Bupa Care Services NZ Limited - Erin Park Rest Home & Hospital

Introduction

This report records the results of a 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:	Erin Park Rest Home & Hospital
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 1 May 2026 End date: 1 May 2026

Proposed changes to current services (if any): The provider notified HealthCERT on 20 March 2026 of their intention to reconfigure existing 40 rest home rooms in the rest home area to dual purpose rooms. A partial provisional audit was completed to verify the suitability of 40 rest home rooms for dual purpose use.

The partial provisional audit verifies the suitability of 33 of the 40 rest home beds to be used as dual purpose beds without further improvements required. Seven rooms with ensuite toilets of older design needs improvement prior to occupancy and four rooms needs improvement to the access to the outdoors. As a result of the partial provisional audit completed, the dual-purpose beds increased from 11 to 44. The remaining seven will remain rest home level till further improvements are made.

Total beds occupied across all premises included in the audit on the first day of the audit: 109

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 haumaru │ person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita │ infection prevention and antimicrobial stewardship
- here taratahi │ restraint and seclusion.

General overview of the audit

Erin Park Rest Home and Hospital is located in Auckland and is a purpose-built facility. The service is certified to provide care for up to 114 hospital (medical and geriatric), rest home, and residential disability (physical and intellectual) services. There are 11 dual purpose beds, 63 hospital beds and 40 rest home beds. On the day of the audit there was 109 residents in care.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand to verify. 40 rest home beds as dual purpose.

The general manager and clinical manager are both suitably qualified for their role. There is a current business plan supported by a transitional roster. The staff are skilled and suitably trained to provide care for residents with high acuity. There were no shortfalls identified in Section 3 at the previous audit.

The partial provisional audit verifies the suitability of 33 of the 40 rest home beds to be used as dual purpose beds without further improvements required. Seven rooms with ensuite toilets of older design needs improvement prior to occupancy and four rooms needs improvement to the access to the outdoors.

Ō tātou motika | Our rights

Not audited.

Hunga mahi me te hanganga | Workforce and structure

The organisational business and quality plans inform the site-specific operational objectives. There is a transitional (business) plan in place that is being operationalised.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation 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 is documented.

Ngā huarahi ki te oranga | Pathways to wellbeing

All meals are prepared on site in a well-established operational kitchen. There are seasonal menus in place, and a cook provides oversight of the food services. There are spacious dining areas to support the residents' dining needs. Alternatives are available for residents. A current food control plan is documented and registered.

Medication policies reflect legislative requirements and guidelines. Registered nurses, and medication competent caregivers are required to administer medications. Secure storage for medications is in place. An electronic medication system is used.

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

Thirty three rest home beds are verified as physical suitable for dual purpose use. There is sufficient space to allow the movement of residents around the facility using mobility aids. Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are safe and easily accessible from communal areas.

Documented systems are in place for essential, emergency and security services. Employed staff have completed training around emergency management, have completed an orientation to the building, and have a first aid certificate.

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

The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. The unit coordinator is designated as the infection prevention and control coordinator, and they monitor the programme and report monthly and as issues occur.

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.

The environment supports the prevention and transmission of infections. There are policies and procedures in place for waste, hazardous substances, cleaning and laundry services. The internal audit schedule is 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

There is a comprehensive restraint policy. The management and Bupa governance body is committed to maintain a restraint free facility. The staff completed training around restraint elimination and competency assessments. Competencies are completed annually. The clinical manager is the restraint coordinator. An approval group is in place and maintain a restraint free environment. Managing behaviours that challenge is included as part of the annual training programme and also included in the induction programme.

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	11	0	1	0	0	0
Criteria	0	39	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
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	Erin Park Rest Home and Hospital is located in Auckland and is a purpose-built facility. The service is certified to provide care for up to 114 hospital (medical and geriatric), rest home, and residential disability (physical and intellectual) residents (YPD). There are 11 dual purpose beds, 58 hospital beds, 40 rest home beds and five residential disability beds. On the day of the audit, there were 109 residents. There were 13 younger residents with a disability (one rest home level and 12 hospital level) – all with physical disabilities. There were 34 residents at rest home level of care including two residents on a long-term support chronic health (LTS-CHC) contract, and 62 hospital level residents including two residents on a contract (LTS-CHC), and four residents funded by the Accident Compensation Corporation (ACC). All other residents apart from the LTS-CHC, YPD, and ACC were under the age-related residential care contract (ARRC). There are no double rooms. The service requests a reconfiguration of beds and includes to have the remaining 40 rest home beds as dual purpose. This partial provisional audit verifies the suitability of 33 of the 40 rest home beds to be used as dual purpose beds without further improvements required. 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. 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. The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers. Bupa has an overarching three-year strategic business and operational plan (2024 to 2026) with clear business goals to support its person-centred philosophy. Erin Park 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. The service is overseen by a general manager (nonclinical) who has been in the role for three years with previous experience as a village

		manager and many years' experience in customer service roles. They are supported by a clinical manager who has been in the role for six years, and a business services coordinator. 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. 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. There are no changes to governance or management as a result of the partial provisional audit.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	FA	The quality and risk management system is well established with a suite of clinical and non-clinical policies that form the foundation for service delivery. The suite of policies includes adverse event reporting and escalation of significant events including health and safety issues, workplace injuries, events that put residents at risk (section 31 reporting) and severity assessment code one and two escalation and notification to the Health Quality and Safety Commission. The management team (general manager clinical manager) understand the reporting process. There will be no changes to the implementation of the quality system and reporting of adverse events.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is	FA	There is a documented policy to determine staffing numbers and ratios. The roster considers the design and footprint of the facility. Staffing levels are managed through existing flexibility. The roster is divided into three areas; Matai (32 beds); Nikau (31 beds); and the rest home community (51 beds across Kowhai/Rimu). There are sufficient number of caregivers allocated to each community to manage the current acuity of residents. The clinical manager provides daily oversight with support from two unit

managed to deliver effective person-centred and whānau-centred services.		coordinators (one for Matai and Nikau) and one for Rimu and Kowhai; they have an escalation process to adjust staffing based on occupancy and acuity. As the acuity of residents increased the roster provides for flexibility to increase shorter shifts to long shifts. The roster and allocation process ensures that caregivers can easily support one another with safe mobility of residents. There is a roster documented for the rest home area (Kowhai and Rimu); the general manager is using a Bupa clinical tool matrix that automatically determines the rostered hours based on hospital or rest home level care. The tool is reviewed and based on the tool outcome, staff hours are extended or staff are added to shifts. Activities hours also increased as more residents requiring hospital level of care. The current roster for Kowhai and Rimu evidences sufficient caregivers are allocated to all shifts to meet the residents' current needs. There are residents immediately waiting to be assessed at hospital level care. The roster narrative relates to the rest home community as it currently is (15 hospital level residents and 34 rest home level residents): a registered nurse is allocated to the community on morning afternoon and nightshift 24/7. The registered nurse is additional to the unit coordinator that works Monday to Fridays. There are five caregivers (7.5-hour shifts) in the morning; four caregivers in the afternoon and one caregiver at night. It is noted that the hospital level residents in this area are still mobile and only two residents need full hoist transfers. The rosters reviewed evidenced that short term absences are replaced. Adjacent to the rest home area is Nikau community (hospital level); this area is currently staffed at full occupancy; however, have vacant beds; therefore, staff can work across units to assist one another. The general manager stated they have stable staff with no immediate vacancies. There is a generous casual pool of caregivers to call upon, and no immediate additional recruitment of staff is planned. The clinical manager works full time (their office is in Matai community) and support clinical oversight across all areas of care and the unit coordinators are rostered to ensure senior leadership is available over weekends. The total number of RNs (additional to the unit coordinators and clinical manager) are three in the morning; three in the afternoon and two at night. 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. The staff are not required to attend to attend to any village calls. The contracted GP practice provide two visits a week; one day is overseen by the nurse practitioner of the same practice. and they provide support to the service after hours. Staff and residents will be continued to be informed when there are changes to staffing levels and documented in meeting minutes. Short notice absences will be continued to be covered by casual staff. There are medication competent caregiver and first aiders on shift (a total of 63 staff have current first aid certificates). There are separate kitchen staff, maintenance, and housekeeping staff to perform non-clinical tasks. The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic record of educational courses offered and completed, including: in-services; competency questionnaires; online learning; and external professional development. All caregivers required and registered nurses have current medication competencies. The training programme is suitable to ensure staff have the knowledge and skills to provide care for residents at hospital level care. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 59 caregivers in total working across the communities; 49 have completed level 3 and 4 Certificate in Health and Wellbeing. There is a staff member who is a Careerforce assessor. Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures or treatments including (but not limited to) percutaneous endoscopic gastrostomy, infection control, wound management, medication, monitoring blood glucose levels, and insulin competencies. At the time of the audit there were 18 registered nurses including the clinical manager and unit coordinators. Sixteen have completed interRAI training. Staff have completed training that covers equality/diversity, Te Tiriti o Waitangi, Te Whare Tapa Whā, and a broad range of other subjects relevant to aged care nursing. Registered nurses complete palliative care training to support end of life, pain management,

		falls prevention, medication management, Identify, ISBAR (Situation, Background, Assessment, and Recommendation), communication with residents with sensory deficits, DEWS (Deterioration Early Warning System), observation and reporting, clinical documentation, advance care planning and all RNs completed their syringe driver competencies. The education and competency platform provide a dashboard to track education and competency completion. The dashboard reviewed all competencies and training have been completed.as required. The workforce management and roster are verified as suitable to address the residents' needs at hospital level care. The education plan is verified as suitable for the reconfiguration of services and include the completion of mandatory training.
Subsection 2.4: Health care and support workers 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. 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. 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.	FA	The general manager stated all staff have been recruited for the safe management of the residents at rest home, hospital and residential disability level of care. Suitable applicants are interviewed by the general manager once applicants pass screening. Five staff files reviewed evidenced an organised recruitment process, reference checking, employment agreements, job descriptions 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. A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and then annually. The newly employed staff have the completed documentation on file. There are robust established recruitment processes in place, which are fully implemented. There are no changes to the human resource processes or to the orientation programme as a result of the reconfiguration of services.

Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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.	FA	There is a suite of medication policies documented for the service that meets good practice and legislation. There is an established electronic medication administration system in place. The service will continue to use the pharmacy delivered prepackaged medications. There is an established pharmacy contract in place. Registered nurses and medication competent staff have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training. The clinical manager explained that all medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. There is a secure medication room for each community. The medication room in Kowhai/Rimu is appropriate in size, securely locked with keypad, has appropriate handwashing facilities, bench space for medication preparation, a fridge, appropriate shelving, locked cupboards and secure storage. There are stainless-steel trolleys for wound care and two medication trolleys. Syringe drivers are preprepared/filled by the pharmacy. The secure medication rooms and fridge temperature are monitored daily. The fridge and medication room temperatures reviewed evidence the room temperatures kept below 25 degrees. There is a heat pump in the medication room that maintain the room temperature. There is a heat pump in the medication room that can be adjusted as needed. Temperatures in the medication room are within accepted ranges. There is a documented process where all stored medications are checked monthly for expiration dates and opening dates including medications stored in the resident locked drawers. There are no standing orders. There is a documented process of reviewing the electronic medication charts three monthly by the GP/NP; a medication audit ensures medication charts are reviewed, have a photo identification and allergy status identified. The medication audits were all complaint. The medication policy addresses the requirements

		for indications for use for pro re nata (PRN) medications, and the effectiveness of PRN medications. The medication and resident files audits completed evidence the consistently of effectiveness were documented as required. There are appropriate risk mitigation plans in place to ensure medication charts are backed up in an event of an IT failure. Medication errors are collated as part of the incident system. There are no further changes required to the medication system as a result of the reconfiguration of services. Medication related equipment is sufficient to manage the needs of the residents.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	Food is prepared in line with recognised nutritional guidelines for older people. A seasonal menu cycle (approved by the Bupa dietitian March 2026) is utilised. Diets are modified as required and the kitchen staff are made aware of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The internal audits reviewed evidence residents' weights are effectively managed and mini nutritional assessments are completed. The kitchen manager has access to residents` dietary profiles and is informed of any changes. There is a verified food control plan which is current. Kitchen staff have attended safe food handling training. There is a registered food control plan (expires 23 August 2026). There are lip plates, appropriate utensils, drinking beaker cups available to promote/maintain independence with eating and drinking. The dining area in Kowhai/Rimu wing is adjacent to the kitchen and food is served directly from a bain marie to the residents. There are insulated lids available for tray service to the rooms. The food control plan documents the process of preparing, transporting and heating of puree meals. The roster evidenced sufficient staff to provide oversight during mealtimes and assistance with eating. There is sufficient space in the dining room area with appropriate seating to provide a pleasurable dining experience. There are no changes to the food services as a result of the

		reconfiguration of services.
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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.	PA Low	There is a current building warrant of fitness (expires 10 March 2027). A planned maintenance schedule is well established include testing and tagging of electrical equipment, resident's equipment checks, and calibrations of the weighing scales and clinical equipment. This plan comes from Bupa support office and is adjusted to meet the facility's needs. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Electrical equipment is checked for compliance, and this has been completed by an external contractor (December 2025 and April 2026). Annual checking and calibration of medical equipment, hoists and scales was completed in December 2025. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The clinical manager and general manager stated that they have all the equipment needed to provide care at hospital level care; an equipment procurement plan is in place as the numbers in hospital level care residents increased. Hot water temperature monitoring is monitored monthly, and the reviewed records are within the recommended ranges. Corrective actions are completed for any temperatures above the required threshold. There is a maintenance manager who works fulltime. Staff log maintenance and repair requests. This is checked by maintenance assistant daily and entered into the electronic system. The system tracks how many hours from when the data was entered to when the task is completed and at what stage the process is at, for example awaiting contractor. Essential contractors such as plumbers and electricians are available 24 hours as required. The warrant of fitness and registration for the facility van used to transport residents for outings are current. Kowhai/Rimu community The rest home area (Kowhai/Rimu community) is on the ground level with easy access from the parking and reception area. There are 11 dual purpose rooms in Kowhai/Rimu community previously certified. The partial provisional audit was undertaken to verify the suitability of the remainder of the rooms (40) in Kowhai/Rimu community for dual purpose

		use. Kowhai/Rimu community has a nurse's station and medication room. Kowhai/Rimu community has access to its own large lounge with safe level access to the outdoors and landscaped gardens with seating and shade. The grounds and external areas were well maintained. The physical environment supports the independence of the residents. Corridors are wide and have safety ledges/rails that promote safe mobility with the use of mobility aids. Residents were observed moving freely with mobility aids. There is adequate space within bedrooms and communal areas. Rooms are similar in size and either have ensuite toilets and a hand basin or sharing an ensuite toilet/shower between rooms. Rooms have enough space to safely access and manoeuvre the use of a hoist. Door openings are wide. All rooms are equipped with electric hospital level care beds and hospital grade mattresses. All resident rooms have external windows to provide natural light and have appropriate ventilation and individually controlled heating or a ceiling heater. Residents' rooms are personalised according to the resident's preference. All rooms have a door access to the outdoors. All rooms except room 33,34,35A and 41 have safe level access to the outdoors; the access for the four rooms needs improvement. The lounge is comfortable with seating for communal gatherings and activities at the facility. There is a disability toilet near the communal lounge. Furniture is appropriate for residents with higher needs and enough space to accommodate residents in mobility chairs, wheelchairs and lazy boys. There are resting bays to promote safety when residents mobilise down the hallway to the main recreation and dining areas. There is sufficient space to store equipment. There are plenty of shower equipment (shower stool, shower chairs and commode type chairs). The equipment list includes (but not limited to extra equipment including: a full sling hoist, sit to stand aid, oxygen concentrators, slippery sams, lazy boys, sensor mats and pressure relieving devices. There is plenty of space for the storage of continence products and linen. The service has portable hoists available to use. Residents are supported with their own

		sling. There is a call bell for each bed and call bells within the ensuite shower/toilet and lounge/dining area. There is sufficient lighting above each bed. Fixtures, fittings, and flooring in all areas are appropriate and able to be cleaned effectively. Rooms are carpeted or linoleum and ensuite toilet/showers have linoleum flooring. There are appropriate handrails within the shower area and at the toilet. There are sufficient communal showers within the Kowhai/Rimu community with vacant/in use signage. Room 2,12,27,33,34,35A and 38: These rooms are older type rooms and are not yet refurbished. The floor space is similar in size as the rest of the rooms in Kowhai/Rimu community. The rooms have an ensuite toilet with a handbasin placed within a rectangular vanity which limits the space around the toilet once a toilet commode chair is used/in place. This will potentially limit assistance with personal hygiene. The residents in this rooms were seen manoeuvring their mobility walker easily within the rooms and toilet space. The general manager stated that vanities will be replaced with standalone hand basins. The rooms remain suitable for rest home only till improvements are made to the vanities. The environment, art and decor are inclusive of peoples' cultures and supports cultural practices. The general manager states Māori input has been sought from kaumatua within the facility related to better reflect their aspirations within the design. The 33 rooms of the 40 rooms were all verified as physically suitable for hospital level care. However, seven rooms will need further improvement to the ensuite toilets prior to occupancy and four rooms with doors leading to the outdoors need safe level access to the outdoors.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on	FA	Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and

emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.		timely evacuation. A business continuity plan is documented. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (dated May 2010). Fire evacuation drills are repeated six-monthly. The fire evacuation resident list documents each resident`s mobility. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The maintenance manager checks the civil defence supplies monthly. There is no generator on site; however, there is a documented process in the emergency and civil defence plan on a process/contact numbers to obtain one within the region. The maintenance manager stated their confidence in the Bupa process in supporting the utility services in the event of a failure. There are adequate supplies in the event of an emergency including 5000 litres of stored water, sufficient for three litres per resident for three days. Alternative cooking facilities are available for any power cuts including four BBQs and extra gas bottles in storage. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. There is a first aid trained staff member on duty 24/7 including when taking residents on outings. The call bell system (Austco solutions) is monitored for response times. Call bells are in each bedroom and ensuite. Indicator lights are displayed above resident doors and on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. The service utilises security cameras throughout the facility, located at the main entrance, car park, hallways, facility perimeter and exit doors. There is a security firm that provide a visit each night. Visitors and contractors sign in when entering the building. Staff are identifiable with name badges and uniforms. The security is planned in a safe way, including during an emergency or unexpected event. The civil defence and emergency plans remain unchanged and can manage increased resident needs.

Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	There is an infection, prevention, and antimicrobial programme and procedure that has been developed and approved by the Bupa Infection Control Specialist and input from the infection control coordinators. There is a documented outbreak and pandemic plan. The infection control programme is reviewed and reported on annually by the infection control coordinator (hospital unit coordinator). The infection control programme links to the quality programme and reflects the business plan and direction. The quality programme is reported on regularly; there are monthly meetings and discussions with the Bupa Infection Control Specialist. The clinical manager and unit coordinator was involved in decision making of the reconfiguration of the service. The infection prevention and control programme is sufficient to manage the reconfiguration of services and will remain unchanged.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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.	FA	The documented infection surveillance programme is appropriate for the size and complexity of the service. Surveillance tools and standardised definitions are available and were available to collect infection data. Infection data is collected and benchmarked. Healthcare associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. The infection control coordinator is responsible for collating and analysing infection data on a monthly basis and reporting the results and corrective actions at various meetings. The programme of surveillance of infections is appropriate to accommodate the reconfiguration in services and will be unchanged.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.	FA	Linen is laundered off site seven days a week; delivered daily to each community the same day. There are five cleaning staff on a day and assist with laundry distribution tasks Monday to Sundays. There is a separate pick-up area for dirty laundry. There is a receiving laundry area for when clean linen is delivered. There is a separate folding area. Linen

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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.		is transported in covered trolleys to the linen cupboards. Personal items are delivered in named baskets. There is a sluice area/room in each community. The sluice in Kowhai/Rimu is equipped with a sanitizer, handwashing facilities and stainless-steel bench space. The flooring is appropriate for ease of cleaning. There is a separate cleaner's room; there is an enclosed dispensing system for chemicals. There are lockable cleaning trolleys with labelled chemical bottles on the trolleys. The cleaners' trolleys are stored securely when not in use. Staff complete chemical training as part of their orientation and ongoing education. The appropriate PPE is available in the sluice/laundry and cleaning room. There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry and cleaners` rooms. Cleaning guidelines are provided. Cleaning schedules are maintained for daily and periodic cleaning. The cleaning staff have attended training appropriate to their roles. The unit coordinator (infection control coordinator) has oversight of the facility testing and monitoring programme for the built environment and reports results to the clinical manager. There is enough space for linen storage. All personal clothing is labelled. The environment is culturally safe and appropriate to meet the requirements of the reconfigures services.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use	FA	The business plan and quality plan evidence commitment of the governance body to maintain a restraint free environment. The service reports elimination strategies and its success/or not to the governance body and quality meetings. The clinical manager is appointed as the restraint coordinator. An approval group is in place and committed to maintain a restraint free environment. Caregivers have completed restraint competencies as part of their orientation or following the ongoing restraint education. Behaviour

of restraint in the context of aiming for elimination.		management and de-escalation training are completed annually and evidenced high attendance numbers. The process of restraint discussions and monitoring is well documented and requires no change.

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)
Criterion 4.1.2 The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.	PA Low	Corridors are wide and have safety ledges/rails that promote safe mobility with the use of mobility aids. Residents were observed moving freely with mobility aids. There is adequate space within bedrooms and communal areas. Rooms are similar in size and either have ensuite toilets and a hand basin or sharing an ensuite toilet/shower between rooms. There are seven rooms that are of older design and not yet refurbished. The physical design within the rooms is appropriate for hospital level care; however, the vanities within the ensuite toilet takes space and limit movement around the toilet which compromise safe perineal care/personal hygiene once a commode chair is in place. These rooms do not have access to other communal toilets nearby. There were no hospital level residents yet within these rooms. The communal spaces have safe level access to	(i). Room 2,12,27,33,34,35A and 38 have not enough space within the toilet facility for the safe assistance with personal hygiene. (ii). Room 33,34,35A and 41 has a lip at the door within the rooms that leads to the outdoors.	(i). Ensure that the seven (Room 2,12,27,33,34,35A and 38) toilet space need improvement. (ii). Ensure the four rooms (33,34,35A and 41) have level access to the outdoors. Prior to occupancy days

		the outdoors. All rooms have a door access to the outdoors. All rooms except room 33,34,35A and 41 have safe level access to the outdoors; the access for the four rooms needs improvement. There were no hospital level residents yet within these rooms.		

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.