

# All Care Retirement Limited - Bloomfield Court Retirement

---

## Introduction

This report records the results of a Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

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 the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** All Care Retirement Limited

**Premises audited:** Bloomfields Court Retirement

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 9 February 2022      End date: 10 February 2022

**Proposed changes to current services (if any):** The provisional audit was completed to assess the suitability and preparedness of the prospective owners.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 16

# 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 outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

## General overview of the audit

Bloomfield Court Retirement Home is currently owned by Komal Holdings Limited and provides care for up to 27 residents requiring rest home level care. On the day of audit there were 16 residents.

This provisional audit was completed to assess the suitability and preparedness of the prospective new owners. The provisional audit was conducted against the health and disability services standards and the contract with the district health board. The audit process included the review of existing policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, the general practitioner, staff, managers, and prospective owners.

The service is currently being managed by a nurse manager who is a registered nurse. She is supported by a full-time enrolled nurse. Quality and risk management systems are established and implemented. Patients and families expressed their satisfaction with the services being delivered.

The prospective owners are based in Auckland. One owner is a registered nurse without a current practising certificate. The two directors have formed a new company. Bloomfield Court is their first aged care facility. Long term goals and a mission have been developed and documented: The prospective directors plan to utilise the existing policies and procedures, and quality system. They also plan to keep the current staff and staffing levels. An organisational structure is established with day-to-day operations remaining under the current leadership of the nurse manager and enrolled nurse (second in command). The directors plan to schedule monthly meetings with the nurse manager. They will be responsible for promoting and marketing the business and allocating resources for environmental enhancements.

This provisional audit identified that there is one improvement required in relation to the employment process.

## **Consumer rights**

The staff at Bloomfield Court Retirement Home ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Discussions with families identified that they are informed of changes in their family member's health status. Information about the Code and advocacy services is easily accessible to residents and families. Staff interviewed are familiar with processes to ensure informed consent. Complaint policies and procedures meet requirements and residents, and families are aware of the complaints process.

## **Organisational management**

Bloomfield Court Retirement Home is establishing a quality and risk programme. Progress with the quality and risk management programme is monitored through the two-monthly management/quality improvement and general staff meetings. Data is collected on complaints, accidents, incidents, infection control and restraint use. The internal audit schedule for 2022 is being completed as per the schedule. Resident/relative meetings are held two-monthly. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides

new staff with relevant information for safe work practice. The service has an annual training plan for in-service education. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

## **Continuum of service delivery**

There is an admission package available prior to, or on entry to the service. The nurse manager (registered nurse) is responsible for each stage of service provision. Care plans viewed demonstrated service integration and are reviewed at least six-monthly. Resident files include medical notes by the contracted general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Staff responsible for the administration of medicines complete education and medication competencies. Medication charts are reviewed three-monthly by the general practitioner. The activities coordinator and staff implement the activity programme to meet the individual needs, preferences, and abilities of the residents. Residents are encouraged to maintain community links. There are regular entertainers, outings, and celebrations. Residents and families reported satisfaction with the activities programme. All meals are cooked on-site. Residents' food preferences, dislikes and dietary requirements are identified at admission and accommodated. Residents and families highly rated the food.

## **Safe and appropriate environment**

The building has a current warrant of fitness and emergency evacuation plan. Ongoing maintenance issues are addressed. Chemicals are stored safely throughout the facility. All bedrooms are single occupancy, and some have shared ensuites. There is sufficient space to allow the movement of residents around the facility using mobility aids. There is a lounge and dining area in the facility. There were adequate communal toilets and showers. The internal areas are adequately ventilated and heated. The outdoor areas are safe and easily accessible. Cleaning, laundry, and maintenance services are maintained. Emergency and disaster management systems are in place in the event of a fire or external disaster. There are staff on duty 24/7 with a current first aid certificate.

## **Restraint minimisation and safe practice**

Bloomfield Court Retirement Home has restraint minimisation and safe practice policies and procedures in place. There were no residents requiring the use of a restraint or enabler. Staff have received training in restraint minimisation.

## **Infection prevention and control**

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. There is a suite of infection control policies and guidelines to support practice. Standardised definitions are used for the identification and classification of infection events. The infection control coordinator is the nurse manager and is responsible for coordinating education and training for staff. Adequate supplies of personal protective equipment were sighted. There have been no outbreaks since the previous audit.

## Summary of attainment

The following table summarises the number of standards 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)
<b>Standards</b>	0	44	0	1	0	0	0
<b>Criteria</b>	0	92	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	<p>FA</p>	<p>Policies and procedures are in place that meet with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and relevant legislation. An information pack is available to residents/families prior to admission and contains information of their rights. Discussions with the nurse manager/registered nurse (RN), two caregivers, one enrolled nurse (EN), one maintenance, one (interim) cook/activities coordinator, confirmed their familiarity with the Code and its application to their job role and responsibilities. Four residents and two family members interviewed confirmed that the services being provided are in line with the Code.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	<p>FA</p>	<p>Bloomfield Court Retirement Home has in place a policy for informed consent and advance directives. Advance directives and/or resuscitation status are signed for separately by the competent resident. Completed advance directive and resuscitation forms were evident on five resident files reviewed. General consent forms were</p>

		evident on files reviewed. Caregivers and the nurse manager and EN interviewed confirmed verbal consent is obtained when delivering care. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	Client right to access advocacy and services is identified for residents. Advocacy leaflets are available in the service reception area. The information pack provided to residents prior to entry includes advocacy information. The information identifies who the resident can contact to access advocacy services. Interviews with residents and family members confirmed they are aware of their right to access to advocacy services.
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents and relatives confirmed that visiting can occur at any time. Family is encouraged to make an appointment to visit to monitor numbers of visitors in the facility while the facility is managing the Covid pandemic.</p> <p>Key people involved in the resident's life are documented in the resident files. Residents verified that they have been supported and encouraged to remain involved in the community, including being involved in regular community groups. Entertainers are regularly invited to perform at the facility. One resident is still driving their own car.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are available at the entrance to the facility. Information about complaints is provided on admission. Interviews with residents and family confirmed their understanding of the complaints process. Staff interviewed were able to describe the process around reporting complaints.</p> <p>The complaints register includes verbal and written complaints received, dates and actions taken. Complaints are being managed in a timely manner, meeting requirements determined by the Health and Disability Commissioner (HDC). They are signed off by the nurse</p>



		<p>manager when closed. There is evidence of lodged complaints being discussed in the management and combined quality and staff meetings.</p> <p>Six complaints were received in 2021. No complaints have been lodged in 2022 (year-to-date). All complaints received in 2021 were reviewed and confirmed adherence to HDC response timelines. A detailed investigation was completed for each complaint. All complaints in the register have been documented as resolved.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The Code and advocacy pamphlets are located at the main entrance of the service. On admission the nurse manager or EN discusses the information pack with the resident and their family. This includes the Code, complaints, and advocacy information. The service provides an open-door policy for concerns/complaints. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents and relatives interviewed identified they are informed about the Code. Staff receive regular training on the Code.</p> <p>The prospective owners know and understand the Code and that must be adhered to, evidenced through interview and documentation.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>A tour of the facility confirmed there is the ability to support personal privacy for residents. The residents' personal belongings are used to decorate their rooms. Care staff interviewed reported that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and they confirmed that they do not hold personal discussions in public areas. Caregivers reported that they promote the residents' independence by encouraging them to be as active as possible. All the residents and family interviewed confirmed that residents' privacy is respected. Privacy signage is present on all toilet and shower doors. There were no shared rooms being used at the time of the audit.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff receive annual education and training on abuse and neglect.</p>

<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>The service has guidelines for the provision of culturally safe services for Māori residents. The service has established links with the local marae. Staff confirmed they are aware of the need to respond appropriately to maintain cultural safety. Staff receive training on cultural safety and Treaty of Waitangi.</p> <p>On the day of the audit there was one resident that identified as Māori. The resident's care plan identified their ethnicity, links to their iwi and whanau. Also documented were their specific (cultural) requests that were being adhered to by staff.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>The service provides a culturally appropriate service by ensuring it understands each resident's preferences and where appropriate their family/whānau. Values and beliefs have been discussed at the initial care planning meeting and then incorporated into the care plan. Six monthly multi-disciplinary team meetings are scheduled to assess if needs are being met. Family is invited to attend.</p> <p>Discussions with residents and relatives informed values and beliefs are considered. Care plans reviewed included the residents' social, spiritual, cultural, and recreational needs.</p> <p>There were no residents who were unable to speak English. Access to translation services is available if needed. Family is used in the first instance.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>There are implemented policies and procedures to protect clients from abuse, including discrimination, coercion, harassment, and exploitation, along with actions to be taken if there is inappropriate or unlawful conduct. Expected staff practice is outlined in job descriptions. The code of conduct is included in the employee pack. Staff interviewed demonstrated an awareness of the importance of maintaining professional boundaries with residents.</p> <p>Residents interviewed stated that they have not experienced any</p>

		<p>discrimination, coercion, bullying, sexual harassment, or financial exploitation. Professional boundaries are reconfirmed through education and training sessions and staff meetings, and the nurse manager stated that performance management would address any concerns if there was discrimination noted.</p> <p>Interviews with staff confirmed an understanding of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Good practice was evident during this provisional audit. The facility manager/RN and/or EN are available Monday-Friday and share an on-call roster. A general practitioner (GP) visits the facility weekly at a minimum. Residents are reviewed by the GP at least every three months. Quality and risk management systems are embedded under the framework of Health Compliance Solutions Ltd (HCSL) systems.</p> <p>The service receives support from the district health board (DHB) which includes (but is not limited to) specialist visits (e.g., mental health services for the older person) where required. Physiotherapy services are available on an as needed basis through a local provider. A podiatrist visits six weekly.</p> <p>Residents and family/whānau interviewed reported that they are either satisfied or very satisfied with the services received. A resident/family satisfaction survey is completed annually and confirmed high levels of satisfaction with the services received.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Policies and procedures are in place to guide staff on the process around open disclosure. The nurse manager and EN confirmed family are kept informed.</p> <p>Residents and family interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Evidence of communication with family/whānau is recorded on the accident/incident form. Accident/incident forms reviewed identified family had been kept informed. This was also confirmed on the communication sheet held in each resident file.</p>

		<p>Families interviewed confirmed that they are always informed when their family member's health status changed or if the resident has had an accident/incident.</p> <p>Residents/relatives have the opportunity to feedback on service delivery through annual surveys and open-door communication with the nurse manager and the EN. Three-monthly resident meetings encourage open discussion in relation to the services provided.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. There is access to an interpreter service as required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Bloomfield Court Retirement Home is currently owned by Komal Holdings Limited and provides care for up to 27 residents requiring rest home level care only. It is situated approximately 25 kilometres north of Christchurch. On the day of audit there were 16 residents. Two residents were on respite. All remaining residents were on the age-related residential care services agreement. The owner supports the nurse manager who is responsible for daily operations and oversees the delivery of services. The nurse manager submits regular email updates and monthly reports to the owner.</p> <p>Day-to-day operations are the responsibility of the nurse manager/registered nurse (RN) and enrolled nurse (EN). The nurse manager has been an RN since 2011 and has been employed at Bloomfield Court for the past five years. She was promoted to nurse manager in January 2018. The nurse manager is supported by an EN who has been employed at Bloomfield Court for the past five years. The nurse manager and EN have maintained at least eight hours annually of professional development activities related to managing a rest home. This includes attendance at aged care association forums.</p> <p>The prospective owners are based in Auckland. One owner has a history working in aged care services while training to be an RN. After working as an RN in sales to orthopaedic surgeons and nurses in theatre, he formed a surgical supply company with a second director. He no longer holds a current practising certificate. The second director trained as a school teacher. The two directors have formed a new</p>

		<p>company, All Care Retirement, with Bloomfield Court as their first aged care facility. Long term goals and a mission have been developed and documented: to provide a safe and health care facility where residents will feel safe and comfortable; to provide a clean and comfortable facility that families will enjoy coming to visit; to maintain an occupancy of 90% or higher with one bed to be available for respite care; and to employ staff that love their job and work environment. The prospective directors have stated that the retention of the staff is paramount to the continued running of the facility.</p> <p>The prospective directors plan to utilise the existing policies and procedures, developed by HCSL. They also plan to keep the current staff and staffing levels. An organisational structure is established with day-to-day operations remaining under the current leadership of the nurse manager and EN (second in command). The directors plan to schedule monthly meetings with the nurse manager. They will be responsible for promoting and marketing the business and allocating resources for environmental enhancements. The directors have applied for registration for aged care facilities with HealthCERT. The planned date of takeover is 31 March 2022.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The nurse manager reported that in the event of her temporary absence, the EN is placed in charge with two casual staff RNs available for consultation. The nurse manager stated that she is also available by phone if necessary.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Bloomfield Court Retirement Home has an implemented quality and risk management programme, developed by HCSL. Quality is monitored through internal audits, adverse event collation and analysis, infection rates, resident satisfaction, and staff retention. Internal audits monitor compliance with policies, and corrective actions are implemented where required. A three-monthly management meeting is held. The minutes of all meetings are shared with the owners. Minutes of staff and management meetings evidence detailed discussion on quality indicators. Staff interviewed were aware of quality data results and any</p>

		<p>corrective actions required.</p> <p>Policies and procedures, developed by HCSL, undergo regular review. Staff are made aware of any policy changes through staff meetings, evidenced in meeting minutes. Staff have input into the staff meetings, where there is discussion around complaints, compliments, health and safety, adverse events, infection prevention and control, audit and survey results, corrective actions, and improvements. Staff interviewed state they are well informed and receive quality and risk management information such as accident/incident trends and infection control statistics. The annual resident satisfaction survey in 2021 was led by activities staff and reflected 100% response rate (sample = 20). Results reflected 96% positive responses, 2% negative and 2% without a response. As a corrective action, the nurse manager met with five residents in response to their request. Staff were informed on the survey results in the staff meeting minutes.</p> <p>The quality programme is linked to the annual training plan with extra and impromptu training offered as issues are identified. A health and safety programme is in place, which includes managing identified hazards. A six-monthly review of the health and safety programme is undertaken (meeting minutes sighted). Health and safety discussion occurs at management and staff meetings. Several hazards have been identified that the prospective director interviewed stated he is aware of and plans to address, e.g., broken outdoor tiles that are cordoned off, replacing old and worn carpet in a selection of resident rooms, repairing broken cabinets in the kitchen, replacing extra-long curtains that are a potential trip hazard).</p> <p>Falls prevention strategies include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls. Sensor mats are available for residents at high risk of falling. Caregivers reported that a hoist is available if needed. Transfer belts are available to assist caregiver staff.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and</p>	<p>FA</p>	<p>The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Individual incident reports are completed for</p>

<p>where appropriate their family/whānau of choice in an open manner.</p>		<p>each incident/accident with immediate action noted and any follow-up action required. The data is linked to the facilities quality and risk management programme and is used for trending and comparative purposes. Staff meetings minutes reflect discussions in relation to incident statistics and analysis.</p> <p>Ten resident related incident reports were reviewed (falls with injury, falls without injury, challenging behaviours, medication errors, skin tears). All incidents reflected a clinical assessment and follow-up by a RN. Neurological observations are completed if the fall is unwitnessed or there is a suspected injury to the head (sighted for four accident reports reviewed).</p> <p>Discussion with the nurse manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications. This has not been required since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Five staff files reviewed (one enrolled nurse, four caregivers) included a recruitment process which included: signed employment contracts and job descriptions, and police checks. Missing was consistent evidence of reference checking. Performance appraisals have been completed annually as required.</p> <p>The orientation programme requests new staff to complete a range of competencies and a buddy checklist. Staff interviewed were able to describe the orientation process and reported new staff were adequately orientated to the service.</p> <p>There is an implemented annual education and training plan that exceeds eight hours annually. Care staff are supported to gain aged care qualifications. Eleven caregivers are employed. One has completed their level two qualification, five have completed their level three qualification and three staff have a level four or higher qualification.</p> <p>The nurse manager has completed interRAI training. Practising certificates were sighted for the nurse manager, EN, two (casual) staff RNs, and external health professionals (e.g., GP, practise nurse,</p>

		<p>podiatrist, pharmacy, dietitian).</p> <p>Family and residents stated that staff are knowledgeable in their role. Annual competencies are completed for all staff involved in medication administration.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is policy in place to determine staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>There are a nurse manager and EN who each work 40 hours a week and share the on-call roster. Two caregivers are on site in the morning and afternoon (two long shift in the AM and one long and one short shift (1500 – 2100) in the PM. There is one caregiver overnight who works till 8am providing an hour each morning with three caregiver staff.</p> <p>There is one cleaner employed Monday to Friday. Caregivers are responsible for laundry, weekend cleaning and food services in the evening. A list of casual staff provide cover for staff absences.</p> <p>Staff stated there were adequate staff rostered to work each shift and that management assisted when required. Residents stated there were sufficient staff on duty and that bells were answered promptly. Staff stated they feel supported by the nurse manager and EN.</p> <p>The prospective owner/director interviewed stated that they plan to maintain the current staffing plan and roster.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The service retains relevant and appropriate information to identify residents and track records. This includes information gathered at admission with the involvement of the family. Staff can describe the procedures for maintaining confidentiality of resident records and sign confidentiality statements. Files and relevant care and support information for residents is able to be referenced and retrieved in a timely manner.</p>



<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>There are policies and procedures to safely guide service provision and entry to services including an admission policy. Potential residents are assessed as suitable for rest home care prior to admission. Residents receive an information pack outlining services able to be provided, the admission process and entry to the service. The admission agreements reviewed meet the requirements of the ARRC contract. Exclusions from the service are included in the admission agreement. All five residents had admission agreements on file.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>The service has transfer/discharge/exit policy and procedures in place. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB using the yellow envelope system. Relatives interviewed confirmed they were kept well informed about all matters pertaining to residents, especially if there is a change in the resident's condition.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Bloomfield Court utilises an electronic based medication management system. This has been in place since August 2021. A paper-based medication system is used for respite residents. There are medication policies and procedures that follow recognised standards and guidelines for safe medicine management.</p> <p>All residents have individual medication orders with photo identification and allergy status documented. Regular medications were signed for individually. Prescribing of medications met legislative requirements. The service uses a four-weekly blister pack system for tablets, and other medicines are pharmacy packaged. All medicines are stored securely when not in use. Fridge temperatures and room temperatures had been documented and were within the expected temperature ranges. A verification check is completed by the EN against the resident's medicine order when new medicines are supplied from the pharmacy.</p> <p>Short-life medications (i.e., eye drops, and ointments) are dated once opened. Education on medication management has occurred with competencies conducted for the EN and senior caregivers with</p>

		<p>medication administration responsibilities. There are no standing orders or 'nurse initiated' medications used. Ten medication charts reviewed identified that the GP had seen the resident three-monthly for those residents that had been at the facility for more than three months. All PRN medications included indication for use and the effectiveness of as required medications was documented in the electronic medication system. A senior caregiver was observed administering medications and followed correct procedures. The time of administration of 'as required' medication is documented. There were no residents self-medicating.</p> <p>Expired medications are stored in a locked cupboard and collected by pharmacy on request.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>There is a functional kitchen, and all food is cooked on site. A verified food control plan is implemented with an expiry date of 23 February 2022. There is a food service manual in place to guide staff. A resident dietary profile is developed for each resident on admission and is provided to the kitchen staff. Bloomfield Court employs an experienced cook, and all meals and baking are cooked on site. The cook is supported by another cook who was present on the day of the audit. The kitchen is able to meet the needs of residents who require special diets, and the cook works closely with the nurse manager and enrolled nurse. All kitchen staff have completed food safety training. The cooks follow a four-week seasonal rotating menu, which has been reviewed by a dietitian. The temperatures of refrigerators, freezers and cooked foods have been routinely monitored and recorded and were within safe ranges. There is special equipment available for residents if required. All food is stored appropriately.</p> <p>Residents and the family members interviewed were very happy with the quality and variety of food served.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the</p>	FA	<p>The service records the reason for declining service entry to residents should this occur and communicates this decision to potential residents/family/whānau. Anyone declined entry is referred back to the</p>

organisation, where appropriate.		referring agency for appropriate placement and advice.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. Files contain appropriate assessment tools and assessments that have been reviewed at least six monthly or when there was a change to a resident's health condition. Residents who presented with a change in health were reviewed and identified prompt communication with the GP when indicated. The GP confirmed he was contacted in a timely manner. The interRAI assessment tool is implemented. InterRAI assessments have been completed for all long-term residents. Care plans sampled have been developed based on these assessments.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	The five resident files reviewed described the supports required to meet the resident's goals and needs. Residents and their family/whānau interviewed, reported that they are involved in the care planning and review process. Short-term care plans (STCP) are in use for changes in health status and had been evaluated on a regular basis and signed off as resolved or transferred to the long-term care plan if an ongoing problem. There is evidence of service integration with documented input from a range of specialist care professionals including: the podiatrist, physiotherapist, dietitian, diabetic clinical nurse specialist, mental health social worker, clinical assessors' older persons health and gerontologist older persons health. The care staff advise that the care plans are clear and easy to follow.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	Residents interviewed reported their needs were being met. Relatives interviewed stated their relative's needs were being appropriately met. When a resident's condition alters, the registered nurse in consultation with the EN, initiates a review and if required a GP visit. If external medical advice is required, this will be actioned by the GP. There is evidence that family members were notified of any changes to their relative's health including (but not limited to) accident/incidents,

		<p>infections, health professional visits and changes in medications.</p> <p>Dressing supplies are available, and the treatment room adequately stocked for use. The nurse manager and EN interviewed stated they have access to an external wound care specialist as required. Wound monitoring was in place for two residents, one forearm lesion and one lower leg lesion. Both wounds had assessments, management plans and documented evaluations. All wounds have been reviewed in appropriate timeframes</p> <p>Sufficient continence products are available and resident files include a continence assessment, bowel management and continence products identified for day use, night use and other management. Specialist continence advice is available as needed and this could be described by the nurse manager and EN interviewed.</p> <p>Monitoring forms in place include (but are not limited to): monthly weight, blood pressure and pulse, food and fluid charts, blood glucose monitoring and behaviour.</p> <p>Short-term care plans are used for changes in health.</p> <p>Sufficient continence products are available and resident files include a continence assessment, bowel management and continence products identified for day use, night use and other management. Specialist continence advice is available as needed and this could be described by the nurse manager and EN interviewed.</p> <p>Monitoring forms in place include (but are not limited to): monthly weight, blood pressure and pulse, food and fluid charts, blood glucose monitoring and behaviour.</p> <p>Short-term care plans are used for changes in health.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The experienced activities coordinator provides an activities programme for six hours a day over five days each week Monday-Friday. The activities coordinator has been in the role for six years. A resident profile is completed on admission. An activities plan is developed from this and reviewed six-monthly. Residents are free to choose whether they wish to participate in the group activities programme. One-on-one</p>

		<p>time is spent with residents who choose not to join in group activities. Individual attendance and participation is evaluated and documented monthly. All long-term resident files sampled have a recent activities plan, and this is evaluated at least six-monthly when the care plan is evaluated.</p> <p>The monthly programme is flexible to meet residents' preferences and outings. Activities are meaningful and include (but are not limited to); newspaper reading and discussions, crafts, quizzes, walks, exercises, gardening, movies and housie. There are van outings once a week and bus outings for the facility throughout the year. There are regular entertainers visiting the facility when covid restrictions has allowed. Festivities such as Easter, Christmas, Waitangi Day, and birthdays are celebrated. The community is accessed with visits from church representatives from several denominations, regular cafe visits and outings to community places of interest.</p> <p>The service receives feedback on activities through one-on-one feedback, resident's meetings, and surveys. Residents and family members interviewed discussed were satisfied with the programme and the outings offered to residents.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All initial care plans reviewed were evaluated by the nurse manager and/or enrolled nurse within three weeks of admission and a long-term care plan developed for four of the long-term residents' files reviewed. Care plans had been evaluated for two long-term residents six-monthly or sooner for health changes. Written evaluations documented if the desired goals had been met or unmet. Ongoing RN evaluations and review following adverse events is documented within the progress notes.</p> <p>The files sampled documented that the GP had reviewed residents at least three-monthly (for those that had been at the service longer than three months) or when requested if issues arise or their health status changes. Short-term care plans were evident for the care and treatment of residents and evidenced regular review.</p>

<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There was evidence of where residents had been referred to the dietitian, physiotherapist, diabetic nurse specialist, mental health social worker, older person health geriatrician, older persons health clinical assessors and the skin clinic. Discussion with the nurse manager and EN confirmed that the service has access to a wide range of support either through the GP, specialists, and allied health services as required.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. Management of waste and hazardous substances is covered during orientation and staff have attended chemical safety training. All chemicals are clearly labelled with manufacturer's labels and stored in locked areas. Safety datasheets and product sheets are available. Sharp's containers are available. The hazard register identifies hazardous substances and staff indicate a clear understanding of processes and protocols. Gloves, aprons, and goggles or facemasks are available for staff.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The service displays a current building warrant of fitness that expires on 1 June 2022. Regular and reactive maintenance occurs. The maintenance person works 16 hours per week and had been employed at the facility for six years. Contactors are available as required. Hot water temperatures are checked monthly and corrective actions implemented if required. Medical equipment and electrical appliances have been tested, tagged, and calibrated. Residents were observed to mobilise safely within the facility. There are sufficient seating areas throughout the facility. The exterior has been maintained with safe paving, outdoor shaded seating, lawn, and gardens. The entrance to the facility was being upgraded with a new entrance pathway. The area was clearly cordoned off to ensure health and safety was maintained for residents, staff, and visitors. Interviews with staff confirmed there was adequate equipment to provide safe care. Prospective directors have</p>

		indicated that cleaning up, spring cleaning and maintenance were necessary.
<p><b>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</b></p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	All rooms are single occupancy. Five rooms have full ensuite, with a further twelve rooms having a toilet and hand basin shared between two rooms, and shared shower room facilities. There were sufficient numbers of resident communal showers in close proximity to resident rooms and communal areas. Visitor toilet facilities were available. All communal and shared toilet and shower facilities had vacant/engaged signs. Residents interviewed stated their privacy and dignity is maintained while attending to their personal cares and hygiene.
<p><b>Standard 1.4.4: Personal Space/Bed Areas</b></p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	Residents' rooms are of sufficient size to allow care to be provided and the safe use of mobility aids. Staff reported that there is adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.
<p><b>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</b></p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	There is a large lounge, dining room, library, and small seating areas in the facility. The dining room is spacious and located directly off the kitchen area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they were able to move around the facility and staff assisted them when required. Activities take place in any of the lounge areas.
<p><b>Standard 1.4.6: Cleaning And Laundry Services</b></p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	Cleaning and laundry services are monitored through the internal auditing system. There is a separate laundry area where all linen and personal clothing is laundered by caregivers. Staff have attended infection control education and there was appropriate protective clothing available. Residents and family interviewed reported satisfaction with the laundry service.

<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>There is an emergency and disaster management plan in place to ensure health, civil defence and other emergencies are included. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (January 2018). Trial fire evacuations take place six monthly in accordance with the facility's building warrant of fitness. There are adequate supplies available in the event of a civil defence emergency including sufficient food, blankets, and alternate gas cooking (BBQ and gas bottle). There is sufficient water storage (two water tanks, 400 litres in total).</p> <p>There are civil defence supplies and first aid kits available that are checked on a regular basis. Emergency equipment is available at the facility. Short-term backup power for emergency lighting is in place. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. The nurse manager and EN hold current first aid certificates. There is a call bell system in place and there are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity.</p> <p>Twelve security cameras have been installed (two outdoor and ten indoor). The facility is kept locked from dusk to dawn with staff conducting two-hourly checks during the night.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All bedrooms and communal areas have ample natural light and ventilation. The facility had electrical ceiling heating with individual room thermostats. All areas are appropriately heated as confirmed on interviews with staff and residents. Residents and family interviewed stated the environment was warm and comfortable.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall</p>	<p>FA</p>	<p>The nurse manager is the designated infection control coordinator with support from the EN and all staff. The infection control coordinator oversees infection control for Bloomfield Court Retirement Home and is responsible for the collation of infection events. The infection control</p>



<p>be appropriate to the size and scope of the service.</p>		<p>coordinator has a defined job description. Infection events are collated monthly and reported to all staff at regular meetings. Internal audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation and at annual training sessions. The infection control programme has been developed by an external contractor, reviewed annually, and is linked to the quality system. Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. All policies, procedures, and the pandemic plan have been updated to include Covid 19 guidelines and precautions, in line with current Ministry of Health recommendations. The facility has a plan in place if any staff or residents' contract Covid 19.</p> <p>Visitors, entertainers, and contractors are required to scan in and show a vaccination pass. A wellness declaration is completed and signed off by a staff member. Masks are required to be always worn including staff members. At this stage unvaccinated visitors can visit within a designated area outside only and required to wear a mask</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The infection control coordinator has attended external infection control and prevention control education, including an aged care training session in May 2021 on the pandemic toolkit, antibiotic, and urinary tract infections and covid update. Infection prevention and control is part of staff orientation and induction. Staff have attended in-house ICP training in December 2021. This was facilitated by the infection control coordinator staff are fully aware of isolation measures to put in place and resources to use if required. The facility orders PPE from the DHB including N95 masks and RATs to be used the event of an outbreak. General supplies of PPE such as gloves, aprons and masks are ordered through their usual supplier. The facility has sufficient stock. There is access to infection control expertise within the DHB, wound nurse specialist, public health, laboratory, GPs, and an external infection control consultant. The GP monitors the use of antibiotics. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>

<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>There are infection control policies and procedures appropriate to for the size and complexity of the service. The infection control manual outlines a range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies were developed by an external contractor and have been reviewed and updated. Last reviewed March 2021.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. The infection control coordinator is responsible for coordinating/providing education and training to staff. Formal infection control education for staff has occurred. The facility completes the HCSL infection control training matrix as required for all staff including (but not limited) handwashing competencies, donning and doffing PPE, standard precautions and regular covid 19 updates. The nurse manager and enrolled nurse facilitated staff IPC training in December 2021 on Building Protection for Covid 19. Specific training on the management of Covid 19 has been provided for all staff. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The infection control coordinator/nurse manager oversees infection surveillance for Bloomfield Court Retirement Home. Surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly and annual infection data is collected for all infections based on standard definitions as described in the surveillance policy. Results from laboratory tests are available monthly. All staff are vaccinated and have had booster vaccinations. Staff are offered flu vaccinations annually. The service uses HCSL to benchmark IPC. There have been no outbreaks since the last audit</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Restraint minimisation and safe practice policy and procedure includes definitions of an enabler and restraint. Bloomfield Court has an assessment and care planning process that includes interventions for calming and de-escalation, to minimise the need for any restraint interventions. There are no residents at Bloomfield Court requiring restraint or using an enabler. Restraint is an agenda item at monthly staff meetings. Restraint training last occurred on 8 September 2021.</p>
--	-----------	---

## Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	<p>Five staff files reviewed reflected evidence of signed employment agreements and job descriptions. Police vetting is completed for all new staff. Missing was consistent evidence of reference checks.</p>	<p>Four of five staff files reviewed did not include evidence of reference checking.</p>	<p>Ensure reference checking is included as part of the employment process.</p> <p>90 days</p>

## Specific results for criterion where a continuous improvement has been recorded

---

As well as whole standards, individual criterion within a standard 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 standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

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

No data to display
--------------------

End of the report.