

# Experion Care NZ Limited - Bardowie Retirement Complex

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## 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:

<b>Legal entity:</b>	Experion Care NZ Limited
<b>Premises audited:</b>	Bardowie Retirement Complex
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 6 June 2023      End date: 6 June 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	18

# Executive summary of the audit

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## 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

Bardowie Rest Home is part of Experion Care. They are certified to provide rest home level of care for up to 20 residents. There were 18 residents on the day of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Te Whatu Ora Health New Zealand - Te Matau a Māui Hawke's Bay. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, management, and staff.

The clinical nurse manager is appropriately qualified. She is supported by experienced healthcare assistants. There are quality systems and processes being implemented. Feedback from residents was positive about the care and the services provided.

This audit identified shortfalls in relation to the pacific health plan, family/whānau communication, informed consent, governance, internal audits, management training, staff ethnicity, timeframes/care planning, monitoring, evaluation of goals, aspects of medication management.

## 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.		Some subsections applicable to this service partially attained and of low risk.
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Bardowie Residential Complex provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. Residents receive services in a manner that considers their dignity, privacy, and independence. The clinical nurse manager and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The 2023-2025 business plan includes specific and measurable goals that are regularly reviewed. The service has a documented quality and risk management system. Internal audits and the collation of clinical indicator data were documented as taking place with corrective actions as indicated. Hazards are identified with appropriate interventions implemented. A recruitment and orientation procedure are established. Healthcare assistants are buddied with more experienced staff during their orientation. There

is a staffing and rostering policy. A staff education/training programme is being implemented. Careerforce training is encouraged for all healthcare assistants. 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Bardowie has an admission package available prior to, or on entry to the service. The clinical nurse manager/registered nurse is responsible for each stage of service provision. The clinical nurse manager plans residents' needs and goals with the residents and family/whānau input. The care plans viewed demonstrate service integration. Resident files included medical notes by the general practitioner and other allied health professionals.

Medication policies reflect legislative requirements and guidelines. The clinical nurse manager, and healthcare assistants responsible for administration of medicines complete annual education and medication competencies. The electronic medication charts are reviewed at least three-monthly by the general practitioner.

There is an interesting and varied activities programme which the activities coordinator implements. The programme includes meaningful activities, including outings and entertainment, as detailed in each resident's individual activity plans.

Residents' food preferences and dietary requirements 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.

Transfers and discharges are coordinated between services.

## Te aro ki te tangata me te taiao haumaru | 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.

Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Maintenance is done on an 'as required' basis with plans for preventative maintenance. Rooms are spacious to provide personal cares. Residents freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including Covid-19. There are emergency supplies for at least three days. Appropriate security checks and measures are completed by staff.

## 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.

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. Documentation evidence relevant infection prevention control education is provided to staff as part of their orientation and the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size of Bardowie. 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. Covid-19 response plans are in place and there is adequate personal protective equipment and supplies. There has been three outbreaks since the previous audit, which were appropriately reported and managed.

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. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Incidents are documented in a timely manner and as per policy. Chemicals are stored securely and safely. Fixtures, fittings, and flooring is appropriate for cleaning.

## 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.

The restraint coordinator is the clinical nurse manager. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. There were no residents using restraint at the time of the audit.

## 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	18	0	6	3	0	0
Criteria	0	140	0	13	7	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

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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 and associated cultural policies are documented for the service. As a key element of cultural awareness, safety, and competency, Bardowie Residential Complex acknowledges and is committed to the unique place of Māori under the Treaty of Waitangi. Bardowie Residential Complex are committed to providing services in a culturally appropriate manner and ensure that the integrity of each person's culture is acknowledged, respected, and maintained. Key relationships with Māori are in place with local iwi organisation, Te Taiwhenua O Heretaunga and through existing Māori staff with Pukemokimoki Marae and family/whānau with Te Kupenga Hauora. The service have residents who identify as Māori at the time of the audit.</p> <p>Cultural training for staff begins during their orientation and continues as a regular in-service topic. Training covers discussions in relation to the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Staff's cultural expertise is monitored</p>

		<p>through cultural competency assessments. The service supports employing Māori applicants. At the time of the audit, there were Māori staff members. Staff have access to relevant tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, evidenced in interviews with four residents and one family/whanau member. The clinical nurse manager (CNM) and a CNM from a sister facility and staff interviewed (two healthcare assistants, one cook, one diversional therapist, one administrator) described how the delivery of care is based on each resident's values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The service plans to partner further with a Pacific organisation (or leader who identifies as Pasifika) with guidance from their Pacific staff. However, there are some current links already established within the community through their Pacific staff. The service has a Culturally Safe Care policy in place. There is not currently a Pacific health plan in place. Collaboration with these relationships will assist with the development of a Pacific health plan. At the time of the audit, there were residents who identified as Pasifika.</p> <p>The clinical nurse manager described how they encourage and support any applicants that identifies as Pasifika, during the interview process. There were staff that identified as Pasifika at the time of the audit. Interviews with the clinical nurse manager and staff confirmed the service puts people using the services and the local community at the heart of their services.</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</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family.</p> <p>The clinical nurse manager discusses aspects of the Code with residents and their family on admission. Residents, or their enduring power of attorney (EPOA) sign to acknowledge that they have been</p>

<p>a way that upholds their rights and complies with legal requirements.</p>		<p>provided with written information explaining the Code and its application to an aged care environment. Discussions relating to the Code are held during the six-monthly resident meetings. All residents and family interviewed reported that the residents' rights are being upheld by the service.</p> <p>Interactions observed between staff and residents during the audit were respectful. There are links to spiritual supports. Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance and in the entry pack of information that is provided. Staff receive education in relation to the Code, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy.</p>
<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>	<p>FA</p>	<p>Care staff interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family members to be involved in their care. Residents have control and choice over activities they participate in. It was observed that residents are treated with dignity and respect. Resident/family satisfaction survey results (October 2022) confirm that residents are treated with respect. This was also confirmed during interviews with residents and family. A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents.</p> <p>Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place. Te reo Māori signage was evident in a range of locations. Te Tiriti o Waitangi and tikanga Māori</p>

		training are in place. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living & non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.
<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 being implemented. Bardowie Residential Complex policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to acknowledge cultural diversity. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements a process to manage residents' comfort funds, such as sundry expenses.</p> <p>Professional boundaries are defined in job descriptions. Interviews with the clinical nurse manager and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with the clinical nurse manager if they felt that this was an issue. A strengths-based and holistic model is prioritised in the Māori health plan to facilitate 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>	PA Low	<p>Information is provided to residents/family on admission. Policies and procedures relating to accident/incidents, complaints, and open disclosure 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. Not all accident/incident forms reviewed indicated that next of kin had been informed.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who were unable to speak or</p>

		<p>understand English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident 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.</p> <p>The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to the range of services available. Health professionals involved with the residents may include specialist services. The clinical nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities 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>	PA Low	<p>There are policies around informed consent. Five resident files were reviewed; however, not all included signed general consent forms. Residents interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with residents demonstrated they are involved in the decision-making process. Admission agreements are signed and were sighted in all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required. The service has Māori tikanga guidelines available for staff to ensure they are able to provide appropriate information for residents, family/whānau and in care planning as required. Examples of te reo Māori are evident around the building for residents.</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>	FA	<p>The complaints procedure is provided to residents and families on entry to the service and is available in te reo Māori. The clinical nurse manager is responsible for maintaining the complaints register. There has been three complaints lodged since the last</p>

<p>disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>audit, one complaint was made in each year (2021, 2022 and 2023 year to date). All complaints reviewed have been resolved with details of acknowledgement and investigation on file. No external complaints have been received since the previous audit.</p> <p>Discussions with residents and family confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (e.g., verbally, in writing, through an advocate).</p> <p>Resident meetings are held bi-monthly and are another avenue to provide residents with the opportunity to voice their concerns. The clinical nurse manager and staff encourage residents and family to discuss any concerns. It is an equitable process for all cultures. Complaint forms are held at the entrance to the facility.</p> <p>Residents/family making a complaint are supported to involve an independent support person in the complaints process if they choose. The clinical nurse manager acknowledged the importance of face-to-face communication with Māori and maintains an open-door policy.</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>PA Moderate</p>	<p>Bardowie Residential Complex is owned by Experion Care NZ Limited, who own another six medium sized care facilities throughout the country. Bardowie Residential Complex provides rest home level of care for up to 20 residents. The service holds contracts with Te Whatu Ora – Te Matau a Maui Hawkes Bay and Ministry of Health for the provision of rest home care, mental health, respite services, and long-term support chronic health conditions (LTS-CHC). There were 18 residents receiving services on the day of the audit, there were 13 residents assessed as requiring rest home level of care, four on LTS-CHC contracts and one on a mental health contract.</p> <p>The Experion Care NZ business plan 2023-2025 documents describe annual and long-term objectives and the associated operational plans. The business plan sighted included the scope, direction, goals, values, and mission statement of the organisation. The governance role is carried out by the executive director. Work is</p>

		<p>underway for the executive director to identify and work to address barriers for Māori for equitable service delivery. The clinical nurse manager stated that she provides weekly reports to the executive director (owner). The report includes potential risks, contracts, human resource and staffing, growth and development, maintenance, quality management, and financial performance. Work is underway to collaborate with mana whenua in business planning and service development that will improve outcomes and achieve equity for Māori.</p> <p>The service is managed by a full-time clinical nurse manager who has been in the role for 16 months. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The clinical nurse manager is supported by an administrator, experienced care staff, a clinical nurse manager from the local Greendale Residential Care (part of the Experion Care NZ) and by the executive director. The clinical nurse manager is a new graduate registered nurse who went straight into the RN role and then moved into the clinical nurse manager role two weeks after starting at Bardowie Residential Complex. At an organisational level, there is currently no clinical governance group across the organisation.</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>	PA Low	<p>Bardowie Residential Complex has a quality and risk management programme developed by an external consultant. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the Experion Care NZ business plan. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Quality and risk performance is reported in the bi-monthly quality and staff meetings. Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data and is collated and analysed.</p> <p>An internal audit programme is being implemented. Corrective actions are implemented where improvements are identified;</p>

		<p>however, not all had a completion date and manager sign off.</p> <p>The service has accessed and implemented policies from an aged care consultant. Policies and updates are provided to staff. Work is underway to ensure that staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>Resident meetings are held bi-monthly. Residents and families are able to provide feedback via annual satisfaction surveys. The October 2022 resident survey results indicate that residents are satisfied with the services received. Corrective actions around staff knocking on resident doors before entering and range of activities were raised and addressed. Results and corrective actions taken were discussed in the resident and staff meetings. Health and safety policies are implemented and monitored. Staff are kept informed, evidenced in quality and staff meeting minutes. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made, evidenced in the accident/incident reports reviewed.</p> <p>The clinical nurse manager is aware of situations that require essential notifications. No Section 31 reports have been required since the previous audit. Public Health authorities have been notified in relation to three Covid outbreaks.</p> <p>There is little documented evidence that staff are provided with up-to-date information on Māori health outcomes and disparities, and health equity. The service is working towards establishing benchmarking across the organisation, and training to improve knowledge related to health equity.</p>
<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</p>	PA Low	<p>Policy describes safe staffing levels. The roster provides sufficient and appropriate cover for the effective delivery of care and support. The clinical nurse manager is available (full time) Monday to Friday. The clinical nurse manager is on call 24/7 with the clinical nurse manager from Greendale Residential Care providing cover when the clinical nurse manager is unavailable. There is adequate healthcare</p>



<p>through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>assistant cover with additional healthcare assistant hours rostered on weekends when a RN is unavailable. The service adjusts staffing levels to meet the changing needs of residents.</p> <p>Healthcare assistants reported there was adequate staff available to complete the work allocated to them. Observations and review of a two-week roster cycle confirmed adequate staff cover has been provided with staff replaced in any unplanned absence. All shifts have a staff member on duty with a current first aid certificate. The service has adequate staff to cover any increased needs. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews.</p> <p>There is a two-yearly education and training schedule being implemented including mandatory training requirements. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 11 healthcare assistants in total that work at Bardowie Residential Complex. Five healthcare assistants have completed their level four qualification and three have completed level three NZQA qualification. The clinical nurse manager has completed interRAI training. However the clinical nurse manager had not completed eight hours training annually in relation to managing an aged care facility.</p> <p>The service invests in staff health equity expertise and sharing of high-quality Māori health information through its cultural training programmes and cultural competency assessments (completed May 2023). Staff participate in learning opportunities that provide them with up-to-date information, which includes training in relation to Māori health outcomes and disparities, and health equity.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Staff reported that there has been low turnover of staff which had minimal impact on their wellbeing.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills,</p>	<p>PA Low</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files reviewed evidenced implementation of the recruitment process,</p>

<p>values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>includes reference checks, police vetting and employment contracts. Staff have a performance appraisal completed annually. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for health professionals.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them adequately for their role. The service demonstrates that the orientation programmes sighted for healthcare assistants support them to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential. At the time of the audit, ethnicity data was not being collected.</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 information is held in a confidential manner. Resident files are held in a locked nurse's station. Hard copy information is held in a locked cupboard. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable and legible. Signatures are documented and include the designation of the person providing the care intervention. Residents entering the service do not always have all relevant initial information recorded within 24 hours of entry into the resident's individual record (link 3.2.1).</p>
<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.</p>	FA	<p>Residents who are admitted to Bardowie Rest home are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The clinical nurse manager screens prospective residents prior to admission.</p> <p>In cases where entry is declined, there is liaison between the clinical nurse manager and the referral team. The prospective resident would be referred back to the referrer. The clinical nurse manager described reasons for declining entry. These reasons would be if there were no beds available or Bardowie Rest Home is unable to provide the service the prospective resident requires, after</p>

<p>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>		<p>considering staffing and resident needs.</p> <p>The admission and reporting policy and procedure, guide staff around admission and declining processes, including required documentation. The clinical nurse manager keeps records of how many prospective residents and family/whānau have viewed the facility, admissions and declined referrals. The nurse manager reports they are working towards a process of routinely analysing ethnicity data.</p> <p>There is an information pack relating to the services provided at the Bardowie Rest Home, which is available for families/whānau prior to admission or on entry to the service. The admission agreements reviewed were signed and aligned with the requirements of Te Whatu Ora- Te Matau a Māui Hawke's Bay service agreements. Items that are not provided by Bardowie Rest Home are included in the admission agreement.</p> <p>Bardowie Rest Home identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. The service has a relationship with a local iwi organisation Te Tai Whenua o Heretaunga. The service also has access to Māori health providers to benefit Māori individuals and whānau. Existing Māori staff have affiliations with Puke Mokimoki marae and resident family/ whanau with Te Kupenga Hauora.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Five resident files were reviewed (five rest home level, including one resident on a long-term chronic health contract). The resident care plans are paper-based and include allergies on the front page.</p> <p>The service contracts a general practitioner (GP) from a local health centre who makes fortnightly visits. The GP has examined and admitted the residents within two to five working days of admission and completed three-monthly reviews. The GP (interviewed) commented positively on the service and confirmed appropriate and timely referrals.</p> <p>All assessment and care planning are undertaken by a registered</p>

	<p>nurse. Initial care plans are developed with the resident or enduring power of attorney (EPOA); however, on the day of audit not all initial care plans were evidenced or completed within the required timeframe. The missing initial care plan was provided after the audit. A review of resident files identified that interRAI assessments and long-term care plans had not all been completed within 21 days. Initial assessments also included a dietary profile and continence assessment; however, not all files evidenced full assessments completed. Other assessments are not utilised as required including pain, falls risk, skin, mobility, or communication.</p> <p>Long-term care plan templates were resident centred and allowed for the identified medical and non-medical requirement; however, not all care plans reviewed were reflective of all assessed needs. Care plan evaluations where required were not always documented in files reviewed.</p> <p>The clinical nurse manager advised that short-term care plans have been developed for the management of acute problems. There were no short-term care plans evidenced in the files reviewed on the day of audit. Acute changes were noted on the staff handover sheets. Healthcare assistants described a verbal and written handover between the shifts. Progress notes are maintained on every shift by healthcare assistants; however, RN entries were not evidenced weekly or for all significant events. The residents interviewed reported their needs and expectations are being met.</p> <p>Monitoring charts are completed by healthcare assistants and the nurse manager/registered nurses, including: bowel charts; vital signs; weight; food and fluid charts; blood sugar levels; and behaviour. Monitoring charts were not consistently completed as per the direction in the care plan. Neurological observations were not always completed as per policy and procedure.</p> <p>When a resident's condition changes, the staff alert the CNM who then initiates a review with a GP. On interview the CNM stated family were informed of all changes to health, including infections, accident/incidents, GP visits, and medication changes; however, communication with family was not consistently documented in the resident's file.</p>
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		<p>Resident files identify the integration of allied health professional input into care. A physiotherapist and dietitian are available by referral. A podiatrist visits six-weekly. Other allied health professionals involved in care include clinical nurse specialists and medical specialists from Te Whatu Ora -Te Matau a Māui Hawke's Bay.</p> <p>The clinical nurse manager interviewed described supporting Māori residents and their whānau to identify their own pae ora outcomes in their support plan; however, this was not documented in the care plan of a Māori resident whose file was reviewed.</p> <p>Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>A wound register is maintained. There were two wounds in total. Wound dressings were being changed appropriately in line with the documented management plan. The service can access the local wound nurse specialist if required.</p> <p>Healthcare assistants and the CNM interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources, as sighted during the audit. Incontinence products are available and resident files include a continence assessment.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>Bardowie Rest Home employs two qualified diversional therapists (DT) who job share the position over 34 hours per week between Bardowie and a sister facility. The diversional therapist based at Bardowie works Monday to Friday, fifteen hours per week. The DT coordinator develops and delivers the activity programme.</p> <p>Weekends are family/whānau time and there are resources available for healthcare assistants to use. A weekly activities calendar is posted on the noticeboards.</p> <p>There are a range of activities appropriate to the resident's cognitive and physical capabilities. Activities include physical, cognitive, creative, and social activities. Residents are encouraged to</p>

		<p>participate in group activities as one on one visits are limited due to time constraints. The interactions observed on the day of the audit showed engagement between residents and the diversional therapist. Residents' participation and attendance in activities are recorded and filed in their clinical file. Residents have an individualised activities care plan which is documented separately to the long-term care plan, and these are reviewed at least six-monthly.</p> <p>There are a range of activities, including: crafts; a range of local speakers; exercises; housie; quizzes; sing-alongs; and movies. Residents are encouraged to maintain their community links and go on outings. Community visitors include entertainers, and church services. Themed days such as Matariki, Waitangi, and ANZAC Day are on the programme and celebrated with appropriate resources available. The Bardowie Rest Home has embedded culturally themed activities into the activities programme, such as singing songs in te reo Māori.</p> <p>Residents interviewed spoke positively of the activities programme with feedback and suggestions for activities made via surveys.</p>
<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>PA Moderate</p>	<p>The Bardowie Rest Home has policies available for safe medicine management that meet legislative requirements and guidelines. The clinical nurse manager, and medication competent healthcare assistants who administer medications are assessed annually for competency. Education around safe medication administration is provided.</p> <p>There is an electronic management system. On the day of the audit, a medication competent HCA was observed to be safely administering medications. The clinical nurse manager and healthcare assistants interviewed could describe their roles regarding medication administration. The Bardowie Rest Home use packaged medications. All medications are checked by HCAs on delivery against the medication chart and any discrepancies are discussed with the CNM and fed back to the supplying pharmacy. Eye drops are dated on opening. The medication fridge is not monitored and monitoring of the temperature of the medication</p>

		<p>cupboard temperatures were not documented prior to this month. The daily records for the six days of June were within the acceptable range.</p> <p>Controlled drugs are delivered weekly and signed in by the pharmacist and HCA. Weekly controlled drugs stocktakes have not occurred since October 2021. The RN is currently providing no oversight by way of weekly checks; therefore, the service is not meeting safe reconciliation processes.</p> <p>Ten resident medication charts on the electronic medication system were reviewed. The medication charts had photograph identification. The allergy status was not always documented. Staff recorded the time, date, and outcomes of 'as required' (PRN) medications. All PRN medications had an indication for use. All medication charts had been reviewed by the GP at least three-monthly. There is a policy in place for residents who request to self-administer medications. At the time of audit, one resident was self-administering medications; however, there was no documented evidence a medication competency assessment had been completed. Over-the-counter medication is considered during the prescribing process and these along with nutritional supplements, are documented on the medication chart. No standing orders were in use and no vaccines are kept on site.</p> <p>Residents and their family/whānau are supported to understand their medications when required. The clinical nurse manager described how they work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>There is an implemented process for analysis of medication errors and corrective actions implemented as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p>	FA	<p>The cook works Monday to Friday. The service currently has a weekend cook vacancy which is being covered by healthcare assistants in the interim. The cook has completed safe food handling. All meals are cooked on site, with meals being served from</p>

<p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>the kitchen into the adjacent dining room. There is a seasonal four-week rotating menu, which was last reviewed April 2023. A resident dietary profile is developed for each resident on admission, and this is provided to the cook.</p> <p>The kitchen meets the needs of residents who require special diets. The cook works closely with the clinical nurse manager with resident's dietary profiles and any allergies. Modified utensils and plates are available as required. Residents who require supplements for identified weight loss have them supplied. There is a food control plan expiring June 2023. Kitchen staff are trained in safe food handling. Staff were observed wearing correct personal protective clothing. Serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers.</p> <p>Resident meetings, and one-to-one interaction with care staff in the dining room allows the opportunity for feedback on the meals and food services. The cook stated that menu options culturally specific to te ao Māori will be offered to Māori residents when required, giving some examples of culturally specific food that are offered. Residents and family/whānau members interviewed indicated satisfaction with the food services. Kitchen and healthcare assistants interviewed understood basic Māori practices in line with tapu and noa. The kitchen provide food for the cultural themed days in line with the theme. The cook stated they do their best to accommodate any requests from residents.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service</p>	FA	<p>Documented policies and procedures ensure exit, discharge, or transfer of residents are undertaken in a timely and safe manner. Planned exits, discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. The residents (if appropriate) and families/whānau are given options to access other health and disability services – tāngata whaikaha, social support or Kaupapa Māori agencies, where indicated or requested. Discharge notes are kept in residents' files and any instructions integrated into the care plan. Transfer forms are</p>



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.		completed. The clinical nurse manager and registered nurse advised a comprehensive handover occurs between services.
<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>	FA	<p>All building and plant have been built to comply with legislation. The building warrant of fitness expires 1 June 2024. The environment is inclusive of peoples' cultures and supports cultural practices. The maintenance person works 40 hours a week (Monday to Friday) between Bardowie and a sister facility. This role oversees maintenance of the site, contractor management and the gardens. Essential contractors such as plumbers and electricians are available 24 hours as required. Maintenance requests are logged and followed up in a timely manner. 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 March 2023. Hot water temperatures are monitored routinely. Temperature recordings sighted were all within acceptable ranges.</p> <p>There is a large communal lounge with a TV where activities take place there and a smaller lounge adjacent to the spacious dining room, for whānau/family visits or meetings. There are disability access toilets near the communal lounge.</p> <p>All resident rooms are single occupancy with a toilet and handbasin and have doors that open to the outside area. 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. There are three communal showers and two communal toilets.</p> <p>There are handrails in communal toilets and 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</p>

		<p>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>Kitchen, laundry, and dining room are centrally situated. The manager and diversional therapy office is in a neighbouring building.</p> <p>The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space for storage of mobility equipment. 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.</p> <p>The building is appropriately heated and ventilated. There is panel heating and heat pumps throughout the facility. There is plenty of natural light in the rooms. The facility has a designated smoking area. The service is not planning any current building; however the manager described the links with local iwi should they require any input.</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>	FA	<p>Emergency management policies outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness with the most recent fire drill taking place on 17 May 2023. There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence supplies are in place and are checked annually, last completed on 1 May 2023. The service has access to a generator from a local supplier.</p> <p>In the event of a power outage, gas cooking is available with one BBQ and three portable gas cookers. There are adequate water supplies in the event of a civil defence emergency, including bottled water and water tank on site. Information around emergency</p>

		<p>procedures is provided for residents and relatives in the admission information provided. There is always a first aid/CPR trained staff member on duty 24/7. There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in proximity to their current position. Residents and family interviewed confirmed that call bells are answered in a timely manner. The building is secured after hours. Staff complete regular security checks at 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. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</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>	FA	<p>The clinical nurse manager (RN) oversees infection control and prevention across the service. The infection prevention coordinator's job description outlines the responsibility of the role of infection prevention and control. The infection prevention control and antimicrobial stewardship (AMS) programme is appropriate for the Bardowie Rest Home. Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control and AMS programme is reviewed annually, and infection control audits are scheduled as part of the annual audit programme. Infection prevention and control matters are discussed as part of the staff meeting. Infection prevention and control is included in the business and quality plans. The clinical nurse manager is able to access advice from the Te Whatu Ora--Te Matau a Māui Hawke's Bay infection prevention and control specialist and GPs. Experion head office are informed of any infections through the manager's report and are informed of any outbreaks immediately.</p> <p>The Bardowie Rest Home has a process in place to mitigate their risk around Covid-19 and continues to request a negative rapid antigen test result prior to new residents coming to the home. Covid-19 symptom screening and declarations continues for visitors and contractors. Hand sanitisers are strategically placed around the facility. The service offers influenza vaccinations. All staff and the majority of residents are vaccinated for Covid-19.</p>
Subsection 5.2: The infection prevention programme and	FA	<p>The clinical nurse manager has the role of infection prevention control coordinator and has completed external education. The</p>

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>Covid-19 response plan has been utilised in the preparation and planning for the management of the recent Covid infections, screening, and positive tests when these have occurred. There are outbreak kits readily available and personal protective equipment in the storeroom. A robust pandemic plan is in place.</p> <p>The infection prevention control manual outlines a range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use with antiviral wipes and sprays. Reusable eyewear, blood pressure equipment, are appropriately disinfected between resident use. Single use items (e.g., wound packs) are used for their intended purpose then discarded appropriately. Infection control is included in the internal audit schedule. Corrective actions are identified although do not always evidence implementation and sign off when resolved (link 2.2.3). The clinical nurse manager is responsible for the purchasing of supplies and equipment and has access to the clinical nurse specialist from Te Whatu Ora- -Te Matau a Māui Hawke's Bay for advice if required.</p> <p>The service is working towards incorporating te reo Māori information around infection control for Māori residents. The staff are trained in providing culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around practicing in a culturally safe manner and could provide examples in relation to their roles.</p> <p>The infection control policy states that Bardowie Rest Home is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. All staff completed infection prevention and control in-services and associated competencies, such as handwashing and the use of personal protective equipment. There are no plans to change the current environment; however, the clinical nurse manager would be involved in the process.</p>
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<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 IC antimicrobial prescribing policy. Bardowie monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, laboratory results and medical notes. The GP and clinical nurse manager monitors antibiotic use. The antimicrobial policy is appropriate for the size, scope, and complexity of the residents. Infection rates are monitored monthly and reported at staff meetings. Prophylactic use of antibiotics is not considered appropriate and is avoided where possible.</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>	PA Low	<p>The monitoring infection policy describes surveillance as an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the infection register and surveillance of all infections (including organisms) is collated onto a monthly collation form. This data is monitored and analysed for trends, monthly and annually. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. Infection control surveillance results are discussed at staff meetings and daily updates held during the recent outbreak. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. The Bardowie Rest Home receives regular notifications and alerts from Te Whatu Ora Health--Te Matau a Māui Hawke's Bay for any community concerns.</p> <p>There have been three outbreaks since the previous audit (Covid-19 – March and May 2022 and again in May 2023), affecting a number of residents and staff, which was appropriately managed with Te Whatu Ora Health -Te Matau a Māui Hawke's Bay and Public Health unit appropriately notified. All appropriate isolation measures were in place to prevent the spread of infection to other residents and staff. Families/whānau were kept informed and updated on Covid-19 policies and procedures via email.</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>Bardowie Rest Home has policies regarding chemical safety and waste disposal. The chemicals were clearly labelled with manufacturer's labels and stored in a locked cupboard. Cleaning chemicals are diluted and mixed safely in spray bottles. There are safety datasheets and product sheets available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff when caring and working with residents. There is a sluice room with personal protective equipment available, including face visors. Staff have completed chemical safety training.</p> <p>Laundry is processed on site by a healthcare assistant/ laundry assistant five days per week. The laundry has a defined clean/dirty area and entry/exit. There are laundry procedures and task list available for staff.</p> <p>Housekeeping is provided five days a week, with input from healthcare assistants over the weekend to cover cleaning and laundry. The housekeepers' trolley was attended at all times and are locked away when not in use. All chemicals on the housekeeper's trolley were labelled. There is appropriate personal protective clothing readily available. Cleaning and laundry services are monitored through the internal auditing system by the nurse manager (infection control coordinator) and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly. The laundry assistant interviewed demonstrated their understanding of the systems and processes.</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>	FA	<p>Bardowie Residential Complex is committed to providing services to residents without the use of restraint. There is a Restraint Minimisation and Safe Practice policy that includes (but not limited to) a philosophy, purpose, and policy. At the time of the audit there were no residents using restraint. The service is committed to remaining restraint free. The designated restraint coordinator is the clinical nurse manager. Systems are in place to ensure restraint use</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>(if any) will be reported to the executive director. The clinical nurse manager confirmed that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. Restraint and managing behaviours that challenge are included as part of the orientation for staff and is completed annually through the education 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)
Criterion 1.6.3 My service provider shall practise open communication with me.	PA Low	Policies and procedures relating to accident/incidents, complaints, and open disclosure 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. Not all accident/incident forms reviewed indicated that next of kin had been informed.	Nine out of fourteen accident/incident forms reviewed did not indicate that next of kin had been informed.	Ensure that next of kin are notified of any accident/incident as per policy.  90 days
Criterion 1.7.1 I shall have the right to make an informed choice and give informed consent.	PA Low	The service has an informed consent policy and related form. All residents or their EPOA are required to sign this document on admission to Bardowie. Two	Three of five resident files reviewed did not evidence signed consent forms.	Ensure all resident files include signed consent forms.  90 days



		residents had signed consent forms on file.		
<p>Criterion 2.1.11</p> <p>There shall be a clinical governance structure in place that is appropriate to the size and complexity of the service provision.</p>	PA Low	<p>The director and the head office staff holds regular zoom calls with the facility management teams to discuss a wide range of issues in line with meeting the requirements of relevant standards. A weekly report is also submitted by the facility managers. There is currently no clinical governance group across the organisation. However, they have an aged care consultant involved with developing their policies and procedures.</p>	<p>At an organisational level, there is currently no clinical governance group across the organisation.</p>	<p>Ensure there is a clinical governance group to support the six facilities within Experion Care.</p> <p>90 days</p>
<p>Criterion 2.1.7</p> <p>Governance bodies shall ensure service providers identify and work to address barriers to equitable service delivery.</p>	PA Low	<p>Bardowie Residential Complex is owned by Experion Care NZ Limited, who own another six medium sized care facilities throughout the country. The Experion Care NZ business plan 2023-2025 documents describe annual and long-term objectives and the associated operational plans. The business plan sighted included the scope, direction, goals, values, and mission statement of the organisation. The governance role is carried out by the executive director. Work is underway for the executive director to identify and work to address barriers to equitable service delivery.</p>	<p>The service is not collaborating with mana whenua in business planning and service development to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery.</p>	<p>Ensure that the service collaborates with mana whenua in business planning and service development to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery.</p> <p>90 days</p>

<p>Criterion 2.1.8</p> <p>Governance bodies shall support people receiving services and whānau to participate in the planning, implementation, monitoring, and evaluation of service delivery.</p>	PA Low	<p>There is only one Director involved at an organisation level. The Director is yet to implement a process around ensuring resident and whānau participate in the planning, implementation, monitoring, and evaluation of service delivery.</p>	<p>There is little documented evidence that residents and whānau (other than a survey) are in the planning, implementation, monitoring, and evaluation of service delivery.</p>	<p>Ensure the organisation determines and implements how residents and whānau participate in the planning, implementation, monitoring, and evaluation of service delivery.</p> <p>180 days</p>
<p>Criterion 2.1.9</p> <p>Governance bodies shall have meaningful Māori representation on relevant organisational boards, and these representatives shall have substantive input into organisational operational policies.</p>	PA Low	<p>The director interviewed stated they are working on setting up a Māori Cultural Adviser position. This role is likely to be carried out by one of their Facility Managers who identifies as Māori; however, this has not yet been implemented</p>	<p>There is no meaningful Māori representation at a governance level.</p>	<p>Ensure there is meaningful Māori representation at a governance level.</p> <p>90 days</p>
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	<p>Policies are reviewed by an external consultant and new policies are sent by email to the executive director to include site-specific information and to be dated and uploaded to the system. An internal audit programme is being implemented. Corrective actions are implemented where improvements are identified; however, not all had a completion date and signed off as completed.</p>	<p>Eight of twenty-eight internal audits reviewed did not have a completion date and signed off.</p>	<p>Ensure that all internal audit corrective actions have a completion date and signed off as complete.</p> <p>90 days</p>
Criterion 2.2.7	PA Low	The director interviewed stated they	There is little documented	Ensure that staff are

Service providers shall ensure their health care and support workers can deliver highquality health care for Māori.		are working to ensure that staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.	evidence that staff are provided with up-to-date information on Māori health outcomes and disparities, and health equity.	encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.  90 days
Criterion 2.3.4 Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.	PA Low	There is a two-yearly education and training schedule being implemented including mandatory training requirements. The clinical nurse manager has completed interRAI training, however, the clinical nurse manager had not completed eight hours training annually in relation to managing an aged care facility.	The clinical nurse manager had not completed eight hours training annually in relation to managing an aged care facility.	The clinical nurse manager is required to complete eight hours training annually in relation to managing an aged care facility.  90 days
Criterion 2.4.6 Information held about health care and support workers shall be accurate, relevant, secure, and confidential. Ethnicity data shall be collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements.	PA Low	Information held about staff is kept secure, and confidential. At the time of the audit, ethnicity data was not being collected.	The service has not commenced formal collection of staff ethnicity information.	Ensure that staff ethnicity information is being collected.  90 days
Criterion 3.2.1 Service providers shall engage with people receiving services to assess and develop their	PA Moderate	Initial care plans are developed with the resident or enduring power of attorney (EPOA), but not all were evidenced on file on the day of audit	(i).Two files did not evidence an initial care plan, (ii) Two of five initial interRAI assessments were not completed within timeframes,	(i) Ensure initial care plans are documented within 48 hours of admission. (ii) Ensure interRAI assessments

individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.		and not all were completed within the required timeframe. The missing two long-term care plans and two initial care plans were received by email the day after audit. A review of resident files identified that long-term care plans had not all been completed within 21 days and interRAI assessments had not all been completed within the required timeframes. Care plans are scheduled six monthly; however, this was not consistently completed (link 3.2.5).	(iii) Two resident files reviewed did not have long-term care plans evidenced on the day of audit and one resident did not have a long-term care plan completed within 21 days.	are completed within contractual timeframes; (iii) Ensure long-term care plans have been completed within 21 days. (iv) Ensure care plans are evaluated six monthly.  60 days
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes</p>	PA Moderate	The clinical nurse manager is responsible for reviewing resident assessments and care plans. On the days of audit three residents had long-term care plans evident in their files. The other two were sighted after the audit. Care plans reviewed did not include interventions to support all assessed needs.	(i) Three of five resident files reviewed did not evidence assessments for falls risk, mobility, pain, skin, communication or cognition; (ii) One care plan did not include interventions to manage or monitor insulin-dependent diabetes or accurate mobility interventions; (iii) One resident with ongoing pain requiring controlled drug analgesia did not include pain management strategies; (iv) One resident with addiction treatments in place did not have this referenced or associated risks documented in the care plan.	(i). Ensure assessments are completed as needed; (ii) Ensure care plans include interventions to support all assessed needs.  60 days

<p>traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-</p>	<p>PA</p> <p>Moderate</p>	<p>Monitoring charts are in place for blood glucose levels, weighs, bowel charts and neurological observations; however, not all monitoring was evidenced as occurring according to policy, GP, or RN instructions.</p>	<p>(l) One resident did not have blood glucose recordings consistently documented; (ii) Three falls were neurological recordings needed to be completed were not documented for the length of time or at the required intervals required by Bardowie policy and procedure requirements; (iii) Weights are scheduled monthly; however, not all resident files reviewed evidenced monitoring occurred as planned.</p>	<p>(i) Ensure Blood glucose monitoring occurs as per GP or RN instructions; (ii) Neurological observations are taken within the requirements set out in the policy; (iii) monthly weighs were not consistently recorded in two of five files reviewed.</p> <p>60 days</p>

<p>advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>				
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau</p>	PA Low	<p>Wound care plans were documented and included evaluations of care. Care plan evaluations of progress towards goals do not evidence this has occurred. Progress notes are entered on each shift by HCA's however RN entries do not always reflect RN reviews.</p>	<p>(i) Care plan evaluations have not been evaluated to include progression towards goals; (ii) Healthcare assistants document changes and concerns in progress notes; however, progress notes of two residents did not reflect RN follow up/review.</p>	<p>(i) Ensure care plan evaluations are fully implemented; (ii) Ensure there is documented evidence of RN review.</p> <p>90 days</p>

responds by initiating changes to the care or support plan.				
<p>Criterion 3.2.7</p> <p>Service providers shall understand Māori constructs of oranga and implement a process to support Māori and whānau to identify their own pae ora outcomes in their care or support plan. The support required to achieve these shall be clearly documented, communicated, and understood.</p>	PA Low	There is a cultural section to the care plan template. The clinical nurse manager interviewed described supporting Māori residents and their whānau to identify their own pae ora outcomes in their support plan; however, this was not documented in the care plan of a Māori resident whose file was reviewed.	Cultural considerations were limited in the care plan reviewed of a Māori resident.	<p>Ensure cultural considerations and pae ora outcomes are included where appropriate in care plans.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Moderate	Six monthly physical stocktakes of controlled medications have been checked appropriately; however, a weekly controlled drug check has not occurred since October 2021. Eyedrops and insulin are stored in a dedicated medication fridge; however, fridge temperatures are not documented as monitored. Medications are stored in the nurse's station in a dedicated cupboard; however, medication room temperatures have not been monitored prior to June 2023.	(i) Weekly controlled drug checks have not been completed since October 2021; (ii) Medication fridge temperatures are not monitored; (iii) There is no evidence of medication room temperature monitoring prior to June 2023.	<p>(i) Ensure weekly controlled drug checks are completed as per legislation; (ii - iii) Ensure medication fridge and room temperatures are monitored as per safe medication requirements.</p> <p>30 days</p>
<p>Criterion 3.4.2</p> <p>The following aspects of the system shall be performed and</p>	PA Moderate	Controlled drugs are delivered weekly and signed in by the pharmacist and HCA. Weekly controlled drugs stocktakes have	Controlled drugs are delivered weekly and signed in by the pharmacist and HCA. The RN is currently providing no oversight by	Ensure a registered nurse is involved in the reconciliation of controlled drugs on delivery

communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.		not occurred since October 2021.	way of weekly checks; therefore, the service is not meeting safe reconciliation processes.	by the pharmacist.  30 days
Criterion 3.4.4 A process shall be implemented to identify, record, and communicate people's medication-related allergies or sensitivities and respond appropriately to adverse events.	PA Moderate	Ten resident medication charts on the electronic medication system were reviewed. The medication charts had photograph identification. The allergy status was not always documented.	Allergies were not documented on medication charts for seven of ten medication files reviewed.	Ensure medication allergies of 'Nil known' is documented on medication charts  30 days
Criterion 3.4.6 Service providers shall facilitate safe self-administration of medication where appropriate.	PA Moderate	There is a policy in place for residents who request to self-administer medications. At the time of audit, one resident was self-administering medications; however, there was no documented evidence a medication competency assessment had been completed. A locked drawer is available.	There was no documented evidence a medication competency assessment had been completed for the resident self-medicating.	Ensure medication competency assessments are completed as per medication guidelines.  60 days
Criterion 5.4.3 Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.	PA Low	The IC surveillance policy describes surveillance as an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on standardised surveillance definitions. Infections are entered into the infection register and surveillance of all infections (including organisms) is collated	Ethnicity data is not being collected into surveillance methods and data captured around infections	Ensure ethnicity data is collected  90 days



		onto a monthly infection summary. Ethnicity data is not being collected.		
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# Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.