

All Care Retirement Limited - Bloomfields Court Retirement

Introduction

This report records the results of a Certification 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 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 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: 1 February 2023	End date: 1 February 2023
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:	22	

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 tatou 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

Bloomfield Court is located in North Canterbury, provides rest home level of care for up to 27 residents. There were 22 residents on the day of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand -Waitaha Canterbury. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a general practitioner.

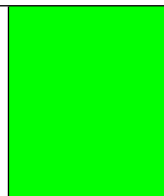
The service continues to do internal refurbishments, including fixtures, fittings, and furniture upgrades.

The nurse manager has extensive experience in the aged care sector and is supported by an enrolled nurse, operational manager, and the owners. Feedback from families was very positive about the care and the services provided. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit identified a shortfall around first aid qualifications.

Ō tatou 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.

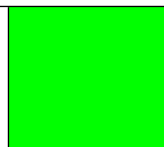


Subsections applicable to this service fully attained.

Bloomfield Court Retirement Home provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan in place. There were Māori residents at the time of the audit. Cultural assessments inform the cultural care plan. Residents receive services in a manner that considers their dignity, privacy, and independence. The staff were observed listening and respecting the voices of the residents and effectively communicating with them about their choices. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

The facility nurse manager is responsible for the day-to-day operations of the facility. The business plan includes a mission statement and operational objectives. The service has a quality and risk management system in place that is designed to meet the needs of residents and staff. Management/quality and staff meetings are scheduled three-monthly. Internal audits, meetings, and collation of data that have been completed were documented with corrective actions as indicated. Quality data is collated and analysed. Health and safety is appropriately managed, and staff wellbeing is a priority. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. An orientation programme and regular staff

education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 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.

There is an admission package available prior to or on entry to the service. The facility nurse manager or enrolled nurse are responsible for each stage of service provision. The registered nurse assesses, plan and review residents' needs, outcomes, and goals with the resident and/or family input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Discharge and transfers are coordinated and planned.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent care staff are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities support provides and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

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

Includes 2 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.

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

The building is purpose built. There is a current building warrant of fitness displayed. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms are in use as single occupancy, have access to the outdoors and have a toilet and handbasin. Rooms are personalised.

The building is secure at night to ensure the safety of residents and staff.

Documented systems are in place for essential, emergency and security services. Fire drills occur six-monthly. Staff have planned and implemented strategies for emergency management, including Covid-19.

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

Includes 5 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 residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. 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. Antimicrobial usage is monitored.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment and supplies. There have been three Covid-19 exposure events, but no other outbreaks reported; these were appropriately reported and effectively managed.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place and incidents are reported in a timely manner. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. The restraint coordinator is the nurse manager. There was no restraint in use at the time of the audit and maintaining a restraint-free environment is included as part of the education and training plan.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	0	162	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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan policy is documented for the service and acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and the provision of services based on the principles of mana motuhake. At the time of the audit, there were residents who identified as Māori living at the facility.</p> <p>The service plans to work in partnership with a local Māori community organisation (Tuahiwi Marae) to allow for better service integration, planning, and support for Māori. The service embeds tikanga Māori in the everyday culture of the facility. Bloomfield Court Retirement Home promote applications from Māori applicants when they apply for employment opportunities, in accordance with the Māori health plan. At the time of the audit there were no staff members who identify as Māori.</p>
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa	FA	The service has a Pacific Peoples Culture and General Ethnicity Awareness policy that encompasses the needs of Pasifika and

<p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>addresses the Ngā Paerewa Health and Disability Services Standard. At the time of the audit there were no residents who identify as Pasifika. The service maintains a link with a local Pacific Island community group (Gospel Outreach Church) through two Pacific staff members in order to provide cultural support for staff and residents identifying as Pasifika.</p> <p>When new staff are recruited, the facility nurse manager encourages and supports any staff that identify as Pasifika through the employment process and provides equitable employment opportunities for the Pacific community. There were staff members that identified as Pasifika at the time of the audit. Interviews with the facility nurse manager and six staff (two caregivers, one enrolled nurse (EN), one diversional therapist, one kitchen manager and a housekeeper), four residents, four relatives and documentation reviewed identified that the service uses a person-centred approach for people using the services, and family/whānau as the guiding ethos of their service.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their relatives. The facility nurse manager discusses aspects of the Code with residents and their relatives on admission. Residents and relatives interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. Information about the Nationwide Health and Disability Advocacy Service and the resident advocate is available to residents/families.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme, which includes (but is not limited to) understanding the role of advocacy services. Code of Rights education last took place in August 2022. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake and this is reflected in the Bloomfield Court Retirement Home Māori health plan. Residents stated they were encouraged to be as independent</p>

		as possible.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Residents are supported to make decisions about whether they would like family members to be involved in their care or other forms of support with examples provided. Residents, families, and staff interviewed confirmed the support available regarding freedom of choice. The services annual training plan reflects training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. The service sends out an annual resident and whānau satisfaction survey (sighted) and the results of these confirmed that residents and families are treated with respect. This was also confirmed during interviews with families.</p> <p>An intimacy and sexuality in older persons policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Families interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, and spirituality is incorporated into the activities policy. Staff actively promote te reo Māori, tikanga Māori and attend cultural training that covers Te Tiriti o Waitangi. This training enhances the ability of staff to respond to tāngata whaikaha needs and enable their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is in place. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at Bloomfield Court Retirement Home are expected to uphold. The policy is designed to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of</p>

		<p>staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service liaises with families who manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Objectives in the Bloomfield Court Retirement Home's Māori health plan provides a framework and guide to improving Māori health and a leadership commitment to address inequities. The service utilises Te Whare Tapa Whā to ensure wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. Annual resident surveys and regular meetings identify feedback from residents and consequent follow up by the service. The service also keeps residents up to date through frequent memos and notices. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Accident/incident forms reviewed identified relatives are kept informed. This was confirmed through the interviews with relatives.</p> <p>At the time of the audit, there were no residents who did not speak English. Interpreter services are available through Te Whatu Ora-Waitaha Canterbury. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident</p>

		<p>should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as Te Whatu Ora-Waitaha Canterbury specialist services (eg, physiotherapist, older adult mental health service and dietitian). The facility nurse manager described an implemented process around providing residents with an unrushed environment which facilitated time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Five resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy which ensures residents directives are followed wherever possible.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making, where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files, where applicable.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The facility nurse manager maintains a record of all complaints, both verbal and written, by using a complaint register. The service has policies and procedures relating to timely follow-up letters, investigation and resolution, enabling complaints to</p>

<p>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.</p>		<p>be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There have been no complaints (internal or external) since the previous audit in February 2022. Complaints (and any subsequent corrective actions) are a standing agenda item in the three-monthly quality and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available at the entrance. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held on a regular basis and the facility nurse manager has an open-door policy. The facility nurse manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication. Residents or relatives making a complaint can involve an independent support person/advocate in the process if they choose to do so.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Bloomfield Court Retirement Home is currently owned by All Care Retirement Limited and provides care for up to 27 residents requiring rest home level care only. It is situated in Woodend approximately 25 kilometres north of Christchurch. On the day of audit there were 22 residents. One resident was on a mental health contract. All remaining residents were on the age-related residential care (ARRC) services agreement.</p> <p>The owner/directors are based in Auckland and are supported by a part-time finance and operations manager (who was present at the time of the audit). There is a business plan 2023 that includes the business values, objectives, and goals. There is a business plan 2023 that includes the business values, objectives, and goals. The business plan commits to identifying and minimising barriers to provide equitable services for all residents (including residents who identify as Māori and residents with disabilities) in the service. The owner/directors undertake a quality review every three months to gauge progress in the areas of equitable service delivery, equity for Māori and outcomes for tāngata whaikaha. Policies have been reviewed by an external quality provider which included consultation</p>

		<p>with Māori representatives. The service plans to work in partnership with a local Māori organisation to provide support to the owners at a governance level.</p> <p>The facility nurse manager is responsible for daily operations and oversees the delivery of services. The nurse manager updates the finance and operations manager on a monthly basis, who then has a formal monthly meeting with the owner/directors. The facility nurse manager is an experienced registered nurse and has been employed at Bloomfield Court Retirement Home for the past six years. The facility nurse manager is supported by an enrolled nurse (EN) who has been employed at Bloomfield Court Retirement Home for the past five years. Residents receiving services and whānau are supported to participate in the planning, implementation, monitoring, and evaluation of service delivery through surveys, meetings, and an open-door management policy.</p> <p>The facility nurse manager has maintained at least eight hours annually of professional development activities related to managing a rest home. This includes attending a workshop on Aspiring leaders in aged care and a cultural safety, Te Tiriti, and health equity training course.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Bloomfield Court Retirement Home has an implemented quality and risk management programme, developed by an external quality consultant. 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. Three-monthly management/quality and staff meetings are held. The minutes of all meetings are shared with the owner/directors. Minutes of staff and management/quality meetings evidence detailed discussion on quality indicators. Staff interviewed were aware of quality data results and any corrective actions required. Benchmarking is completed through the electronic resident management system against industry standards and previous results.</p>

	<p>Policies are regularly reviewed by the external consultant and reflect updates to the 2021 Ngā Paerewa Standard. Staff are made aware of any policy changes through staff meetings, evidenced in meeting minutes. Staff have completed cultural competencies to ensure the service can deliver high quality care for Māori.</p> <p>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 for 2022 has been recently undertaken; however, at the time of the audit the results had not yet been collated. The 2021 resident survey reflected 100% response rate. Results reflected 96% positive responses, 2% negative and 2% without a response. Staff are informed of the resident survey results in the staff meeting minutes. The quality programme is linked to the annual training plan with extra and impromptu training offered as issues are identified.</p> <p>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. All hazards that were identified at the last provisional audit have been addressed. All incidents and accidents are recorded, with incident and accident data collated monthly and analysed. Results are discussed at staff meetings and at handover. All incidents and accidents are recorded on the electronic resident management system. Relatives are notified in a timely manner. Results of incidents and accidents are collated and benchmarked with quality data monthly.</p> <p>Discussion with the facility nurse manager confirmed their awareness of the requirement to notify relevant authorities in relation to essential notifications. This has not been required since the previous audit. Three Covid-19 outbreaks in 2022 were appropriately notified, managed and staff debriefed.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is 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. There is a facility nurse manager and EN who both work 40 hours a week and share the on-call roster. There are two casual RN's available for when the facility nurse manager is absent or on leave.</p> <p>There is one housekeeper/cleaner employed from 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 facility nurse manager and EN.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Cultural safety training has been booked for February 2023 and will include the provision of safe cultural care, Māori world view and the Treaty of Waitangi. External training opportunities for care staff also include training through Te Whatu Ora Waitaha Canterbury. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of eleven caregivers, three have level four NZQA qualifications, four have completed their level three qualifications and four have completed their level two qualifications.</p> <p>All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE), medication administration/insulin administration (if medication competent), moving and handling, and wound management. A record of completion is maintained.</p> <p>Additional RN specific competencies include interRAI assessment</p>

		competency. Two of the three RNs (including the nurse manager) are interRAI trained. Staff wellness is encouraged through participation in health and wellbeing activities.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff who had been employed for over one year have an annual appraisal completed. A register of practising certificates is maintained for all health professionals.</p> <p>The service has an 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. Staff interviewed stated that there was a good orientation programme in place. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in hard copy and kept securely. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal</p>

		resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There is an admission and decline to entry policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families and residents prior to admission or on entry to the service.</p> <p>Five admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The nurse manager is available to answer any questions regarding the admission process and a viewing list is managed. The service openly communicates with potential residents and whānau during the admission process and declining entry would be if the service had no beds available or could not provide the level of care required. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service is planning to collect ethnicity information at the time of enquiry from individual residents for the purposes of identifying entry and decline rates that is ethnicity focused. The service has relationships with Māori services support through Te Whatu Ora Waitaha Canterbury. The service is planning to develop linkages to the local marae and Kaupapa Māori services within the community, to provide support to Māori residents and whānau, where required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my</p>	FA	Five files were reviewed for this audit (five rest home level of care, including one under the mental health act). The registered nurse (facility nurse manager) and enrolled nurse (EN) are responsible for conducting all assessments and for the development of care plans.

<p>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.</p>	<p>There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in the paper-based progress notes. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in resident's care plans. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. Care plans are holistic in nature and capture Māori wellbeing.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. Initial assessments and care plans reviewed were signed and dated. There is specific cultural assessment as part of the social and cultural plan. InterRAI assessments and care plans were completed on all residents (including the resident on the mental health contract) and evaluated within expected timeframes. Care plans had been updated when there were changes in health condition and identified needs. The long-term care plan aligns with the service's model of person-centred care. Challenging behaviour is assessed when this occurs. Evaluations stated progress against the set goals. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written by caregivers and RNs. The RN further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission and the GP reviews each resident at least three-monthly. There are GP visits weekly and as required within normal working hours. The 24/7-hour service is available as required after hours. The facility manager and EN are available for after-hours calls and advice. When interviewed, the GP expressed satisfaction with the standard of care and quality of nursing proficiency. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into</p>
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		<p>care plans. The service refers residents to a physiotherapist as and when required. A podiatrist visits six-weekly and a dietitian, speech language therapist, continence advisor and wound care specialist nurse are available as required. When a resident's condition alters, a RN initiates a review with a GP. Family was notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. There was one resident with three wounds currently treated and no pressure injuries. A paper-based wound register is maintained. Registered nurses and caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs complete monitoring charts, including: bowel; blood pressure; weight; food and fluid; pain; behaviour; blood sugar levels; intentional rounding; and toileting regime. Neurological observations have been completed for unwitnessed falls and suspected head injuries according to the facility policy. Incident reports reviewed evidence timely follow up by a nurse and identified opportunities to minimise risks.</p> <p>Residents and relatives interviewed reported their needs and expectations were being met.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There is a contracted diversional therapist (DT) who works 16.5 hours a week on Tuesday, Wednesday and Thursday and provides a comprehensive activities programme. She is supported by the caregivers and the manager. The diversional therapist holds appropriate competencies and a current first aid certificate. The DT is also a qualified personal trainer and physio assistant and enjoys encouraging residents with a specifically designed physio-based mobilisation programme. Weekend activities are supported by the caregivers and plenty of resources are available to deliver the activities.</p>

		<p>The programme is planned weekly and monthly and includes themed cultural events, Waitangi Day, Matariki and Christmas. A weekly programme is posted in the corridors in each wing, dining rooms and in the lounge. On the day of audit, the monthly theme of Waitangi Day included Māori signage throughout the facility and a display in the library. The service facilitates opportunities to participate in te reo Māori through the use of Māori language on planners, participation in Māori language week, and Matariki. Māori phrases are incorporated into the activities, and culturally focused activities.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who choose not to attend activities.</p> <p>A variety of individual and small group activities were observed occurring at various times throughout the day of audit. A quiz related to Waitangi Day was well attended. Entertainment and outings are scheduled weekly. There are fortnightly interdenominational services and links with Hope Community Trust and schools.</p> <p>A resident's social and cultural profile and assessment is completed within 24 hours of admission and include the resident's past hobbies and present interests, likes and dislikes, career, and family connections. A social and cultural plan is developed within 21 days and reviewed six-monthly. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include quizzes, board gaming, exercises, happy hour, and library services. The service hires a wheelchair accessible van for drives and outings on a bimonthly basis.</p> <p>Resident meetings are held three-monthly, and family are welcome to attend. There is an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Resident and relative surveys also provide feedback on the activity programme and resident satisfaction survey evidence overall satisfaction with the activities provided. Residents and family members interviewed stated the activity programme is interesting and varied.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication room and locked trolley. The medication fridge is monitored weekly and medication room temperatures is monitored daily, and the temperatures were within acceptable ranges. All medications stocks are checked weekly. All eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. There was one rest home resident partially self-administering medications (eye drops) and another self-administering an inhaler. Both residents have the appropriate assessment and review on file. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and relatives are updated around medication changes, including the reason for changing medications and side effects, and this is documented in the progress notes. The enrolled nurse and nurse manager described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The meals at Bloomfield Court are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in evidence, expiring in June 2023. There is a four-weekly seasonal menu that is developed and was reviewed by a registered dietitian in October 2022. The kitchen manager receives resident dietary information from the nurse manager and enrolled nurse and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods), or of any residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences, including Māori specific options as required. On the day of audit, meals were observed to be presented in an attractive manner. Caregivers interviewed understood tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa.</p> <p>The kitchen manager completes a daily check, which includes fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process by the cook. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in the adjacent dining room and a trolley is used for covered plated meals to be transported to those residents’ enjoying meals in their rooms. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating. Food services staff have all completed food safety and hygiene courses.</p> <p>The residents and families interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback on a one-to-one basis with the cook, at the resident meetings and through resident surveys.</p>
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<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with residents and families to ensure continuity of care. Resident change, transfer or termination policy and procedures are documented to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>The residents (if appropriate) and families were involved for all exits or discharges to and from the service, including being given options to access other health and disability services, social support or Kaupapa Māori agencies, where indicated or requested. The enrolled nurse explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. The service uses the yellow envelope (transfer documentation) system.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The facility is purpose-built and is spacious. All building and plant have been built to comply with legislation. The building warrant of fitness expires 1 June 2023. The environment is inclusive of peoples' cultures and supports cultural practices. The maintenance contractor works 16 hours a week (on variable days). This role reports to the facility nurse manager who oversees maintenance of the site, contractor management and the gardens. Essential contractors, such as plumbers and electricians are available as required. Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to residents are checked when they are admitted. Annual testing and tagging of resident's electrical equipment, checking and calibration of medical equipment, hoists and scales was completed February 2022. Hot water temperatures are monitored routinely. Temperature recordings sighted were all within acceptable ranges.</p> <p>The facility consists of three wings. There is one main entrance leading to the nurse's station. There is a communal lounge centrally located with a TV, and activities take place there. There is a quiet</p>

	<p>library area for whānau/family visits or meetings. There is one disability access toilet near the communal lounge.</p> <p>All rooms are currently single occupancy, although one is certified as a double. Residents are able to bring their own possessions into the home and are able to adorn their room as desired, as viewed during the audit. The resident rooms are spacious to provide care. Each room allows for the safe use and manoeuvring of mobility aids. Staff interviewed stated they have adequate equipment and space to safely deliver care for rest home level of care residents. Flowing hand soap, hand sanitiser and paper towels are installed in all areas near hand basins.</p> <p>Five rooms have full ensuite, with the remainder 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.</p> <p>There are handrails in ensuites, and communal bathrooms. The hallways are wide and include ample room for the placement of armchairs for residents to rest. All rooms and communal areas allow for safe use of mobility equipment. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external spaces. The external areas are well maintained and have attractive features. Seating and shade are available.</p> <p>The building is appropriately heated and ventilated. There is plenty of natural light in the facility. The facility maintains a non-smoking environment.</p> <p>The kitchen, laundry, and dining room are centrally situated. The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space for storage of mobility equipment.</p> <p>Environmental improvements implemented since the new ownership include (but are not limited to): new lounge furniture; painting; drapes in all areas; new artwork; and information technology access upgrades.</p>
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		<p>Currently the service does not have plans for further development; however, the owners were aware of their obligation to ensure that consideration has been made of how designs and environments reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</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 (letter date 22 January 2018). A fire evacuation drill was last completed on 27 September 2022, and this is repeated every six months. There are adequate supplies available in the event of a civil defence emergency, including sufficient food, blankets, and alternate gas cooking (BBQ and gas Hobbs). There is sufficient water storage (two water tanks, 400 litres in total). The facility nurse manager has access to a generator if needed during an emergency.</p> <p>There are civil defence supplies and first aid kits available that are checked monthly. Emergency equipment is available at the facility. Short-term backup power for emergency lighting is in place. A first aid trained staff member is required to be on duty 24/7; however, not all shifts have a member of staff on duty with a current first aid certificate. The facility 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. Fourteen security cameras have been installed (four outdoor and ten indoor). The facility is kept locked from dusk to dawn, with staff conducting two-hourly checks during the night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p>	<p>FA</p>	<p>The facility nurse manager undertakes the role of infection prevention and control nurse to oversee infection control and prevention across the service for the last six years. The job description outlines the responsibility of the role. The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk</p>

<p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and significant issues are escalated through an effective communication pathway to the governance team. Documentation reviewed evidenced recent outbreaks were escalated to the governance team within 24 hours. The infection control team involves all staff and input from the GP. The team meets as part of the regular three-monthly staff meetings. Infection rates are presented and discussed at management quality meetings and staff meetings and reported to the owners. Infection prevention and control are part of the business and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora- Waitaha Canterbury and Public Health Canterbury. There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the facility nurse manager, the GP, and the Public Health team.</p> <p>Visitors are asked not to visit if unwell and to wear masks during the visit. There are hand sanitisers strategically placed around the facility.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control nurse is supported by the enrolled nurse. The service has a pandemic plan which includes the Covid-19 response plan, including easily accessible resources for the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control nurse has completed external training through Te Whatu Ora-Waitaha Canterbury. There is good external support from the GP, laboratory, microbiologist, and gerontology nurse. There are outbreak kits readily available and a personal protective equipment cupboard. There are supplies of extra PPE equipment as required. The infection control nurse has input into the procurement of good quality personal protective equipment (PPE), medical and wound care products. Consumables are checked for expiry dates.</p> <p>The infection control manual outlines a comprehensive range of</p>

	<p>policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control committee and training and education of staff. Policies and procedures are reviewed annually and are available to staff. The service's infection control policies acknowledge importance of te reo information around infection control for Māori residents and encouraging culturally safe practices, acknowledging the spirit of Te Tiriti. Information can be provided in te reo if required. Additional support and information are accessed from the infection control team at Te Whatu Ora- Waitaha Canterbury, the community laboratory, and the GP, as required. The Māori health plan ensures staff are practicing in a culturally safe manner. The service has documented policies and procedures in place around cleaning and laundry that reflected current best practices.</p> <p>Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens. There are adequate accessible handwashing facilities with flowing soap, paper towels and hand sanitisers. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service includes the checking of these processes in the six-monthly cleaning, environmental and maintenance of equipment audits.</p> <p>All staff have received training in cleaning protocols and procedures related to the cleaning of reusable medical equipment and high touch areas. Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. The infection training includes handwashing procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained. Resident education occurs as part of the daily cares and three-monthly meetings. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p> <p>There were no construction, installation, or maintenance in progress at the time of the audit. There is a communication pathway to</p>
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		includes the infection control nurse for advice when required.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an antibiotic use and stewardship policy that covers leadership commitment, accountability, drug expertise, action, tracking, reporting and education. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Compliance on antibiotic and antimicrobial use are evaluated and monitored by collating data from medication prescribing charts, prescriptions, and medical notes. The use of antibiotics is discussed at the management quality meeting and the combined staff and infection control three-monthly infection control committee meeting and discussed with the GP. The facility nurse manager reports infection rates and antibiotic use to the operations manager. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Electronic charts reviewed evidence judicious, careful, and rational use of monotherapy.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register as a paper record. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service is actively working to ensure surveillance of healthcare-associated infections. The infection control nurse is able to include ethnicity data and intends to embed this as part of a planned implementation of an electronic resident management system. Infection control surveillance is discussed at the three-monthly quality and management meetings and at the combined infection control and staff meetings.</p> <p>The infection prevention and control programme links with the quality programme. The infection prevention and control nurse use the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. There is close liaison with the GP that advises and</p>

		<p>provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Te Whatu Ora Waitaha Canterbury for any community concerns.</p> <p>There has been three Covid-19 exposure events in 2022 (April, July, and December 2022). The outbreaks were documented with evidence of comprehensive management, regular outbreak meetings and lessons learned debrief meetings. The infection control nurse interviewed described the daily update and debrief meeting that occurred. The service completed a 'lessons learned' after the event to prevent, prepare for and respond to future infectious disease outbreaks. The infection control nurse confirmed that the screening process, cohorting of residents and care delivery within a constraint workforce prove to be challenging but successful. Staff confirmed that during the Covid-19 exposure period, resources including PPE were adequate. Families were updated regularly throughout the outbreaks.</p> <p>Currently visitors are required to sign in at the door and wear masks in facility.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>Bloomfield Court implements a waste and hazardous management policy that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the laundry/sluice, and cleaning storerooms. Staff receive training and education in waste management and infection control as a component of the mandatory training. Interviews and observations confirmed that there is enough PPE and equipment provided, such</p>

		<p>as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks.</p> <p>Cleaning services are provided five days a week. On the cleaners' days off, the caregivers include cleaning in their role. There is one sluice located in the laundry with aprons, goggles, and gloves available. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked storerooms for the safe and hygienic storage of cleaning equipment and chemicals. The cleaners are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles in storage and in use were noted to be appropriately labelled. Chemicals are stored securely, and a spill kit is available.</p> <p>The safe and hygienic collection and transport of laundry items was witnessed. All laundry inclusive of resident's clothing is done on site. Visual inspection of the on-site laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling of these items. There is a sluice cycle programmed in one washing machine. Residents' clothing is labelled and personally delivered from the laundry to their rooms. The effectiveness of the cleaning and laundry processes are monitored through the internal audit system, with oversight from the infection control coordinator. There is a second laundry available for residents to do their own laundry if they wish. Residents and families confirmed satisfaction with laundry and cleaning services in interviews and in satisfaction surveys.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of</p>	<p>FA</p>	<p>The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The designated restraint coordinator is the facility nurse manager. At the time of the audit, the facility was restraint free. The facility nurse manager interviewed described the focus on maintaining a restraint-</p>

<p>restraint in the context of aiming for elimination.</p>		<p>free environment and stated the owner is supportive of providing equipment resources to ensure a restraint-free environment.</p> <p>If restraint was used, the facility nurse manager would include this in the monthly clinical report (which is reviewed by the owners and senior management) to ensure the health and safety of people and caregivers. Maintaining a restraint-free environment is included as part of the education and training plan.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>	PA Low	There is an emergency and disaster management plan in place to ensure health, civil defence and other emergencies are included. A first aid trained staff member is required to be on duty 24/7.	Not all night shifts have a member of staff on duty with a current first aid certificate.	<p>Ensure there is at least one staff member on each shift with a current first aid certificate.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.