

Bupa Care Services NZ Limited - Windsor Park Specialist Senior Care Centre

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Bupa Care Services NZ Limited

Premises audited: Windsor Park Specialist Senior Care Centre

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

Dates of audit: Start date: 10 March 2026 End date: 11 March 2026

Proposed changes to current services (if any): The provider has reconfigured four beds since 2024, in consultation with HealthCERT. On 9 September 2025, the provider made a reconfiguration request to change four rooms in Hokonui wing to two care suites. This resulted in a decrease of dual-purpose beds from 59 to 57 with a decrease in the overall number of beds from 79

to 77. This audit report verified the rooms as being suitable for dual purpose use and reflect the change in bed numbers stated in the HealthCERT letter.

The service do not have any residents under the young people with disability (YPD) contract; however, stated they want to retain the certification level.

Total beds occupied across all premises included in the audit on the first day of the audit: 74

Executive summary of the audit




Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service are partially attained and of low risk

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

General overview of the audit

Bupa Care Services NZ Limited Windsor Park Specialist Senior Care Centre (hereafter referred to as Windsor Park) is a Bupa facility and provides hospital (geriatric and medical), rest home, residential disability services – physical, and dementia level of care for up to 77 residents. There were 74 residents at the time of the audit.

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

The service has changed four rooms in Hokonui wing to two care suites. This resulted in a decrease of dual-purpose beds from 59 to 57 with a decrease in the overall number of beds from 79 to 77. This audit report verified the rooms as being suitable for dual purpose use and reflect the change in bed numbers stated in the HealthCERT letter requesting the change.

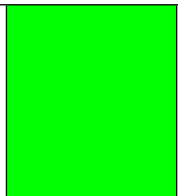
The general manager is supported by a clinical manager, business coordinator, and an experienced care team. There are quality systems and processes implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place that aims to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed three of the five previous audit shortfalls related to corrective actions, care planning and medication management.

Improvements continue to be required around the implementation of the quality and risk system, and staff training.

This audit identified a further shortfall related to the implementation of a meaningful activities programme.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service are fully attained.
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There is a Māori health plan in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. Managers and staff at Windsor Park demonstrated their knowledge and understanding of resident’s rights and they ensure that residents are well informed in respect to these. Residents are kept safe from abuse, and staff are aware of professional boundaries.

There are established systems to facilitate informed consent, and to protect resident’s property and finances. The complaints process is responsive, fair, and equitable.

Hunga mahi me te hanganga | Workforce and structure

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

The service has a documented quality and risk management systems in place. The service has documented quality goals. There is a process for following the National Adverse Event Reporting policy and management have an understanding and comply with statutory and regulatory obligations in relation to essential notification reporting.

An orientation programme and staff training plan are in place to support staff in delivering safe quality care. There is a staffing and rostering policy in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Registered nurses are responsible for assessing residents on admission and developing care plans. The contracted general practitioners complete a medical assessment within the required timeframes. Residents and their family/whānau have input into assessment, care planning and evaluation processes.

An electronic medicine management system is in place for prescribing, dispensing and administration of medications. The general practitioners are responsible for all medication reviews. Medicines are safely and securely stored.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. The service has an approved food control plan.

Transfers and discharges are managed in a safe manner.

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

<p>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.</p>		<p>Subsections applicable to this service are fully attained.</p>
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There is a current building warrant of fitness. Electrical equipment is checked for safety. Clinical equipment is calibrated and serviced as required. Hot water temperatures are maintained within the required range.

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

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

Subsections applicable to this service are fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents, staff and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the staff.

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on. Two outbreaks of infection since the previous audit were effectively managed.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The Board and management team are committed to maintain a restraint-free environment. The restraint coordinator is a registered nurse. The facility is restraint free. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques, and alternative interventions and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	16	0	0	3	0	0
Criteria	0	47	0	0	4	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service, which Windsor Park utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service currently has residents and staff that identify as Māori. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025 and Te Mana Ola are the chosen models for the Pacific health plan. At the time of the audit there were no residents who identified as Pasifika. There were current Pasifika staff. Staff interviewed could confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Windsor Park.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is displayed in English and te reo Māori. The clinical manager demonstrated how it is also provided in welcome packs in the language most appropriate for the resident, to ensure they are fully informed of their rights. Interviews with four family/whānau including one dementia, one rest home and two hospital level of care; and five residents including, three rest home and two hospital level of care confirmed they are informed of their rights and their choices are respected.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The Bupa organisational policies are to support staff to prevent or identify any form of institutional racism, discrimination, coercion, harassment, abuse or neglect, or any other exploitation. There was no evidence of any exploitation, including abuse or neglect in incident or accident forms reviewed. Staff, residents and family/whānau stated that there was no evidence of any exploitation of abuse. There are established policies, and protocols to respect resident’s property, including an established process to manage and protect resident finances.</p> <p>All staff at Windsor Park are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. A police vetting process is implemented when all new staff are employed. Twelve staff including, three registered nurses (RN), six caregivers, one maintenance officer, one business coordinator and one support services coordinator; and two managers (the general manager and clinical manager) demonstrated an understanding of professional boundaries when interviewed.</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>	FA	<p>Resident files reviewed included completed general consent forms, consent forms for a nominated representative, van outings, change in GP practice/enrolment and consents for vaccinations. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the resident or the activated enduring power of attorney</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>(EPOA), where this has been activated. All documentation regarding EPOA and activation is on file, as evidenced in the residents' records reviewed in the dementia unit.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Access to a complaints forms is located at the entrance to the facility or on request from staff. The Code and complaints process is visible, and available in te reo Māori, and English. An electronic complaints register is being maintained, which includes all complaints, acknowledgement, follow-up dates, actions taken and resolution/outcome date. There have been no complaints made since the last audit and no complaints received from external agencies. There is a process in place to manage complaints in accordance with the guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly. Information for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The general manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities</p>	<p>FA</p>	<p>Windsor Park is a Bupa facility and is certified to provide rest home, hospital, dementia, and residential disabilities- physical for up to 79 residents. There are 59 dual-purpose beds and 20 dementia beds. At the time of the audit, there were 74 residents in total: 31 rest home residents</p>

<p>they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>including three residents on long-term support-chronic health conditions (LTS-CHC) contracts; and 23 hospital residents, including one resident on a LTS-CHC contract and three residents on an on an accident compensation corporation (ACC). There were 20 residents assessed as dementia level of care in the dementia unit. There were no YPD residents at the time of the audit. All other residents were under the age-related residential care (ARRC) agreement. There are no double/shared rooms.</p> <p>The service has changed four rooms in Hokonui wing to two care suites. This resulted in a decrease of dual-purpose beds from 59 to 57 with a decrease in the overall number of beds from 79 to 77. This audit report verified the rooms as being suitable for dual purpose use and reflect the change in bed numbers stated in the HealthCERT letter requesting the change.</p> <p>The leadership team of Bupa is the governing body and consists of Directors or heads of - Clinical, Operations, Finance, Legal, Property, Customer transformation, People, Risk, Corporate Affairs and Technology. There is a New Zealand based managing director that reports to a New Zealand based Board. The directors are knowledgeable around legislative and contractual requirements and are experienced in the aged care sector. Bupa has a clinical governance committee (CGC), risk and governance committee (RGC), a learning and development governance committee, and a work health safety governance committee, where analysis and reporting of relevant clinical and quality indicators are discussed for service improvement.</p> <p>There is a clinical support improvement team (CSI) that includes clinical specialists in restraint, infections and adverse event investigations and a customer engagement advisor, based in head office to support their facilities, with improvement to their service. Furthermore, Bupa undertakes national and regional forums, as well as local and online training, national quality alerts, use of benchmarking quality indicators, and learning from complaints (open casebooks), as ways to share learning and improve quality of care for Māori and tāngata whaikaha. The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori), which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system.</p>
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		<p>Bupa NZ is committed to supporting outcomes for Māori and address barriers to provide equitable service delivery. 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. Bupa has an overarching strategic plan in place, with clear business goals to support their person-centred philosophy. The business and operational plan is reviewed annually by the leadership team as part of strategy and planning. A vision, mission statement and objectives are in place. Annual goals for Windsor Park have been determined, and these link to the overarching Bupa strategic plan. Goals are regularly reviewed.</p> <p>The service is managed by a general manager (non- clinical), who has been in the role for three years. The general manager is suitably qualified in management of aged care facilities and has a business qualification. The general manager is supported by a clinical manager who has been in the role for six years. The general manager and clinical manager are supported by an experienced care team and the wider Bupa management team, which includes the regional operations manager and regional quality partner.</p> <p>The general manager and clinical manager have completed the required training related to managing an aged care facility. A quality partner (interviewed) supported the facility during this audit remotely.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>Windsor Park is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. There is a documented quality programme policy for Bupa (last reviewed in August 2025). Quality, infection control, staff and resident meetings are scheduled to be completed bi-monthly. There has been an improvement in the frequency of infection control meetings held; however, the quality, staff and resident meetings have not always occurred as planned. The previous finding related to criterion # 2.2.2 remains. This is a recurrent finding, and the risk has remained as a moderate risk however, the timeframe to address the risk has been decreased from 90 days to 60 days.</p>

	<p>There is an internal auditing schedule in place and corrective actions are documented to improve the service. Where corrective actions have been identified, these have been consistently signed off as completed in meeting minutes and internal audits when they do occur. While there This is an improvement from the previous audit related to corrective action planning in criterion # 2.2.4, however there is a continued shortfall in 2.2.4 related to the completion of internal audits.</p> <p>Resident (March 2025) and family/whānau (January 2026) satisfaction surveys have been collated and analysed at head office and indicate a positive net promoter score. Results have been communicated to residents and family/whānau and displayed on the noticeboard. Action plans related to activities were documented, which scored lower than expected. There is an instability in the activities team that has an impact on the provision of meaningful activities within the dementia unit (link 3.3.1).</p> <p>Quality improvement projects are documented and include becoming a restraint free environment. The goal was achieved in September 2024 and is still maintained. The reduction in skin tears and improved incident reporting is still ongoing and regularly monitored.</p> <p>A health and safety system is in place. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, meetings and via toolbox talks. Electronic entries are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident records reviewed. Incident and accident data is collated monthly and analysed. The electronic system generates a report that goes to each operational team/governance team and generates alerts depending on the risk level. Results are discussed in the quality and general staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by an RN.</p> <p>Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one Section 31 notification and seven severity assessment codes (SAC) reported to the Health Quality and Safety Commission since last audit. There have been two outbreaks documented since the previous audit, with relevant external organisations</p>
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		appropriately notified.
<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>PA Moderate</p>	<p>The roster provides sufficient and appropriate coverage for the delivery of care and support for rest home, hospital and dementia. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Staff absences are covered by agency, as sighted on the roster and on the days of the audit. The general manager, clinical manager, unit coordinator and business coordinator work full-time from Monday to Friday. On call is provided on rotation with other general managers and clinical managers within the region. Registered nurse cover is provided 24 hours a day, seven days a week. The unit coordinator (based in the dementia unit) and RNs are supported by an experienced team of caregivers. There are sufficient numbers of caregivers in the rest home, hospital and dementia areas. A selection of RNs and caregivers hold current first aid certificates. There is always a first aid trained staff member on duty 24/7. Separate cleaning and laundry staff are employed seven days a week. There are two activities assistants working from 10.00am to 6.00pm, the activities coordinator role was vacant at the time of the audit. Recruitment efforts are ongoing to address the instability the activities team have on the provision of meaningful activities within the dementia unit (link 3.3.1).</p> <p>There is an annual education and training schedule documented. The education and training schedule lists compulsory training. The service provides study days each month and staff are rostered to attend. Training has included (but not limited to) hand hygiene; abuse and neglect; chemical safety; emergency safety; manual handling; end of life choices; cultural and Māori strategy; restraint; dementia; aging process; infection control; and falls prevention. The Bupa People Management process: Education policy was updated in April 2025 to reflect the training requirements of Enabling Good Lives for care homes that provide care for younger people with disabilities. The service is certified to provide care for YPD residents and there was no documented evidence of where the Principles of Enabling Good Lives training fits into the content of the annual training schedule for 2025 and 2026. The previous audit finding in criterion # 2.3.5 related to Enabling Good Lives remains. This is a recurrent finding from the previous audit; therefore, the risk rating is</p>

		<p>assessed as moderate (previously low risk).</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. The Bupa orientation programme qualifies new caregivers at a level two NZQA. Of the 38 caregivers at Windsor Park, 25 have achieved a level 3 NZQA qualification or higher. There are 16 caregivers who regularly rotate through the dementia unit, and all have completed their required dementia standards. Annual competencies include (but are not limited to) hand hygiene, moving and handling, and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 training complete many of the same competencies as the RNs (e.g., medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, and wound management). Additional RN specific competencies include syringe driver, and interRAI assessment competency. There are ten RNs, including the clinical manager and unit coordinator, and one enrolled nurse (EN). Six of the RNs are interRAI trained.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Five staff files including one unit coordinator, one RN, three caregivers and one support services coordinator reviewed included evidence of completed orientation, training and competencies, and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals, including (but not limited to) RNs, general practitioner (GP), pharmacists, podiatrist, physiotherapist, and dietitian.</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 RNs and caregivers to provide a culturally safe environment to Māori. Staff who have been employed for a year or more, have a current performance appraisal on file.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Six resident files were reviewed: two rest home (including LTS-CHC), two hospital level residents (including ACC) and two residents at dementia level of care. Initial assessments and care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent and have been completed within the required timeframe.</p> <p>Care plans are based on data collected during the initial nursing assessments, which include (but not limited to) those related to nutrition; pain; transfer and mobility; skin; continence; pressure injury risk; cultural; behaviour; social history; and information from pre-entry assessments completed by the Needs Assessment and Service Coordination (NASC), or other referral agencies. Registered nurses are responsible for all residents' assessments, care planning, and evaluation of care.</p> <p>Initial interRAI assessments have been completed within three weeks of admission for all residents except those on an ACC contract. The resident with ACC funding had the same suite of assessments completed for the development of the care plan.</p> <p>The activity assessments include a cultural assessment which gathers information about cultural needs, values and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Care plans [My Day My Way] in the dementia care unit include a behaviour plan detailing behaviour exhibit, any triggers, and individual diversional strategies across the 24-hour period. Behaviour (stress and distress) monitoring charts are established as a short-term strategy to identify triggers that threaten the resident's wellbeing. Antipsychotic management plans are documented for residents on any antipsychotic medications.</p> <p>Long-term care plans are holistic and individualised to meet the needs and preferences of the resident and provide guidance to staff around identified medical and non-medical needs including the management of oxygen. Documented interventions and early warning signs meet the residents' assessed needs. There are short-term care plans in use for issues such as significant change in medications, infections, weight loss, and wounds. Short-term care plans have been evaluated weekly and signed off when the issue has resolved. A Māori health care plan is completed for any residents who identified as Māori, to describe the support required to meet resident's needs, as sighted in the resident files</p>
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	<p>reviewed on the day of the audit. The previous audit findings related to criterion # 3.2.3 has been addressed.</p> <p>The initial medical assessment is undertaken by the contracted general practitioners (GPs) within the required timeframe following admission. There is documented evidence of the exemption from monthly general practitioner visits when the resident's condition is considered stable. The service has a contract with three general practitioners who visit the care home and provide on-call cover after hours on a rotational basis. The general practitioners have access to the resident records, including the medication system. The general practitioner interviewed stated that there was good communication with the service, and the registered nurses demonstrated good assessment skills and that they were informed of concerns in a timely manner. A physiotherapist visits the care home four hours per week, and reviews residents referred by the registered nurse. There is evidence of a multidisciplinary approach in the care of residents with other specialist services, including (but not limited to) speech language therapist, wound care specialist, gerontology nurse, older persons mental health team, and continence specialist nurse available as required through Health New Zealand.</p> <p>Contact details for family/whānau are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, general practitioner reviews, medication changes, and any changes to health status.</p> <p>There was evidence of wound care products available at the care home relevant to the needs of the residents. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. There were eleven active wounds from seven residents. There were no pressure injuries treated on the days of the audit. Other active wounds noted were skin tears, incontinence associated dermatitis, lesions, surgical wound, and ulcers. Wounds were dressed as scheduled, with clear documentation that included assessments, photographs, management plans, and evaluations, evidencing progress towards healing. Referrals were completed for wound nurse specialist input as clinically indicated, with recommended plans incorporated into the wound management plans. Staff could confirm pressure relieving measures and stated adequate equipment is</p>
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	<p>available.</p> <p>All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Caregiver interviews confirmed they are familiar with the needs of all residents in the care home, and that they have access to the supplies and products they require to meet those needs.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Registered nurses document in the progress notes; caregivers document interventional progress notes to evidence care delivered.</p> <p>When a resident's condition alters, the registered nurse initiates a review with the general practitioner. Registered nurses also undertake comprehensive assessments, including (but not limited to) falls risk, pressure risk, and pain assessment as required, with appropriate interventions documented in the long-term care plan to meet the changes in healthcare needs of the residents. There is evidence the registered nurse has added to the progress notes when there was an incident, and changes in health status.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; visual checks, weight; food and fluid; repositioning charts; intentional rounding; and blood glucose levels. Monitoring charts have been completed as scheduled. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed. Neurological observations have routinely been completed for unwitnessed falls, or those where a head injury was suspected, as part of post falls management.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurses within the required timeframes. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according</p>
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		to their needs and in the privacy of their bedrooms.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>PA Moderate</p>	<p>The activities criterion for this surveillance audit has been opened due to the impact the instability of the activities team has on a meaningful activities programme in the dementia unit.</p> <p>On both days of the audit there were no activities programmes published for residents, family/whānau and staff on noticeboards and elsewhere. The usual Bupa events calendar was available on the noticeboard near the reception. The activities programmes were printed off on the day on request. There were activities happening in the rest home and hospital areas that include news reading and preparation activities for St Patrick’s day. However, there were no meaningful activities (planned or spontaneous) in the dementia unit on both days of the audit. Residents were seen congregating in the lounge and hallways.</p> <p>Resident (March 2025) and family/whānau (January 2026) satisfaction surveys have been collated and analysed at head office and indicate a positive net promoter score. However, satisfaction related to activities scored low. Action plans related to improvement of activities were documented but not yet implemented. The general manager confirmed during a recent workforce review, the activities coordinator left employment in September 2025. Recruitment efforts have been unsuccessful thus far, with staff commencing employment and then leaving again. The roster evidenced two activities assistants and casual staff assisting with activities. The master roster evidence 100 hours are allocated to activities across a seven-day period. The roster reviewed for the three weeks preceding the audit evidenced that 52 to 93 hours were allocated to activities.</p> <p>Activities assessments and social plans are completed by registered nurses for all residents, and this include 24 hours diversional plans. Staff in the dementia unit (interviewed) confirmed a van outing occurred within the last week but no structured activities. Family/whānau interviewed that visit their relatives in the dementia unit frequently stated they have not seen meaningful activities being offered “for a while” including garden walks, garden, baking and music therapy.</p> <p>The staff education records in March 2025 reviewed evidenced that staff have completed a Bupa learning module related to assisting in the</p>

		provision of meaningful activities.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in blister packs.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions. The effectiveness of pro re nata (prn) medications is consistently documented in the progress notes. There is one medication room. Medicines were seen to be stored in locked trolleys, the locked medication room and a controlled medication safe. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range. The medication policy and legislative requirements are implemented for medication that require two signatures. The previous audit findings related to criterion # 3.4.1 has been addressed. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>A medication round was observed and seen to be safe. Medications are administered by registered nurses and caregivers. All staff administering medications are required to pass competency test annually. Medication errors are reported in the electronic resident file system and appropriate investigation and follow up is done.</p> <p>Twelve medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>The medication administration policy include guidelines for staff to follow to facilitate medication administration for those residents who wish to self-administer their medications. There are two residents currently who self-administer part of their medication regimen. They are assessed three-monthly to ensure their competency for self-administration. The</p>

		medication was seen to be stored in a locked box in their room. There are no standing orders.
<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>Residents' nutritional requirements are assessed on admission to the service, in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preferences were available in the kitchen folder.</p> <p>The food control plan is current to 22 September 2026.</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>Transition to a different level of care, transfer to another facility or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. Details of how a resident is transported to external appointments is recorded in the long-term care plan. Family/whānau are asked to attend appointments with residents whenever 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>	FA	<p>The building has a current warrant of fitness that expires on 6 August 2026. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and in the grounds. Residents are encouraged to personalise their bedrooms with personal,</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>cultural, and spiritual belongings, as viewed on the day of audit. The Hokonui community lounge and kitchenette underwent an upgrade since the last audit, which includes a new kitchenette, new flooring, repainting, and replacement of drapery and furniture. Four dual purpose rooms in Hokonui wing have been refurbished into two dual purpose care suites. The care suites have been verified at this audit as suitable for dual purpose care. Both care suites are spacious with a small kitchenette and open plan lounge/bedroom. There is an ensuite shower and toilet with appropriately placed handrails and call bells.</p> <p>The planned maintenance schedule includes testing and tagging of electrical equipment, last completed on 23 June 2025, with calibration, and testing of clinical equipment, last completed 30 June 2025. Hot water temperatures have been tested and recorded in resident rooms. Hot water temperatures were within safe recommended ranges of below 45 degrees Celsius in residents' rooms.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control manual includes a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training, and education of staff. Policies and procedures are reviewed quarterly by Bupa's clinical governance group in consultation with infection control coordinators. Data on infections is collated monthly, analysed, and reported to the manager, quality partner and infection control committee. An annual report is submitted to the quality partner, and a copy was sighted in the infection control manual.</p> <p>The infection control policy states the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There are policies related to single use items, handwashing, personal protective equipment, and associated competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated during outbreaks.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control</p>

<p>(HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. The infection control committee meets bimonthly and discuss infection related issues, make the meeting minutes/ graphs available for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand.</p> <p>Since the last certification audit, there have been two outbreaks of infection: Covid-19 in June 2025; and a confirmed Norovirus outbreak in January 2026. These were managed appropriately, with Health New Zealand and Public Health being appropriately notified. There was evidence of regular communication with the Bupa head office, aged care portfolio manager, and Health New Zealand infection control nurse specialist. Daily outbreak management meetings and toolbox meetings (sighted) capture lessons learned` to prevent, prepare for and respond to future infectious disease outbreaks. Outbreak logs were completed. Staff confirmed that resources, including PPE, are plentiful.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The policy and procedures for restraint minimisation and safe practice specify Bupa New Zealand is committed to providing a restraint-free environment to the best of their ability. The regional restraint group is responsible for the Bupa restraint elimination strategy and for monitoring restraint use in the organisation. The service considers least restrictive practices, implementing de-escalation techniques, and alternative interventions and only uses an approved restraint as the last resort. At the time of the audit, there were no residents using restraints. Windsor Park became restraint free in September 2024. Maintaining a restraint-free environment is the aim of the service The designated restraint coordinator is an RN. Minimisation of restraint use is included as part of the education and training plan.</p>

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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA</p> <p>Moderate</p>	<p>There is a meeting schedule documented. Infection control meetings, family/whānau meetings and clinical meetings have occurred as planned for 2025 and 2026 year to date. However, the bimonthly quality, staff and resident meetings were not completed as planned. There have been no quality meetings documented since March 2025. There were two staff meetings documented for September and December 2025, and resident’s meetings have occurred in in February 2025, January 2026 and March 2026.</p>	<p>The bimonthly quality, staff and resident meetings have not always occurred as planned and (therefore), there is a lack of evidence that staff are informed of quality and risk outcomes.</p>	<p>Ensure that meetings are held as planned.</p> <p>60 days</p>
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and</p>	<p>PA</p> <p>Moderate</p>	<p>There is a documented quality programme policy for Bupa (last reviewed in August 2025). There is an internal audit schedule documented. Clinical related audits were</p>	<p>There have been no non-clinical internal audits completed for the period August to December 2025.</p>	<p>Ensure that all internal audits are completed as per schedule.</p>

<p>opportunities, including potential inequities, and develop a plan to respond to them.</p>		<p>completed for 2025 and 2026 year to date; however, non-clinical audits were not always completed as scheduled. When audits are completed, corrective actions are documented and resolved in a timely manner. While the issue identified at the previous certification audit related to corrective actions has been addressed, the overall shortfall related to identifying internal risks remains.</p> <p>There is evidence of documentation of corrective action plans with issues signed off when resolved. This aspect of criterion #2.2.4 identified as a shortfall at the pervious certification audit has been resolved.</p>		<p>60 days</p>
<p>Criterion 2.3.5 Service providers shall assist with training and support for people and service providers to maximise people and whānau receiving services participation in the service.</p>	<p>PA Moderate</p>	<p>The Bupa People Management process: Education policy was updated in April 2025 to reflect the training requirements of Enabling Good Lives for care homes that provide care for younger people with disabilities. The service is certified to provide care for YPD residents however there was no documented evidence to confirm that Enabling Good Lives training has occurred as part of the annual training schedule for 2025 and 2026. There were residents under the age of 65 at the time of the audit.</p>	<p>The service is certified to provide care for YPD residents and there was no documented evidence that Enabling Good Lives training has occurred as part of the annual training schedule for 2025 and 2026.</p>	<p>Ensure that the Principles of Enabling Good Lives training for younger residents is included as part of the annual training schedule.</p> <p>60 days</p>
<p>Criterion 3.3.1 Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests,</p>	<p>PA Moderate</p>	<p>There is an activities planner developed by the activity's assistants for each area. The activities calendar was not published or available on noticeboards for residents and family/ whānau in the dementia unit to view. Observation over the two days evidence no meaningful activities for residents in the</p>	<p>The activities programme in the dementia unit is not well implemented and satisfaction scores related to activities is low, There is no published</p>	<p>Deliver a varied, meaningful, and engaging activities programme in the dementia unit aligned with resident's abilities and interests with monitoring of satisfaction to</p>

<p>and shall be responsive to their identity.</p>		<p>dementia unit. Residents were observed congregating aimlessly in the lounge and hallway. The caregivers and family/ whānau (of residents in the dementia unit) stated that a van outing had occurred within the last week but no other planned or spontaneous activities. Interviews with the registered nurses and managers confirmed that ongoing recruitment efforts for suitable candidates to fill the activities coordinator role were in place.</p> <p>Registered nurses are designated to complete an assessment and to add to notes, the progress around implementation of activities. Care plans [My Day My Way] in the dementia care unit include a behaviour plan detailing behaviour exhibit, any triggers, and individual diversional strategies across the 24-hour period. Behaviour (stress and distress) monitoring charts are established as a short-term strategy to identify triggers that threaten the resident's wellbeing. Care staff were observed to divert residents.</p> <p>Resident (March 2025) and family/whānau (January 2026) satisfaction surveys have been collated and analysed at head office and indicate a positive net promoter score. However, satisfaction related to activities scored low. Action plans related to improvement of activities have been documented but not yet implemented.</p>	<p>activities programme available in the dementia unit.</p> <p>There were no designated staff allocated to the dementia unit on the days of the audit to assist with planned or spontaneous activities.</p>	<p>evidence improvement.</p> <p>Ensure the activities programme is published and available in the dementia unit.</p> <p>Ensure there is a designated person allocated to implement the activities programme.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.