

Bupa Care Services NZ Limited - Accadia Manor Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	Accadia Manor Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 23 April 2026 End date: 24 April 2026
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	26

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa Care Services NZ Limited – Accadia Manor Rest Home (hereafter referred to as Bupa Accadia) is a Bupa facility and provides rest home level care for up to 29 residents. There were 26 residents at the time of the audit.

This surveillance audit was conducted against a subset of 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.

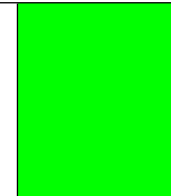
The general manager is supported by a clinical manager, business services coordinator and a team of caregivers and other staff. There are quality systems and processes implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service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

Areas for improvement identified at the previous audit relating to complaints management and communication of corrective actions to staff have been corrected.

This audit identified one shortfall relating to staff appraisals.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service fully attained.

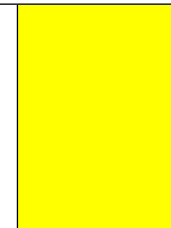
A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place.

Residents are informed of their rights and services are provided in a manner that upholds their rights and maintains their dignity and independence. Residents interviewed confirmed management and staff listen and respect them and communicate with them effectively. Care plans accommodate the choices of residents.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

Hunga mahi me te hanganga | Workforce and structure

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



Some subsections applicable to this service partially attained and of low risk.

The business plan includes a mission statement and operational objectives. The service has quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, and meetings were documented as taking place as scheduled.

There is a staffing and rostering policy. 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 aligns with contractual requirements and includes skill mixes. Residents reported staffing levels are adequate to meet the needs of the residents.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The registered nurse is responsible for assessing residents on admission and developing care plans. The contracted general practitioner completes 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 practitioner is 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 haumarū | Person-centred and safe environment

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

Subsections applicable to this service fully attained.

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 fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, staff, and visitors. The infection control programme is implemented, 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. Since the last audit there have been no outbreaks of infection.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The board and management team are committed to maintaining a restraint free environment. There are policies and procedures for restraint minimisation and safe practice. Staff are trained in the least restrictive practice. During the audit there was no use of restraint.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	1	0	0	0
Criteria	0	48	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 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	A Māori health plan is documented for the service. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. There are staff who identify as Māori. Interviews with the general manager, clinical manager, registered nurse, two caregivers, chef and maintenance person described their commitment to supporting Māori residents and their family/whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and authority in decision-making that supports their health and wellbeing. There are clear processes to include tikanga in everyday practice and training for staff. Staff have completed training on Te Tiriti o Waitangi and health equity.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.	FA	The organisation has a Pacific Peoples Health Equity policy that aligns with the requirements of Ngā Paerewa and Ola Manuia-Pacific Health and Wellbeing Action plan. This policy outlines how the service responds to the cultural needs of residents and how staff are supported to ensure culturally safe practices. Bupa Accadia's education policy on cultural safety includes components of the Fonofale model of Pacific Health. During the audit there were no residents who identified as Pacific People.

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.		There were staff who identified as Pacific People.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Residents and family/whānau are provided with information about the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code). The general manager and clinical manager discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in English, sign language and te reo Māori. Residents confirmed they are aware of their rights and feel their rights are upheld at all times.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Staff interviewed understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Residents reported their property and finances are respected, and professional boundaries are maintained. The general manager reported the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Residents stated they feel respected by staff and feel safe. Residents have property documented and signed for on entry to the service. Residents and family/whānau have written information on residents' possessions and accountability management of residents' possessions within the resident's signed service level agreement. The service implements a process to manage residents' comfort funds.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices	FA	There are policies around informed consent documented for Bupa Accadia. The five resident files reviewed included general consent forms,

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. 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. 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.		and consent for influenza and covid-19 vaccinations if applicable, van outings and use of photographs for media. These were appropriately signed by either by the resident or the activated enduring power of attorney (EPOA). Residents interviewed could describe what informed consent was and their rights around choice.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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.	FA	The complaints procedure is equitable and is provided to residents and family/whānau on entry to the service. The general manager maintains a record of all complaints, both verbal and written, by using a complaint register. There have been eight complaints since the last certification audit. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. The previous finding in #1.8.3 around acknowledging complaints within the time frames required has now been corrected. There were no trends or patterns identified. All the complaints were closed off to the satisfaction of the complainants. Since the last certification audit there have been no external complaints received. All residents and family/whānau interviewed stated they were provided with information on the complaints process, would feel comfortable making a complaint and that the service would support them throughout the process. The general manager was aware of the preference for face-to-face communication with people who identify as Māori and the importance of involving family/whānau. Residents and family/whānau interviewed confirm the management are open and transparent in their communications.

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	Bupa Accadia provides rest home level of care for up to 29 residents. All rooms are single occupancy. On the day of the audit there were 26 residents. All residents were under the age-related residential care (ARRC) contract. 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-based Board. Each director has an induction to their specific role and the senior leadership team. The directors are knowledgeable about legislative and contractual requirements and are experienced in the aged care sector. There is a cultural advisory group alongside the Bupa Leadership team. Bupa has a clinical governance committee (CGC), a risk and governance committee (RGC), a learning and development governance committee, and wellbeing health and safety governance committee where analysis and reporting of relevant clinical and quality indicators are discussed to improve services offered. Issues raised in governance committees also report through to the Bupa leadership team meetings and Boards. There is a clinical support improvement team (CSI) that includes clinical specialists in restraint, infections and adverse event investigations, and a customer engagement advisor based in the head office to support care homes with improvements to their service. Each region has a regional quality partner who supports the on-site clinical team with education, trend review, internal audits, and management. Furthermore, Bupa undertakes national and regional forums as well as local and online training, national quality alerts, use of benchmarking quality indicators, learning from complaints (open casebooks) as ways to share learning, improve equity and the quality of care for Māori. 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. The goals of the Māori strategy permeate through service delivery and are measured as part of the quality programme. The
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		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 with clear business goals to support its person-centred philosophy. The Bupa leadership team annually reviews the business and operational plan for strategy and planning. Guidance in cultural safety is provided through training around Māori health equity, barriers to care and disparities in health outcomes, as documented in the Towards Māori Health Equity policy. Bupa Accadia's business 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 goals. The regional operations manager reports to the national operations director. Residents and family/whānau provide feedback around all aspects of the service through resident meetings, general feedback, including completion of satisfaction surveys. Feedback from surveys is collated, which provides the opportunity to identify barriers and improve health outcomes. The service is managed by a general manager, supported by a clinical manager (in the role since December 2025), and business services coordinator. The management team works alongside and is supported by staff, a regional operations manager, and a regional quality partner. The general manager stated over the last half of 2025 staff turnover was high but a full complement in staff was in place at the time of the audit. The general manager and clinical manager have completed over eight hours of training in managing an aged care facility including conferences and forums.
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	FA	Bupa Accadia has a range of documents that contribute to quality, risk management, and reflect the principles of quality improvement processes. The quality and risk management systems include performance monitoring through internal audits, surveys and through the collection of clinical indicator data.

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.	Two-monthly quality and monthly staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; internal audits; benchmarking; health and safety; infection control/pandemic strategies; complaints received; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions related to clinical data and audits followed up on and signed off when completed. The previous finding in #2.2.2 around communicating and completion of corrective actions in meetings is now corrected. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and displayed for staff on the notice boards. Benchmarking occurs on a national level against other Bupa care homes. Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The outcomes from the recent resident and family/whānau satisfaction survey conducted in October 2025 demonstrated a high degree of satisfaction with home presentation, quality care, cleanliness, and safety. A corrective action was developed in response to poor satisfaction with the food service. The service has worked with the kitchen manager to improve the presentation of meals and include residents' preferences. Results have been communicated to residents and displayed on the resident notice boards. Bupa Accadia implements a continuous quality improvement approach with service delivery including critical review of clinical data and benchmarking and identifying opportunities for improvement. Current improvement projects include ensuring the stability and consistency with new team members, ensuring all staff complete mandatory training and competencies, implementing the person first, dementia second model of care, improving the food service and introducing the clinical manager to referrers and all services residents are referred to. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the care home is meeting accepted good practice and adhering to relevant standards. New policies or changes to policy are communicated and staff sign as acknowledgement. A health and safety system is in place with an annual identified health and safety goal that is directed from head office. A health and safety team
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		meets two monthly, and the elected health and safety representatives have achieved relevant unit standards via external training. An up-to-date hazard and risk register was sighted. Health and safety policies are implemented and monitored by the health and safety committee. The noticeboard in the staffroom keeps staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented. There were no serious work-related staff injuries reported since last audit. Electronic incident and accident reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in ten accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Corrective actions are developed, implemented, and signed off when completed for any clinical indicators out of the expected benchmarking ranges. The system generates a report that goes to each operational team/governance team, with automatic alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover. Discussions with the general manager and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 and Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) have been completed. There have been no outbreaks of infection since the last audit. A section 31 notification to notify HealthCERT of the appointment of a new clinical manager was completed during the audit.
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 managed to deliver effective person-centred and whānau-	FA	There is a staffing policy and procedure that describes rostering and staffing rationale. This includes documented processes for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day seven days a week. Review of the current rosters showed shifts were covered by experienced caregivers. There is a registered nurse on duty Monday to Friday. There are dedicated activities, maintenance and housekeeping staff supporting service delivery. The general manager confirmed staff needs and shortages are reported to the national senior team. Interviews with staff confirmed their workload is manageable, and management is very supportive. Staff and residents are

centred services.		informed when there are changes to staffing levels, evidenced in staff and resident interviews. On-call cover for all Bupa care homes in the region is covered by a rotation of one care home general manager and one clinical manager each week. There is an annual education and training schedule in progress for 2026. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes Māori health, tikanga, and Te Tiriti o Waitangi. Cultural awareness training is part of orientation and provided annually to all staff. All completed training is recorded on attendance sheets and staff training records. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Bupa Accadia supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 18 caregivers employed in total (including six casuals), with 16 having achieved level 3 and above NZQA qualification. A record of completion is maintained in staff files. All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to) restraint; hand hygiene; moving and handling; and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 and have undertaken extra training, complete many of the same competencies as the registered nurse staff (such as medication administration, controlled drug administration, first aid, blood sugar monitoring and insulin administration and oxygen administration). Review of the records confirms that staff have current competencies. Additional registered nurse specific competencies include subcutaneous fluids and interRAI assessment competency. The registered nurse and clinical manager are interRAI trained. External training opportunities for care staff includes training through Health New Zealand and hospice.
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	PA Low	A register of current annual practicing certificates was sighted and included all registered nurses, podiatrist, physiotherapist, and general practitioner. The scope of practice for registered health professionals and

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.		caregivers is validated prior to employment. An improvement is required in completion of annual appraisals for staff who have been employed for more than one year. 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.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	Five resident files were reviewed. Before admission, the clinical manager undertakes a pre-admission assessment to ensure staff are aware of residents' needs and the equipment and supplies they require are in place. The registered nurse is responsible for conducting all assessments, and for the development and review of care plans. Residents confirmed they are involved in assessment, care planning and review processes and resident files show evidence of resident and family/whānau involvement. Cultural assessments are completed for residents by activities staff who have been trained to do so. For residents who identify as Māori a Māori care plan is developed that includes their specific cultural needs and preferences. There is a Pacific care plan available should there be residents who identify as Pasifika. The clinical manager reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified, and strategies to manage these are documented. Staff confirmed they understood the process to support residents and family/whānau. All residents have admission assessment information collected and an initial care plan completed at the time of admission. All reviewed files have up to date interRAI assessments completed. All files reviewed confirmed the initial interRAI assessments and initial and long-term care plans were completed in a timely manner and within the required timeframes. All long-term care plans reviewed included interventions to manage all risks, early warning signs, and guide care delivery. The care plans are holistic and align with the service's model of person-centred care. InterRAI assessments and care plan evaluations are completed at least

		six-monthly or when residents' needs change. Evaluations document the progress towards the individual's goals and if they are met or unmet. Short-term care plans for infections, weight loss, behaviours of concern, changes in medications and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner. The service actively reviews the InterRAI outcome scores for each resident and compares with the previous interRAI in the clinical review meeting. The registered nurse uses this tool to discuss if there are any other interventions that might be helpful If interRAI scores have dropped. A general practitioner ensures residents are assessed within five working days of admission. The general practitioner reviews each resident at least three-monthly with visits onsite fortnightly, and 24/7 availability should there be any issues or concerns. When interviewed, the general practitioner expressed satisfaction with the standard of care and the registered nurse's competence at Bupa Accadia. Specialist referrals are initiated as needed. Allied health interventions are documented and integrated into care plans. The service has an independent physiotherapist contracted on an as needed basis. The Bupa dietitian is contacted as required. A continence advisor, hospice specialists, mental health team for older people and wound nurse specialist are available as required. A podiatrist visits six- weekly. Caregivers and the registered nurse interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written daily by caregivers. The electronic progress notes detail any new events (infections and incidents as examples) and follow up for any interventions (wound dressings as an example). The registered nurse further adds to the progress notes following, general practitioner visits or changes in health status. Residents interviewed reported their needs and expectations are being met. When a resident's condition alters, the registered nurse initiates a review with the general practitioner. Resident files show family/whānau are notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes, and any changes to health status. A wound register is maintained. There were a total of three wounds including skin tears and a chronic lesion. There were no pressure injuries. Wound documentation was reviewed and there were comprehensive
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		wound assessments, wound management plans, and documented evaluations, including photographs to show healing progression. The clinical review meeting twice a week reviews all wounds and, as a group, the registered nurse and clinical manager monitor the wounds and wound photos, review healing and ensure the best process is in place to assist recovery. This process is holistic and includes nutrition and positioning (as examples). Staff confirmed they can access a wound nurse specialist for input to the management of wounds if needed. The caregivers and registered nurse interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources. Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including bowel chart; blood pressure; weight; and blood glucose levels. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.
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	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 robotic packs. 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 and 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. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy. A medication round was observed and seen to be safe. Medications are

		administered by the registered nurse, clinical manager, and caregivers. All staff administering medications are required to pass a competency test annually. Medication errors are reported in the electronic resident file system and appropriate investigation and follow up is done. Ten 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. There are two residents currently self-administering their medication. They are assessed three-monthly to ensure their competency for self-administration. Medications were seen to be stored in a locked box in their room. There are no standing orders.
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	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. Nutritional supplements are provided as prescribed. The food control plan is current to 22 September 2026.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our	FA	Transition to a different level of care, transfer to another facility or hospital 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. If possible, family/whānau are asked to attend appointments with residents.

services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.		
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.	FA	The building warrant of fitness is current to 14 December 2026. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with 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, cultural, and spiritual belongings as viewed on the day of audit. The planned maintenance schedule includes testing and tagging of electrical equipment, last completed on 9 December 2025 and calibration, and testing of clinical equipment, last completed on 18 August 2025 and 25 February 2026. 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
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	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. The registered nurse is the infection prevention and control coordinator (IPCC) and has completed the Bupa training for IPCCs. 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.
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	Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand. Since the last certification audit there have been no outbreaks of infection. The IPCC is aware of the requirement for reporting to Public Health any outbreaks of infection. Staff confirmed resources, including PPE, are plentiful.
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 of restraint in the context of aiming for elimination.	FA	The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to providing a restraint-free environment. This is supported by the governance board, management, and staff. At the time of the audit there was no use of restraint. Restraint related training which includes policies and procedures around restraint, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation.

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 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Low	A review of staff files showed two of five had an appraisal within the last year and one was newly employed.	Two staff files showed annual performance appraisals were not completed within the last year.	Ensure that staff have annual appraisals as per the policy. 180 days

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.