and the nurses' office. A suggestions box is adjacent to where the complaints forms are held.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern, including at the resident and family/whānau meetings and during the six-monthly clinical review meetings. The contact details for advocacy services are posted in large print on resident noticeboards. Residents or relatives making a complaint can involve an independent support person in the process if they choose. Staff also confirmed they would document a complaint for anyone who had difficulty doing this or support the resident or family/whānau in accessing independent advocacy services.</p> <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</p>
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		are open and transparent in their communications.
<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>Bethesda Rest Home & Hospital is part of the Bupa care services New Zealand (Bupa) group of care homes. Bethesda Rest Home and Hospital provide dementia, hospital (medical and geriatric), and rest home level care for up to 90 beds. There is a 45-hospital bed unit (Harewood community) including 25 dual-purpose beds, 25 rest home bed unit including five care suites certified for dual purpose (Highsted community) and a 20-bed dementia care unit (Camellia community). There are no double rooms.</p> <p>Occupancy on the day of audit was 86 residents: 19 residents at dementia level of care, 29 residents at rest home level care and 38 hospital level care residents including two on a younger person with disability (YPD) contract and two on a long-term chronic support contracts. All other residents were under the age-related residential care (ARRC) agreement.</p> <p>The service requests a reconfiguration of beds to have the remaining 20 rest home beds as dual purpose, bringing the proposed dual-purpose beds up from 30 to 50. With this, the service has been verified and confirmed to provide 25 dedicated hospital beds, 45 dual purpose beds (including the care suites) and continue to have 20 dedicated dementia beds.</p> <p>The leadership team of Bupa is the governing body and consists of Directors or heads of – Clinical and quality, Operations, Finance, Legal, Property, Customer transformation and technology, People, Marketing and Corporate Affairs. This team is guided by Global Bupa strategy, purpose and values and reports to the Bupa Care Services NZ Boards in New Zealand and the Bupa Australia & New Zealand (ANZ) Board. A New Zealand based managing director reports to the New Zealand 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</p>

	<p>cultural safety. There is a cultural working group alongside the Bupa leadership team.</p> <p>Bupa has a Clinical Governance Committee (CGC), a Risk and Governance Committee (RGC), a Learning and Development Governance Committee, and Wellbeing Health and Safety Governance Committee where analysis and reporting of relevant clinical and quality indicators are discussed to improve services offered. Issues raised in governance committees also report through to the Bupa leadership team meetings and Boards. There is a clinical support improvement team (CSI) that includes clinical specialists in restraint, infections and adverse event investigations, and a customer engagement advisor based in the head office to support care homes with improvements to their service. Each region has a regional quality partner who supports the on-site clinical team with education, trend review, internal audits, and management. Furthermore, Bupa undertakes national and regional forums as well as local and online training, national quality alerts, use of benchmarking quality indicators, learning from complaints (open casebooks) as ways to share learning, improve equity and the quality of care for Māori and tāngata whaikaha. The cultural advisor collaborates with the Boards and Bupa leadership team in business planning and service development to support the improvement of Māori and tāngata whaikaha wellbeing.</p> <p>Bupa has now established a Cultural Advisory Committee involving Bupa employees. A Consumer group or representative is planned for 2026.</p> <p>The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with Manatū Hauora (Ministry of Health) for Pae ora outcomes, underpinned by the principles of Te Tiriti o Waitangi. 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 (2024 to 2026) with clear business goals to support its person-centred philosophy. The Bupa leadership team reviews</p>
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	<p>the business and operational plan for strategy and planning annually. 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>Bethesda Rest Home and Hospital's business and quality plan for 2026 includes a mission statement and operational objectives with site-specific goals related to business and quality outcomes. The goals are reviewed monthly and documented in the quality meetings and there is evidence of review and evaluation of the 2025 goals. The regional operations manager reports to the national operations director. Tāngata whaikaha provide feedback around all aspects of the service through resident meetings, general feedback, including completion of satisfaction surveys. Feedback from surveys is collated, which provides the opportunity to identify barriers and improve health outcomes.</p> <p>The service is overseen by a general manager (registered nurse) who has been in the role for five years with five years of clinical management experience in Bupa. They are supported by a clinical manager who has been in the role for four years, and a business services coordinator who has been with Bethesda Rest Home and Hospital for four months. The management team works alongside and is supported by long-standing staff, a regional operations manager, and a regional quality partner. The management team reports that staff turnover has been relatively stable.</p> <p>The general manager and clinical manager have completed over eight hours of training in managing an aged care facility, including internal and external professional development seminars.</p> <p>Partial Provisional:</p> <p>The service has requested a reconfiguration of 20 rest home beds to be utilised as dual purpose (rest home and hospital) use. These were viewed and verified as being suitable on the day of the audit.</p> <p>There are no changes required to the current governance structure, strategic or business plans. A comprehensive transition plan is documented. Bupa Bethesda currently provides hospital level of care, and all management and staff are fully aware of the</p>
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		<p>requirements for this level of service provision. The total number of beds remains at 90. There will now be 45 dual purpose beds (20 in Harewood and 25 in Highsted), 25 hospital beds located in Harewood, and 20 dementia care beds.</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>Bethesda Rest Home and Hospital has a range of documents that contribute to quality, risk management, and reflect the principles of quality improvement processes. The quality and risk management systems include performance monitoring through internal audits, surveys and through the collection of clinical indicator data.</p> <p>Two-monthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; internal audits; benchmarking; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions related to clinical data and audits followed up on and signed off when completed. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and displayed for staff on the notice boards. Benchmarking occurs on a national level against other Bupa care homes.</p> <p>Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The outcomes from the recent resident and family/whānau satisfaction survey conducted in February 2026 demonstrated satisfaction with service delivery showing a net promoter score for residents 55.6 (up by 4.5 from October 2025 with 100% satisfaction for home presentation, cleanliness and safety, staff responses and 98% for receiving cares. The family whānau survey in February (up 11.6 from October 2025) with 100% in the same areas as the resident. Corrective actions were identified in telephone communication and food service, which are being implemented. Results have been communicated to residents and displayed on the resident notice boards.</p> <p>Bethesda Rest Home and Hospital continues to implement a quality</p>

		<p>improvement approach with service delivery including critical review of clinical data and benchmarking and identifying opportunities for improvement. Bupa Bethesda is actively promoting quality improvement projects around falls reduction, pressure injury reduction and food services. Progress of the projects is discussed and reviewed in meetings with evidence of ongoing evaluations documented.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the care home is meeting accepted good practice and adhering to relevant standards. New policies or changes to policy are communicated to staff and the new or updated policies are posted on the staff room noticeboard.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. The 2025 health and safety goals have been measured and evaluated. A health and safety team meets two monthly, and the elected health and safety representatives have achieved relevant unit standards via external training. An up-to-date hazard and risk register (last reviewed July 2025) was sighted. Health and safety policies are implemented and monitored by the health and safety committee. The noticeboard in the staffrooms keeps staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented. There has been one serious work-related staff injury reported since last audit.</p> <p>Incident and accidents reports are completed electronically for each event, with immediate action noted and any follow-up action(s) required, evidenced in 12 records reviewed. Incident and accident data is collated monthly and analysed. Corrective actions are developed, implemented, and signed off when completed for any clinical indicators out of the expected benchmarking ranges. The system generates a report that goes to each operational team/governance team, with automatic alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the general manager and clinical manager</p>
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		<p>evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 and Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) have been completed. There have been Section 31 notifications reported for absconding and SAC reports for pressure injuries, fractures and fall injuries. Infectious outbreaks have been appropriately reported and documented since last audit.</p> <p>Positive outcomes for Māori and people with disabilities are considered at all quality and risk activities. The management team reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding of Māori models of care, health and wellbeing, and culturally competent staff.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy and procedure that describes rostering and staffing rationale. This includes documented processes for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day seven days a week. The care home adjusts staffing levels to meet the changing needs of the residents. Review of the current rosters showed shifts were covered by experienced caregivers, there was 24/7 registered nurse cover and support of the clinical and management team. There are dedicated activities, maintenance, housekeeping (laundry and cleaning) staff supporting service delivery.</p> <p>The general manager interviewed confirmed staff needs and shortages are reported to the national senior team. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. The general manager, business services coordinator and clinical manager are available Monday to Friday. On-call cover for all Bupa care homes in the region is covered by a rotation of one care home general manager and one clinical manager each week.</p>

	<p>There is an annual education and training schedule being implemented for 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 100% on the days of audit. 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. Bethesda Rest Home and Hospital support all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 43 caregivers employed in total, with 23 having achieved level 3 and above NZQA qualification. A record of completion is maintained on an electronic human resources system. There are 21 staff working in the dementia unit; 20 have completed the required dementia unit standards and one is enrolled and in the process of completing the required unit standards and is within the 18-month period.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to) restraint; hand hygiene; moving and handling; and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 and have undertaken extra training, complete many of the same competencies as the registered nurse staff (e.g., medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, and wound management). Review of the records confirms that staff have current competencies.</p> <p>Additional registered nurse specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. Ten of the 11 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). All registered nurses attend relevant quality, staff, registered nurses, restraint, health and safety,</p>
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		<p>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 Bupa wellness programme which involves champions from each facility. A staff recognition programme is in place, and a range of initiatives are in place, including (but not limited to) flu vaccinations, southern cross health insurance, and staff vouchers. Staff welfare is also promoted through staff multicultural day, celebrate nurses and caregivers' day, lunch buffets, and takeaway food events. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations. Staff participated in biannual employee satisfaction survey and staff interviewed reported a positive workplace.</p> <p>Bethesda Rest Home and Hospital works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p> <p>Partial Provisional:</p> <p>The transition plan clearly outlines staffing provisions to accommodate the reconfiguration and the potential for up to 25 hospital level residents. This includes an RN on all shifts and an increase in the number and hours of caregivers related to the number of hospital level care residents. Activities hours will be increased as more residents are admitted requiring hospital level of care.</p> <p>The current education planner includes suitable competencies and training requirements to provide for the increase of hospital level residents.</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development that reflect standard employment practices and relevant legislation. The Bupa recruitment team advertise for and screen potential staff. Each staff member's ethnic origin is collected and used in accordance with Health Information Standards Organisation (HISO) requirements. A</p>

<p>workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. 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>process to evaluate this data is in place and reported to the board at board meetings.</p> <p>Suitable applicants are interviewed by the Bethesda Rest Home and Hospital general manager once applicants pass screening. Nine staff files reviewed evidenced an organised recruitment process, reference checking, employment agreements and completed orientation. Staff sign the Bupa code of conduct on employment online as part of the on-boarding process. This document includes (but is not limited to): the Bupa values; responsibility to maintain safety; health and wellbeing; privacy; professional standards; social media expectations, and eliminating bullying, harassment and discrimination.</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 is documented. Wellbeing support is provided to staff.</p> <p>Partial Provisional</p> <p>There are robust established recruitment processes in place, which are fully implemented. There are no changes required with the</p>
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		reconfiguration of beds.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>There are policies and procedures that guide staff in the management of information. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is 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>	FA	<p>There are documented policies and procedures in place to support entry and decline to the service. These processes support residents' entry into the service in a competent, equitable, timely, and respectful manner.</p> <p>Information packs are provided to residents and family/whānau prior to admission or on entry to the service. This includes information to</p>

<p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>support informed decision-making about entry to the service. Family/whānau and residents are provided with opportunities to ask questions prior to admission, with the general manager and clinical manager available to provide clarification regarding services offered and the admission process.</p> <p>Review of resident files confirmed entry to the service complied with documented entry criteria and contractual requirements. Admission agreements reviewed aligned with service requirements and included exclusions from the service. Resident files contained signed admission agreements, completed by the resident or their enduring power of attorney (EPOA) or welfare guardian where these were in place and activated.</p> <p>Admission decisions are based on residents' assessed needs and the contracts under which the service operates. Residents admitted to hospital, rest home, and secure dementia unit had appropriate needs assessment and service authorization approvals in place for the level of care provided. The clinical manager completes a pre-admission suitability assessment, confirms acceptance of admission, and coordinates admission dates with residents, family/whānau, and relevant agencies.</p> <p>A waiting list is maintained where required. The service openly communicates with prospective residents and family/whānau during the admission process and keeps referral agencies, residents, and family/whānau informed if there is a delay in entry. Where entry is declined or admission is not possible, reasons are documented and communicated, and potential residents are supported with alternative options and links to community services as appropriate.</p> <p>The service collects and collates ethnicity data and undertakes routine analysis of entry and decline rates, including specific data for Māori. This supports monitoring of equitable access to services and identification of any potential inequities. The service demonstrated awareness of its obligations under Te Tiriti o Waitangi and maintains links with local Māori community groups, supporting culturally responsive and mana-enhancing entry processes.</p>
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<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Ten resident files were reviewed, including four residents receiving hospital level care (one younger person with a disability and one with long-term health conditions), three residents receiving rest home level care, and three residents receiving dementia level care.</p> <p>Registered nurses are responsible for the assessment, development, implementation, and evaluation of residents' care plans in accordance with organisational policy. Care planning is undertaken using the nursing process and is informed by multiple sources, including interRAI assessments, comprehensive clinical assessments, referral information, discussions with residents and family/whānau, and cultural assessments.</p> <p>Prior to admission, the clinical manager completes a pre-admission assessment to ensure the service can meet the resident's needs and that appropriate equipment, staffing, and resources are available. On admission, an initial assessment and care plan are completed that day to guide immediate care delivery. Admission assessments and initial care plans are developed with the resident or their Enduring Power of Attorney (EPOA), where applicable, and completed within required timeframes.</p> <p>Care plans are developed in collaboration with residents and family/whānau and reflect individual needs, preferences, values, routines, and cultural requirements. Cultural assessments are completed for all residents. For residents who identify as Māori, a Māori health care plan is developed in accordance with the Bupa New Zealand Māori Health Strategy, supporting residents and whānau to identify their own pae ora outcomes. A Pacific care plan is available for residents who identify as Pasifika. Staff described working alongside residents and family/whānau to remove barriers to accessing information and services and to support independence.</p> <p>InterRAI assessments are completed within required timeframes (including residents with long term chronic health conditions and young person with disability) and inform the development of long-term care plans (LTCPs), which are completed within three weeks of admission. Care plans are reviewed at least six-monthly or earlier if residents' needs change. Evaluations document progress toward</p>
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	<p>goals and guide required changes to care. Care plans are holistic and include identified risks, early warning signs, and prevention-focused interventions.</p> <p>For residents in the dementia unit, 'My day my way' (includes routines of residents) and behaviour management plans are in place for residents with behaviours of concern and include known triggers, de-escalation strategies, and personalised approaches to support residents across a 24-hour period. Behaviour monitoring tools, including stress and distress charts and behaviours of concern monitoring forms, are completed by caregivers. However, documented registered nurse review and analysis of this monitoring data was not consistently evidenced to identify patterns, evaluate effectiveness, or inform ongoing care planning. Antipsychotic management plans are initiated when antipsychotic medications are prescribed, discontinued, or adjusted. Oversight processes are in place, and care plans clearly document the individual behaviours for which antipsychotic medications are prescribed, supporting clarity of clinical indication and ongoing evaluation of effectiveness.</p> <p>Multidisciplinary input is integrated into care planning. The general practitioner review residents within five working days of admission and at least three-monthly thereafter. Allied health professionals, including physiotherapy, dietitian, podiatry, speech language therapy, wound specialists, continence services, and hospice, are involved as required, and recommendations are incorporated into care plans. The GP stated the nursing team are competent, assessments are communicated in a timely manner and referrals/escalations received are appropriate.</p> <p>Short-term care plans are implemented for acute or changing conditions, including infections, wounds, weight loss, behavioural changes, and medication adjustments. These are regularly evaluated, and where ongoing needs are identified, interventions are transferred to the long-term care plan.</p> <p>Monitoring requirements are clearly documented in care plans and implemented in practice. Monitoring charts (including vital signs, weight, food and fluid intake, blood glucose levels, and repositioning) are completed as required. Neurological observations are undertaken following unwitnessed falls or suspected head injury</p>
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		<p>in accordance with policy.</p> <p>Progress notes are maintained daily and document changes in condition, interventions, and outcomes. Registered nurses document clinical reviews, general practitioner input, and follow-up actions. Family/whānau are notified of changes in condition, including incidents, infections, medication changes, and medical reviews, and this is consistently documented. Effective verbal handover processes occur at each shift, supporting continuity of care.</p> <p>Clinical review and multidisciplinary meetings are held, where interRAI outcomes and resident progress are reviewed. This supports ongoing evaluation and ensures care plans remain current and responsive to residents' needs.</p> <p>A wound register is maintained, with comprehensive wound assessments, management plans, evaluations, and photographic documentation. Wounds are reviewed regularly at clinical review meetings, and specialist referrals are completed as clinically indicated. There are twenty-one active wounds, including skin tears, venous ulcers, lacerations, open lesions, and two unstageable pressure injuries. Caregivers and registered nurses confirmed adequate clinical supplies and equipment are available to support care delivery.</p> <p>Residents and family/whānau interviewed confirmed involvement in care planning and satisfaction with care provided.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Bupa Bethesda Care Home provides an individualised and structured activities programme that supports residents to maintain and develop their interests and participate in meaningful social and community activities. The programme is overseen by a qualified diversional therapist and supported by activities assistants, ensuring consistent delivery across rest home, hospital, and dementia levels of care.</p> <p>Residents' preferences, values, interests, and cultural needs are identified on admission and documented in the care plan under the</p>

		<p>socialising and activities section, completed in consultation with residents and family/whānau. An activities assessment is completed on admission and informs the development of an individualised activities care plan. This information informs the development of individualised and group activities that are appropriate to each resident's age, stage, cognitive ability, and functional level. Activities are reviewed and adapted in response to residents' changing needs, preferences, and participation and are reviewed at least six□monthly or earlier if needs change.</p> <p>A planned and structured activities programme is implemented throughout the week, including weekends, and includes a wide range of meaningful activities designed to enhance residents' physical, cognitive, emotional, and social wellbeing. These include exercise groups (up to five times per week), walking groups, van outings to places of interest, and regular social events. A variety of themed and seasonal activities are provided, including mid-winter Christmas, Matariki celebrations, Christmas events, ANZAC Day services, Easter activities, and cultural celebrations such as Diwali and multicultural events. Individualised activities are also provided, including birthday celebrations with personalised gifts and one to one engagement for residents unable to participate in group activities to ensure equitable access to meaningful activities.</p> <p>The service supports residents to maintain connections with their communities. This includes organised outings, engagement with local schools, church groups, and community organisations, and opportunities for family/whānau participation in events and celebrations. Residents are supported to access communities of choice where possible. Regular newsletters and communication with family/whānau support ongoing involvement and connection.</p> <p>Te Tiriti o Waitangi principles are reflected in the activities programme. The service supports Māori residents to participate in te ao Māori through culturally meaningful activities such as Matariki celebrations and inclusion of tikanga practices within the programme. The service maintains links with local Māori community groups, including Rehua Marae, and incorporates opportunities that promote whanaungatanga and cultural identity. Staff are encouraged to support Māori community initiatives and culturally</p>
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		<p>meaningful activities. Activities are aligned with the Bupa Māori Health Strategy, supporting culturally responsive and mana enhancing care.</p> <p>Activities planning is coordinated through regular planning meetings involving the activities team and other departments, including physiotherapy and catering, ensuring an integrated and holistic approach to residents' wellbeing. The activities care plan is reviewed with residents and family/whānau at the three week post admission and 6 monthly review meeting. Resident and family feedback, including satisfaction surveys, informs ongoing development and improvement of the activities programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A medication management policy is implemented for safe medicine management, and this meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The facility uses robotic rolls. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely. There are three medication rooms. Medication trolleys were observed to be locked when not in use. The medication fridges and medication room temperatures are monitored daily and maintained within an acceptable range. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the general or nurse practitioner and charted on the electronic medication chart.</p> <p>Twenty electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all</p>

		<p>resident medication charts at least three-monthly and each chart has a photo identification and allergy status identified. There were no residents who self-administer medication.</p> <p>Pro re nata medications (PRN) are administered as prescribed and effectiveness is documented on the electronic medication system or in the progress notes. Medication competent caregivers or registered nurses sign when the medication has been administered. There are no vaccines kept on site. The facility does not use standing orders. Residents and family/whānau are updated around medication changes, including the reason for changing medications and potential adverse reactions. This is documented in the progress notes.</p> <p>The registered nurses and clinical manager described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/ whānau are supported to understand their medications.</p> <p>Partial Provisional:</p> <p>There are comprehensive policies and procedures in place to accommodate the increase in hospital level residents. There are no changes required to the current medication processes in the current rest home area, that has been verified as suitable to provide dual purpose care.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Bupa Bethesda Care Home has systems in place to ensure residents’ nutrition and hydration needs are met in a manner that supports health, wellbeing, dignity, and cultural preferences. All meals are prepared and cooked on site. The kitchen manager is a trained chef and is supported by another cook (interviewed) and six kitchen assistants. All kitchen staff have completed safe food handling training.</p> <p>The kitchen environment was observed to support safe and effective food preparation. The kitchen was observed to be clean,</p>

	<p>well organised, and well equipped. A current approved food control plan was in place, expiring on 22 September 2026. A food services manual is available in the kitchen.</p> <p>Residents' nutritional needs, dietary requirements, food preferences, allergies, intolerances, and cultural considerations are identified on admission. The kitchen receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements or nutritional risk. The cook confirmed awareness of resident likes, dislikes, and special dietary requirements. A board in the kitchen summarises residents' special dietary requirements.</p> <p>The two weekly seasonal menus have been reviewed by a dietitian. For main meals, residents are offered two options plus a vegetarian option. If residents do not like the options, they are offered an alternative. Alternative meals are also provided to meet religious and cultural preferences. Māori or Pasifika menu options are available upon request. Residents have access to nutritious snacks 24 hours a day.</p> <p>Food safety practices are monitored and maintained. Kitchen staff complete a daily diary including fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process and were within safe limits. Staff were observed wearing appropriate personal protective equipment in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are served in a way that supports residents' dignity, safety, and enjoyment. Meals are plated in the kitchen and served directly to one adjoining dining room and transported to other dining rooms and residents' rooms using hot boxes. On the day of audit, meals were observed to be well presented. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas of each wing. In the dementia unit, encouragement is given to residents who wander to remain seated during meals to ensure the dining experience is pleasurable for all. Modified utensils are available to support residents to maintain independence with eating as required.</p> <p>Residents and family/whānau are supported to provide feedback on</p>
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		<p>food services. Residents and family/whānau are able to offer feedback at resident meetings and through resident surveys. Review of food surveys and interviews with residents and family/whānau confirmed overall satisfaction with the food service.</p> <p>A quality improvement initiative was undertaken to enhance residents' dining experience and satisfaction with meals. Improvements included enhanced food presentation, use of hot boxes to maintain food temperature, and increased responsiveness to resident preferences. Outcomes were monitored through resident and family/whānau feedback and satisfaction surveys, demonstrating improved satisfaction with meals. This initiative reflects responsive service improvement aligned with residents' needs and preferences.</p> <p>Partial Provisional:</p> <p>The menu is reviewed by a dietitian. There is already sufficient specialised cutlery, and crockery should this be required for the increase in hospital level residents. There are no changes required to the current food services with the reconfiguration of beds. The current dining room provides sufficient space for the potential for increased numbers of mobility aids, wheelchairs, or reclining chairs.</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>	FA	<p>Policies and procedures outline the process and required documentation for transition, transfer, and discharge, including transfer to another facility or public hospital. Planned transfers and discharges are coordinated in collaboration with residents and their family/whānau to support continuity of care and informed decision-making.</p> <p>Residents and family/whānau are advised of the reasons for transition, transfer, or discharge and are provided with information about options to access other health and disability services, social support services, or Kaupapa Māori agencies, where indicated or requested. Communication with residents and family/whānau occurs throughout the transition process.</p> <p>Registered nurses described that transfers between services are</p>

		<p>supported by comprehensive clinical coordination. This includes a verbal handover and completion of transfer documentation. When residents are transferred to the public hospital, family/whānau are informed, and the registered nurse completes a set of transfer documents (yellow envelope). Relevant documentation sent with the resident includes a copy of current medications, identified care needs, known risks, and enduring power of attorney or welfare guardian documentation where applicable. Resident needs and potential risks are communicated to the receiving health service to support continuity and safety of care.</p> <p>Where residents require referral to other health services, referrals are made by registered nurses or general practitioners. Examples sighted included referrals to a dietitian, speech language therapist, and specialist outpatient clinics. Residents attending external appointments are encouraged to be accompanied by their family/whānau where possible.</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 legislation, and appropriate to the levels of care provided.</p> <p>A full-time maintenance officer is responsible for the upkeep of the facility. Maintenance requests are recorded and signed off on completion. A preventative maintenance programme is implemented and includes scheduled electrical testing and tagging, equipment servicing, call bell checks, calibration of medical equipment, and routine monitoring of hot water temperatures. External contractors are engaged as required.</p> <p>The facility is a single-level aged residential care service organised into distinct care communities; Harewood, Highsted (both dual purpose), and Camellia (secure dementia). Resident rooms are arranged along corridors with direct access to communal lounges and dining areas within each community, supporting safe movement, accessibility, and staff oversight.</p> <p>Ongoing refurbishment and environmental upgrades are</p>

		<p>implemented across the facility and are reflected within each care community, supporting comfort, accessibility, and functionality aligned to resident needs. Residents have access to Wi-Fi to support communication and social connection. All resident rooms and communal areas have external windows providing natural light. Living areas are appropriately heated and ventilated. Residents and family/whānau confirmed the environment is comfortable. Staff confirmed that equipment required to support safe care is available. The environment supports residents' cultural needs and practices.</p> <p>Hospital and Dual-Purpose Care: The Highsted community has been redeveloped, including conversion of 5 rooms into care suites. Bedrooms are single occupancy and of sufficient size to allow safe use of mobility and transferring equipment. Residents are encouraged to personalise their rooms. There are rooms with ensuite facilities available and with toilets and showers located close to resident rooms and communal areas. Each community has accessible lounge and dining areas designed to accommodate residents requiring higher levels of care. Handrails, appropriate signage, and easy-clean surfaces are in place to support safe mobility and infection prevention.</p> <p>Environmental improvements within these communities include refurbishment of resident rooms, replacement of flooring in the Harewood dining area, repainting and recarpeting of reception and adjoining corridors, replacement and redistribution of lounge furniture, renewal of curtains, and upgrades to dining presentation, including table settings. Kitchen equipment upgrades support maintenance of food temperature during service.</p> <p>Secure Dementia Care: The Camellia community is secure and designed to support safe movement and independence. The layout includes communal lounge and dining areas with direct access to secure outdoor courtyards and walking pathways. Bedrooms are single occupancy and include hand basins. Communal toilet and shower facilities are available and appropriately sized to support safe use of mobility and transferring equipment. Environmental enhancements within this community include installation of roller blinds, use of contrasting crockery to support nutritional intake, upgraded furnishings, and redistribution of furniture to support a</p>
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		<p>homelike setting. Outdoor spaces are maintained to support safe access to fresh air.</p> <p>Partial Provisional:</p> <p>The current rest home wing (Highsted) was verified as suitable to provide hospital level of care (dual purpose beds). The wing has a large communal lounge and smaller lounges at the end of corridors. There is a centrally located nurses' station in proximity to the communal areas</p> <p>All bedrooms are single and provide sufficient space to include reclining chairs and equipment required to provide complex hospital level of care. Each room has a full ensuite which are large enough to accommodate shower chairs/ over toilet chairs. All bedrooms have an external window with garden views</p> <p>The corridors are wide enough to accommodate wheelchairs or large specialised wheelchairs and equipment. There is also a large storage room that is of sufficient size to store hospital equipment, such as hoists.</p> <p>There is adequate equipment already in place that could be utilised to provide for hospital level residents, and there is a plan already being implemented to purchase more hospital beds, ceiling hoists and other hospital equipment as required. This was also documented in the transition plan.</p> <p>The service has no plans for building or refurbishments; however, should this occur, the organisation would take into consideration of how designs and environments reflect the aspirations and identity of Māori.</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</p>	<p>FA</p>	<p>Policies and procedures for fire safety, emergency planning, and civil defence are available and guide staff in preparing for and responding to emergencies. A business continuity and emergency management plan outlines roles, responsibilities, and actions required to ensure safe and timely response in the event of an emergency.</p>

<p>safe way, including during an emergency or unexpected event.</p>		<p>A fire evacuation plan is in place and has been approved by New Zealand fire service (1 June 2019). Fire evacuation drills are conducted at least six-monthly, with the most recent drill completed on 3 November 2025. Emergency management education is included in staff orientation and ongoing training programmes. Staff interviewed were able to describe emergency procedures. An Emergency Procedure Flip Chart is available in clinical and key staff areas, providing clear, quick reference guidance to support staff response during emergencies.</p> <p>Fire safety systems are maintained, including clearly marked exit signage and accessible evacuation routes. Emergency lighting is regularly tested and maintained as part of the preventative maintenance programme. Fire equipment is checked within required timeframes by external contractors.</p> <p>Civil defence preparedness systems are established. The service maintains emergency supplies including food, water (3000-litre tank and 400 litre bottled water), continence supplies, and personal protective equipment. A dedicated emergency supply store and civil defence bins are available. Alternative energy and utility sources are accessible, including a generator connection point and alternative cooking facilities.</p> <p>First aid equipment is available throughout the facility, including at nurses' stations, reception, and in the facility vehicle. A minimum of one staff member with a current first aid certificate is always on duty.</p> <p>An appropriate call system is in place. Call bells are available in resident bedrooms, ensuites, communal toilets, and lounge and dining areas. Staff carry pagers to enable prompt response. Call bell functionality is included in the preventative maintenance programme. Residents and family/whānau confirmed that call bells are answered in a timely manner.</p> <p>Security arrangements are implemented to ensure the safety of residents, staff, and visitors. The facility is secured after hours, with routine security checks undertaken and additional monitoring provided by an external security company. The secure dementia (Camellia) community has controlled access to ensure resident</p>
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		<p>safety.</p> <p>Emergency and security arrangements are explained to residents and family/whānau on admission. Information is provided in a manner that supports understanding and access, including for Māori and whānau. Visitors are required to follow facility processes to ensure safe access afterhours.</p> <p>Partial Provisional:</p> <p>There are no changes required to the current fire evacuation plan or existing emergency procedures with the reconfiguration of beds. There are emergency exits in the current Highsted wing. The existing call bell system meets the needs of residents and no changes are required.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The organisational infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The governance body including the Bupa Infection Control Specialist, approved these programme which is linked to the quality improvement system. The infection control programme is reviewed annually by the infection control and prevention specialists at Bupa head office, who report to and can escalate any significant issues to management and Board level. Documentation review evidenced recent outbreaks were escalated to the leadership team within 24 hours.</p> <p>Bupa has regular infection control teleconferences for information, education, discussion, and updates. Infection rates are presented and discussed at infection control, quality, and staff meetings. Infection prevention and control are part of the strategic and quality plans.</p> <p>The service has access to an infection prevention and control clinical nurse specialist from the local Health New Zealand, in addition to expertise at Bupa head office.</p> <p>Partial Provisional:</p> <p>There are no changes required to the infection control programme.</p>

		Bupa care services NZ is experienced in providing aged care services and are aware of all legislative and contractual requirements.
<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.</p> <p>Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A registered nurse holds the portfolio of infection prevention and control (IPC) coordinator, supported by the clinical manager. They are responsible for leading, overseeing and coordinating the implementation of the infection control programme at Bethesda Rest Home and Hospital. The infection prevention and control coordinators' role, responsibilities and reporting requirements are defined in the infection prevention and control coordinator's job description. Both the IPC coordinator and Clinical Manager have completed external education on infection prevention and control for clinical staff. They have access to shared clinical records and diagnostic results of residents. The governance body approved the infection prevention and control and anti-microbial stewardship programme that is linked to the quality improvement system and reflects the strategic direction of the organisation. Expertise and advice are sought following a defined process, is reviewed and reported on annually.</p> <p>The service has documented policies and procedures that reflect current best practices. These policies and procedures are accessible and available for staff. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. The infection prevention and control coordinator and Clinical Manager 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</p>

		<p>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 96% compliance with the required training by staff. Records of staff education were maintained electronically. Hand hygiene audits were completed as per schedule. Staff are advised not to attend work if they are unwell. Education with residents was on an individual basis and included reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The infection prevention and control coordinators liaise with the general manager in procurement processes for equipment, devices, and consumables. The infection prevention and control coordinator, interviewed on the day of the audit, reported that there were processes in place for early consultation with the infection prevention personnel in case of any new building renovations or when significant changes are proposed to an existing care home.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. The last infection control audits completed in February 2026 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. 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>Partial Provisional:</p> <p>There are no changes required to the implementation of the infection control programme.</p>
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<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 use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the resident cohort's size, scope, and complexity.</p> <p>Infection rates are monitored monthly, reported in a monthly quality report, and presented at meetings. The clinical manager collates and analyses the electronic medication management system with pharmacy support. The annual infection control and anti-microbial stewardship review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, isolated pathogens, and adverse effects. Results show that Bethesda Rest Home and Hospital demonstrates appropriate use of antibiotics.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged unless clinically indicated as reviewed by the general practitioner. At the time of the audit there were no residents on prophylactic antibiotics. Monotherapy and narrow spectrum antibiotics are preferred when prescribed</p> <p>Partial Provisional:</p> <p>There are no changes required to the antimicrobial stewardship programme.</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</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</p>

<p>focus.</p>		<p>data captured around infections. Infection control surveillance is discussed during infection control, clinical and staff meetings. The IPC coordinator interviewed confirmed the process of creating improvement plans should this be required.</p> <p>Benchmarking graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand. All infection data is reported to the governing body.</p> <p>Staff are made aware of new infections at handovers on each shift, 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 last audit; Covid-19 in August 2025 and March 2026 and respiratory outbreaks in May and October 2025 and February 2026. There was evidence of regular communication with the Bupa infection control coordinator, Health New Zealand infection control nurse specialist. Outbreak meetings (sighted) were held, and 'lessons learned' were captured and discussed to prevent, prepare for, and respond to future outbreaks. Any infections of concern are discussed and reported to the Bupa infection control coordinator. Outbreak logs were completed. Staff confirmed that resources, including PPE were in stock. Residents and family/whānau were updated regularly throughout the outbreaks.</p> <p>Hand sanitisers are available for staff, residents, and visitors to the care home. Visitors sign in at entry to the building and are requested not to visit if unwell.</p> <p>Partial Provisional:</p>
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<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 appropriate personal protective equipment (PPE) as they carried out their duties on the audit days. There are three sluice rooms (with sanitisers) and PPE, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered off-site in a dedicated laundry operated by Bupa seven days a week. There are defined areas for clean and dirty laundry. A dirty-to-clean flow is evident. Kitchen linen and mop heads are also done in separate bags and at separate times to resident clothes and linen. Material safety data sheets are available, and all chemicals are within closed systems.</p> <p>Cleaners’ trolleys are locked away in the cleaners’ cupboard when not in use. Cleaning schedules have been consistently maintained for daily and periodic cleaning. All chemicals on the cleaner’s trolley were labelled. Appropriate personal protective clothing was readily available. The numerous linen cupboards were well stocked with linen.</p> <p>The laundry staff work from 7am to 2:30pm seven days a week, collecting, sorting and distributing linen and clothing. Both 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 Bethesda Rest Home and Hospital testing and monitoring programme for the built environment through scheduled internal</p>

		<p>audits that include those related to cleaning, laundry, and the environment. The completed audits evidenced compliance with expected standards.</p> <p>The infection prevention and control coordinators provide support to maintain a safe environment during construction, renovation, and maintenance activities. There was no construction, installation, or maintenance in progress at the time of the audit.</p> <p>Partial Provisional:</p> <p>There are no changes to be made to the cleaning and laundry services. There are adequate provisions of good quality linen and towels to accommodate the potential increase of hospital level residents. There are already adequate numbers of housekeeping and laundry staff in place. The environment was observed to be clean and tidy throughout the facility.</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>Bethesda rest home and hospital demonstrates a sustained and embedded commitment to restraint elimination and the delivery of care that upholds residents' dignity, autonomy, mana, and human rights. The service has maintained a restraint-free environment for over eight years, with no planned or emergency restraint used during this period. Systems, policies, and training remain in place to support restraint elimination and staff preparedness.</p> <p>The service is guided by Bupa New Zealand's Restraint Policy and associated work instructions, including restraint use and restraint free environment. These documents clearly articulate the organisation's focus on restraint elimination and acknowledge the risks and negative impacts restraint can have on residents' quality of life. The policy emphasises dignity of risk and requires that residents are supported to make informed choices about their care, even where some level of risk exists.</p> <p>While the policy framework outlines processes for the assessment, approval, monitoring, and review of restraint should it ever be required, the service confirmed that restraint has not been used at this care home. This includes emergency restraint, which is</p>

	<p>recognised in policy as a single restraint event used only as a last resort to prevent immediate harm. The service confirmed that no emergency restraint episodes have occurred at Bupa Bethesda rest home and hospital, and no emergency restraint register has been activated at site level.</p> <p>Te Tiriti o Waitangi principles are reflected within restraint-related policies and practice. The policy requires adequate time for cultural assessment and meaningful engagement with residents and their family/whānau before any consideration of restraint. The service works in partnership with Māori to ensure care is mana enhancing, culturally safe, and responsive to individual values, beliefs, and identity. This approach is supported by the organisation's Māori Health Strategy and commitment to equitable health outcomes.</p> <p>Oversight of restraint practice at the service level is assigned to the clinical manager, who holds the designated role of restraint coordinator and has a defined position description. The restraint coordinator described a proactive approach to sustaining a restraint free environment using alternative and preventative strategies, including intentional rounding, regular toileting, individualised falls prevention programmes, environmental modifications, sensor mats, low beds, landing mattresses, and effective communication with residents and family/whānau. These strategies are consistent with the alternatives to restraint outlined within the policy.</p> <p>Governance and organisational oversight are supported through a national restraint coordinator and national restraint groups, which meet regularly to review restraint practices, policy, education, and benchmarking data across the organisation. Although restraint is not used at this service, organisational systems remain in place to provide assurance, maintain capability, and support consistency in restraint-free practice across Bupa Care Services New Zealand.</p> <p>Education and training support the maintenance of a restraint free environment. The policy requires all staff to receive education on restraint elimination, least restrictive practice, and alternatives to restraint during induction and annually thereafter. Competency assessments are completed to ensure staff knowledge and capability are maintained, even in the absence of restraint use. This supports preparedness while reinforcing a culture focused on</p>
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		prevention and elimination rather than use.
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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>	PA Low	<p>The service has policies and procedures to guide assessment, care planning, and evaluation. Registered nurses are responsible for completing clinical assessments, including interRAI, and developing care plans informed by assessment findings, resident preferences, and input from next of kin. Care planning is undertaken in collaboration with residents and/or their representatives, supporting informed choice and reflecting individual preferences, routines, and lived experience.</p> <p>For residents in the dementia unit, behaviour management plans are in place and include identified triggers, de-escalation strategies, and personalised approaches to support residents across a</p>	Three residents with behaviours of concern did not have consistent documented evidence of registered nurse analysis of behaviour monitoring data to identify patterns, evaluate effectiveness of interventions, and inform care plan updates and evaluation.	<p>Ensure review and analysis of behaviour monitoring data is consistently completed, documented and clearly reflected in care plan updates and evaluation.</p> <p>60 days</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>24-hour period. Behaviour monitoring tools, including stress and distress charts and behaviours of concern monitoring forms, are completed by caregivers in accordance with organisational policy.</p> <p>Policy requires that information collected through behaviour monitoring is analysed by a registered nurse to identify patterns, triggers, and effectiveness of interventions, and that findings inform care planning and ongoing evaluation. Review of resident files identified that registered nurse review and analysis of behaviour monitoring data was not consistently documented. While behaviours were recorded and monitoring tools were completed, there was limited evidence of documented analysis to identify patterns, evaluate effectiveness of interventions, or demonstrate integration of findings into care plan updates.</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, 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.