

Burlington Village Limited - Burlington Village

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 Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

Legal entity:	Burlington Village Limited
Premises audited:	Burlington Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 23 January 2024 End date: 24 January 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	74

Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Burlington Village operates under Qestral Corporation limited as a subsidiary company and provides rest home, hospital, and dementia level of care for up to 84 residents. On the day of audit there were 74 residents.

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

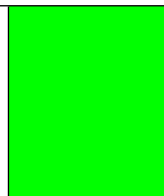
Burlington Village is governed by a Board of eight directors. They provide support for the facility nurse manager and clinical nurse manager (registered nurse), with the unit coordinator providing day to day leadership in the dementia unit. All have extensive experience in managing an aged care facility. Quality systems and processes are implemented with improvements made to the service in response to any corrective action plans. Feedback from residents and family/whānau was very positive about the care and the services provided.

A rating of continuous improvement has been given to the activities programme.

The certification audit identified two shortfalls in relation to monitoring of care and medication administration.

Ō tātou motika | Our rights

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



Subsections applicable to this service fully attained.

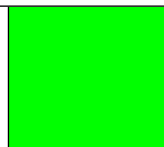
Burlington Village provides an environment that supports resident rights and safe care. The service works to provide high-quality and effective services and care for all its residents. Staff demonstrated an understanding of residents' rights and obligations. There are Māori and Pacific health plans with a stated commitment to providing culturally appropriate and safe services.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents (and family/whānau if engaged with the service) are kept informed of any changes or issues.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. The strategic document informs the quality and risk management plan. Service objectives are defined and regularly reviewed. Internal audits, and the collection/collation of

data were documented as taking place as scheduled, with a robust corrective action process implemented. Quality and risk performance is reported through a series of meetings that include management and staff meetings.

Health and safety processes are implemented with this itemised as a regular agenda item at all meetings. Contractors and staff are orientated to health and safety processes.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme that covers relevant aspects of care and support.

The staffing policy aligns with contractual requirements and includes skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		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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Residents are assessed before entry to the service to confirm their level of care. The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated promptly.

There are planned activities that are developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a medicine management system in place. The organisation uses an electronic system for prescribing and administration of medications. The nurse practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day.

Residents are referred or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. The facility vehicle has a current registration and warrant of fitness.

The dementia unit is secure with ample indoor and outdoor areas for residents to enjoy.

There are appropriate emergency equipment and supplies available. There is an approved evacuation scheme and fire drills are conducted six-monthly. There is a staff member on duty on each shift who holds a current first aid certificate. Staff, residents and

family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents and family/whānau reported a timely staff response to call bells. Security is maintained.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

Infection prevention and control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection prevention control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Outbreaks have been well managed.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. Restraint minimisation is overseen by the restraint coordinator. There were residents using restraints at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	27	0	1	1	0	0
Criteria	1	173	0	1	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<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>	<p>FA</p>	<p>Burlington Village has embraced Māori culture, beliefs, traditions and te reo Māori, and is committed to respecting the self-determination, cultural values, and beliefs of their residents and family/whānau. A Māori Health plan is documented and there are policies referencing the principles of the Treaty of Waitangi.</p> <p>The managing director interviewed described the role of the Board in ensuring that equity for Māori was progressed. One member of the Board of Directors is Te Āti Awa and they oversee Māori health in the service. They have already provided the Board with training and support around the Māori health plan and implementation. They also provide links to iwi and Māori in the community.</p> <p>A Māori liaison (staff member) has recently been appointed and when interviewed, described furthering their own knowledge of their culture and taking a leadership role in the organisation for Māori residents. They stated that that while the role was new, there were opportunities to ensure that Māori residents truly had services that reflected their needs. The facility nurse manager stated that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce. Policies documented outlined a commitment from managers for this to occur. The facility nurse</p>

		<p>manager interviewed stated they will interview Māori applicants when they do apply for employment opportunities.</p> <p>The Māori health plan confirms the organisation is committed to ensuring that the needs of Māori residents are met in a way that is culturally safe and acceptable to both the resident and their whānau/hapu/iwi. While there are no residents who identify as Māori, the Māori liaison described the commitment to ensuring that individual care plans for residents who identify as Māori would reflect their individual needs. Activities for residents, including Matariki celebrations, have been held and the staff are being encouraged to learn te reo Māori. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p> <p>The service analyses health outcomes of Māori vs non-Māori and actively strives to try to achieve equitable outcomes. The management meeting minutes provide an opportunity to summarize progress against Māori indicators.</p> <p>Staff interviewed confirm they feel supported by the organisation and the organisation's commitment to Māori. Te reo learning is supported and encouraged with an online course offered to all staff. The Māori liaison trains staff annually and as opportunities are presented around Te Tiriti o Waitangi and te ao Māori. The last training was provided in 2023 with very positive feedback provided from staff.</p> <p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is accessible in te reo Māori.</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</p>	<p>FA</p>	<p>There is a Pacific policy that follows the guidance provided in Ola Manuia: Health and Wellbeing Action Plan 2020-2025. Pacific support is provided by staff who identify as Pacific (Fijian Indian). A Pacific liaison (staff member) has recently been appointed in September 2023 and they already describe work with new and existing Pacific staff to check in and to provide support for them to grow in the service. They state that they have had input into the development of the Pacific plan. They also describe providing advice</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>and support for staff, family and any Pacific residents who are admitted into the service. The Pacific liaison ensures that there are celebrations during Pacific language weeks, that the library trolley provides books on the Pacific, and that the Pacific themes are threaded into the food services and into artwork in the service.</p> <p>There are links with Etu Pasifika and Fono Fale (Pacific services in the community) who can also provide advice and support for staff.</p> <p>On admission, all residents state their ethnicity. While there are no residents who identify as Pasifika in the service, staff interviewed stated that whānau/family are encouraged to be involved in all aspects of care, are encouraged to give feedback to the service and there is a commitment to recognising cultural needs. Pacific staff interviewed also stated that cultural safety and support was at the forefront of care provided.</p> <p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is accessible in a range of Pacific languages.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The managers interviewed stated that they discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Nine residents (four rest home level of care and five hospital level of care) and six family/whānau interviewed (one rest home, three hospital and two dementia), reported that the service is upholding the residents' rights. An advocate for a resident was also interviewed and described their role in supporting the resident who had difficulty communicating with people. Interactions observed between staff and residents during the audit were respectful. Discussions relating to the Code are held during the two-monthly resident/family meetings.</p>

		<p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>A spirituality policy is in place. There are links to spiritual supports. Church services are held on site regularly. The service recognises Māori mana motuhake and this is reflected in the Burlington Village Māori health plan.</p> <p>Staff receive education in relation to the Code at orientation. This training is repeated annually through the education and training programme and includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. An advocate from the Nationwide Advocacy Service is able to visit the service whenever needed.</p> <p>Three managers were interviewed: a managing director, facility nurse manager (registered nurse), and the clinical nurse manager. Staff interviewed (five healthcare assistants (HCAs), five registered nurses (RNs) including a unit coordinator, two diversional therapists, two maintenance persons, one physiotherapist, one Hospice nurse, one Māori and one Pacific liaison staff, kitchen manager, the cleaner, and the nurse educator for Qestral) all stated that the rights of residents and family/whānau were upheld. Interviews with managers and staff and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</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>HCAs and registered nurses interviewed described how they support residents to make informed, independent choices. Residents interviewed stated they have choice and are supported to make decisions about whether they would like family/whānau members to be involved in their care and other forms of support. Residents also have control over and choice over activities they participate in and are encouraged and assisted to exercise freedom of choice, and their right to autonomous decision-making related to their health and wellbeing. It was observed that residents are treated with dignity and respect.</p> <p>The staff education and training plan reflects training that is</p>

		<p>responsive to the diverse needs of people across the service. The service promotes cultural safety through educating staff about te ao Māori and listening to tāngata whaikaha when planning services. The annual satisfaction surveys last completed in 2023 confirmed that residents are treated with respect. This was also confirmed during interviews with residents. Staff were observed to use person-centred and respectful language with residents.</p> <p>A sexuality and intimacy policy is in place with training as part of the orientation programme and education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Residents interviewed were positive about the service in relation to their values and beliefs being considered and met.</p> <p>Privacy is ensured and independence is encouraged. There are 14 rooms that could be used as double rooms in the rest home/hospital (continuing care) area. Each resident in a double room when in use has curtains that promote privacy for the individual. Residents' gender and sexuality are respected.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission (with family involvement) and is integrated into the resident's care plans.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo Māori resources are available for staff to access. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days celebrate diversity in the workplace, with the recent Matariki celebrations evidencing this.</p> <p>A staff code of conduct is discussed during the employee's induction to the service, with evidence of staff signing this document. This document addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is</p>

		<p>acknowledged. Policies acknowledges institutional racism and seeks to abolish it through education and training.</p> <p>Staff complete education on orientation, and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. Interviews with the managers and staff described how care is based on a holistic and person-centred care model of health aligned to Te Whare Tapa Whā model of care. Care plans incorporate the physical, spiritual, family, and mental health of the residents and those reviewed were underpinned by a strength-based approach.</p> <p>The Treaty of Waitangi is recognised and implemented in the workplace as part of staff wellbeing, with the aim to improve outcomes for Māori.</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>	FA	<p>Information is provided to residents and family/whānau on admission. Two-monthly resident/family/whānau meetings identify feedback from residents and family/whānau and meeting minutes include subsequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any adverse event that occurs. Electronic accident/incident forms include a section to indicate if next of kin have been informed (or not) of an accident/incident. The accident/incident forms reviewed identified that family/whānau are kept informed.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the</p>

		<p>audit, there were no residents who did not speak or understand English. The staff described using a variety of communication techniques for residents in the dementia unit, including watching body language, engaging with the resident using simple language, and using the resident's life experience to develop relationships.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the Hospice and Te Whatu Ora Health New Zealand - Waitaha Canterbury specialist services. The physiotherapist and the hospice nurse visiting on the day were interviewed and described a high level of satisfaction with the service. They stated that they were involved in discussions around resident care as appropriate. The delivery of care involves a multidisciplinary team approach, and residents provide consent and are communicated with regarding services involved. The clinical nurse manager and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents confirmed they know what is happening within the facility and felt informed through resident meetings and an open-door philosophy. The open-door philosophy was reinforced by the managing director who was available to talk with residents or family/whānau at any time.</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</p>	<p>FA</p>	<p>Informed consent processes are discussed with residents and families/whānau on admission. Nine resident files sampled included written consents signed by the resident. Family/whānau (or enduring power of attorney) had signed consent forms for residents who were not able to give informed consent. These included consent for care and support, for photographs, sharing of information, and family</p>

<p>and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>involvement. Advanced directives were documented in files reviewed, where this was possible. Residents in the dementia unit (Lakehouse) had appropriate enduring power of attorney (EPOA) or welfare guardian documents in place and these were sighted in resident records reviewed. Medically initiated directives are in place for residents with mental incapacity. Healthcare assistants and registered nurses interviewed, confirmed verbal consent is obtained when delivering care and this was observed as being requested on the days of audit. Tikanga best practise is reflected in informed consent policies. Admission agreements had been signed and sighted for all the files seen.</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 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>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. Complaints forms are available at the entrance to the facility. A record of all complaints, both verbal and written is maintained by the facility nurse manger in the complaint register. The staff interviewed could describe directing the complainant to the most senior person on duty.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and are aware complaints forms are available. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident/family/whānau meetings are held two-monthly and concerns can be raised. Residents interviewed stated that they would have no problem making a complaint or talking with any of the managers or registered nurses if they had concerns. The management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p> <p>Residents advised that they are aware of the complaints procedure and how to access forms.</p> <p>There have two complaints in 2023 and one in 2024. All three complaints were reviewed and showed that complaints were investigated within timeframes set out by the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The complainant for one complaint</p>

		documented that they were happy with the resolution. There have not been any complaints referred to the organisation from external providers.
<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>	FA	<p>Burlington Village provides rest home and hospital (medical and geriatric) level care (referred to as continuing care) for up to 60 residents (all dual purpose) in the main care facility, and dementia level of care for up to 20 residents in the dementia unit (Lakehouse). Fourteen double rooms have been previously certified for double occupancy in the main building; however, the facility nurse manager stated only four will be occupied at one time. There were no residents sharing a room on the day of audit.</p> <p>On the day of audit, there were 74 residents: 26 rest home residents; 28 hospital level residents (including four residents on a younger person with a disability (YPD) contract, one resident on an end-of-life support contract and one on a long-term support-chronic health condition (LTS-CHC) contract); and 20 residents at dementia level of care. All other residents were under the age-related residential care (ARRC) contract.</p> <p>Burlington Village Limited (Burlington Village) operates under Qestral Corporation limited as a subsidiary company. Burlington Village is governed by a Board of eight directors who have experience in owning and building aged care facilities and villages since 1993. The managing director was interviewed as part of the audit and confirmed the abilities of the directors. Directors had varying strengths and abilities, including one director who has been engaged in aged care for 40 plus years; one was the founder of a large group of aged care facilities; a registered nurse was associated with the Alzheimer’s Association; the Qestral group architect; a lawyer; and a Māori representative. The Board was described as having a strong focus on quality improvement and on providing facilities where the design of the building encouraged independence and improved the lives of the resident. The chief financial officer attends the quarterly Board meetings and the annual general meeting in September. Meeting minutes are documented and show that risks are escalated by the managers and discussed. There is clinical representation on the</p>

	<p>Board. The managers report to the Board include progress against clinical key performance indicators.</p> <p>Representation from the Board is on site at least weekly and attendance at the management meeting ensures there is a commitment to leadership and monitoring of the quality and risk management programme. The executive management team is provided with a report from the Clinical Operations Manager providing an overview of adverse events, health and safety, staffing, infection control and all aspects of the quality risk management plan. Critical and significant events are reported immediately to the executive team. The Board are committed to supporting the Māori health strategies by developing an aged care software 'Kindly' electronic resident management system to identify and analyse variances in Māori health (infection control and adverse events). There is a discussion section for Māori health included in the Board meeting. There is Māori representation on the Board who takes responsibility for cultural safety, which is discussed at Board meetings. The director interviewed understands their responsibility in the implementation of Health and Disability Services Standard and explained their commitment to Te Tiriti obligations and to addressing barriers to equitable service delivery. The obligations to proactively help address barriers for Māori and tāngata whaikaha to provide equitable health care services is documented in the business plan and as part of the quality and risk management programme. The Māori health plan that is documented reflects a leadership commitment to collaborate with Māori (sighted input in policy development) and aligns with Te Whatu Ora strategies. The directors and managers have completed cultural training that included Te Tiriti, health equity, and cultural safety.</p> <p>The Clinical Operations Manager reports directly to the senior management team through regular meetings and on an ad hoc basis as needed, along with submitting regular reports to Qestral Board meetings.</p> <p>Burlington Village has a quality and risk management plan with indicators that are overseen by the Board. The plan incorporates the requirements of Nga Paerewa Health and Disability Services Standard 2021 and the Aged Related Residential Care Agreement.</p>
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		<p>The business, quality and risk management plan includes a philosophy, mission, vision and five core values (respect and equality, integrity, innovation, anti-institutional, and promoting independence). The progress against the goals is reviewed quarterly at an organisational level. All staff are made aware of the vision and values during their induction to the service. The annual quality and risk management programme reflects evidence of regular compliance and risk reporting that highlight operational goals. Outcomes and corrective actions are shared and discussed in the range of meetings that take place across the service with the managing director attending these.</p> <p>The facility nurse manager (registered nurse) has been in the role since September 2023, but has been at the service for a total of for three years. They have a background in primary care and aged care for 10 years. A clinical nurse manager has been in the role for 18 months, with eight years previous experience in aged care. The facility nurse manager has attended NZACA conferences and training relevant to the role. The Board members support them. There is a unit coordinator (registered nurse) for the dementia unit who has been in the role for two years, with five years' experience in aged care prior to that. The management team have completed mental health training as part of their nursing qualifications.</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>	FA	<p>Burlington Village implements the quality and risk management plan 2023-2024 which includes quality goals. Quality activities cover performance monitoring through internal audits, satisfaction survey results and through the collection, collation, and analysis of clinical indicator data, staff training and development, and implementing organisational quality initiatives. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated to meet the Ngā Paerewa Health and Disability Services Standard 2021. New policies or changes to policy are communicated and discussed with staff. The service analyses health outcomes of Māori</p>

	<p>vs non-Māori and actively strives to try to achieve equitable outcomes. The management meeting minutes provide an opportunity to summarise progress against Māori indicators. Staff have completed cultural competency and training to ensure a high-quality and culturally safe service is provided for Māori.</p> <p>There are quality and risk and all staff meetings, RN meetings, health and safety meetings held monthly, the infection prevention and control meeting is held two-monthly, and restraint committee meetings are held three-monthly. Resident and family/whānau meetings are held two-monthly and a separate family meeting is held six-monthly. The meetings provide an avenue for discussions in relation to quality data; health and safety; infection prevention and control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and the collection/collation of data takes place as scheduled. Corrective actions are documented where indicated to address service improvements, with evidence of progress and sign off by the facility nurse manager and/or clinical nurse manager. Meeting minutes are provided to staff who are unable to attend meetings. Corrective actions are discussed in relevant meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The 2023 resident satisfaction surveys indicate that residents have high levels of satisfaction with the services being provided. Results have been communicated to residents and family/whānau through resident/ family/whānau meetings (meeting minutes sighted). There was one area for improvement identified with a corrective action plan put in place and the issues raised addressed.</p> <p>Reports are completed for each incident/accident. Immediate actions are documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Incident and accident data is collated monthly and analysed.</p> <p>A health and safety system is in place. The health and safety team consists of the facility nurse manager who takes a lead in oversight of health and safety. There are regular moving and handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There have been no serious staff injuries since the last audit. A 2023 hazard and</p>
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		<p>risk register has been reviewed prior to the documentation of the 2024 register. Each hazard is risk rated with controls put into place. Hazards and staff injuries/accidents discussed at the health and safety meeting. All representatives have completed a stage 2 health and safety course. There are regular manual handling sessions taken by the physiotherapist. The noticeboard keeps staff informed on health and safety meetings. There are nominated workplace advocates that support management in promoting the wellbeing of the employees.</p> <p>Discussions with the managers evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been two Section 31 notifications completed to notify HealthCERT of an outbreak of norovirus, and one notification following a resident who left the care centre without notification (the police were involved).</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 through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Interviews with staff confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirmed their care requirements are addressed in a timely manner. The managing director is on site at times during the week. The facility and clinical nurse managers both work in full-time positions, along with the unit coordinator for the dementia unit.</p> <p>Staffing levels are adjusted based on resident acuity. Registered nurse staffing levels meet contractual requirements. There are 11 RNs (as well as the unit coordinator and the clinical nurse manager). Six RNs are experienced, and they support the newly appointed RNs. There are 43 HCAs who are rostered to work in the continuing care and/or dementia units. The clinical nurse manager is on call for clinical issues. The facility nurse manager also provides on-call services for property related issues.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. External training opportunities for care staff include training through Te Whatu Ora-</p>

		<p>Waitaha Canterbury and the Nurse Maude Service. Six of the registered nurses have completed interRAI training.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes, disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training. This learning platform and the expertise of Māori staff creates opportunities for the workforce to learn about and address inequities. Staff are expected to answer competency assessment questions that address health equity, Te Tiriti O Waitangi, and the meaning of mana motuhake.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the 20 HCAs who work in the dementia unit, three have completed the required NZQA dementia standards and 17 are completing the course. All HCAs have completed the 'Walking in Someone's Shoes' training through Te Whatu Ora and dementia online training through University of Tasmania. Te Whatu Ora - Waitaha Canterbury has also provide training to staff around dementia.</p> <p>An annual training plan is documented and implemented with good attendance at each session. Burlington Village has access to online training, and sessions are available for each month for staff to complete. Registered nurses complete external clinical training.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. An agreement is signed by both the new staff member and the facility nurse manager. 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 all health professionals.</p> <p>The appraisal policy is implemented and all staff who have been employed for over one year have completed annual performance appraisals on file. The service has implemented an orientation</p>

		<p>programme that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Any signatures that are documented include the name and designation of the service provider.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for the registration of National Health Index numbers.</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</p>	FA	<p>Residents who are admitted to Burlington Village are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. Completed NASC authorisation forms for dementia, rest home, hospital and respite level of care residents were sighted. The facility nurse manager and clinical nurse manager screen prospective residents prior to admission.</p> <p>A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were</p>

<p>focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Family/whānau were updated where there was a delay in entry to the service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The facility nurse manager reported that all potential residents who are declined entry are recorded. When an entry is declined, the resident and family/whānau are informed of the reason for this and made aware of other options or alternative services available. The resident and family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were no residents who identified as Māori at the time of the audit. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is implemented.</p> <p>The service has existing engagements with local Māori communities, health practitioners, and organisations to support Māori individuals and whānau. The facility nurse manager stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my 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 Low</p>	<p>Nine resident files were reviewed: three hospital (including one on younger person with a disability (YPD) contract, one on long-term support chronic health contract (LTS-CHC) and one on end of life (EOL) contract), three rest home, and three dementia level care. A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed and six-monthly multidisciplinary reviews.</p>

	<p>Burlington Village utilises a range of risk assessments available on the electronic resident management system alongside the interRAI care plan process. Risk assessments are conducted on admission. The initial care plan is completed within 24 hours of admission. All interRAI assessments and reassessments (excluding for YPD, LTS-CHC and EOL residents) have been completed within expected timeframes and all outcome scores were identified on the long-term care plans. The residents not on the ARRC contract had appropriate risk assessments completed and a detailed long-term care plan in place. All residents in the dementia unit (Lakehouse) have a behaviour assessment completed on admission with associated risks and supports needed. For the resident files reviewed, the outcomes of the assessments formulate the basis of the long-term care plan.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions are resident centred and provided guidance to staff around all medical and non-medical requirements. The long-term care plans had detailed interventions to provide guidance for staff. The care plans included a 24-hour reflection of close to normal routine for the resident, with interventions to assist HCAs in management of the resident behaviours in the Lakehouse (dementia unit). There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, medication changes, and wounds, and are signed off when resolved or moved to the long-term care plan. Evaluations were completed at the time of interRAI re-assessments (six-monthly) for seven residents and when changes occurred earlier as indicated. The other two residents had not been in the facility for six months. Evaluations documented the progression towards goals. Written evaluations reviewed and those documented in the resident six-month review form identify if the resident goals had been met or unmet.</p> <p>The service contracts a nurse practitioner for twice weekly visits and is available on call 24/7 for the service. The nurse practitioner had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The psychogeriatrician and mental health services are readily available as required. The nurse practitioner (interviewed) commented positively</p>
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	<p>on the service and confirmed appropriate and timely referrals were completed. They were happy with the competence of the registered nurses, care provided and timely communication when there are residents with clinical concerns.</p> <p>Resident files identify the integration of allied health professional input into care and a team approach is evident. A physiotherapist from a local provider visits weekly. The service has two physiotherapist assistant for 30 hours a week each. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team, hospice, wound care nurse specialist and medical specialists are available as required through Te Whatu Ora- Waitaha Canterbury. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Healthcare assistants and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The handover is between a registered nurse to the incoming registered nurse and HCAs on each shift, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written on every shift by the HCAs and the registered nurses document at least daily for all resident records and when there is an incident or changes in health status.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the registered nurses who then assesses the resident and initiate a review with the nurse practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, nurse practitioner visits, medication changes and any changes to health status and this was consistently documented in the resident files.</p> <p>There were a total of 26 wounds from 12 residents being actively managed across the service. These included skin tears, lesions, chronic ulcers, and grazes. There were no pressure injuries being managed at Burlington Village. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and</p>
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	<p>wound management plans, including wound measurements and photographs, were reviewed. Wound registers have been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is documented wound care nurse specialist input into chronic wounds as required. Healthcare assistants and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; restraint; turning charts; blood glucose levels; and toileting regime. However, not all monitoring charts were completed as per care plan. New behaviours are charted on a behaviour of concern form to identify new triggers and patterns. The behaviour of concern form entries described the behaviour and strategies to de-escalate behaviours, including re-direction and activities. Each event involving a resident, triggers a clinical assessment. Registered nurses collaborate with HCAs to evaluate interventions for individual residents at risk of falling. Neurological observations are expected to be taken for an unwitnessed fall or a fall involving a head injury; however, incident reports reviewed indicate that not all neurological observations were completed as per policy and procedure. Opportunities to minimise future risks are identified by the clinical nurse manager in consultation with RNs and HCAs.</p> <p>Burlington Village provides equitable opportunities for all residents, systems, and processes available to support Māori and whānau to identify their own pae ora outcomes in their care plans. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, beliefs, and spiritual needs which are documented in the care plan. The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The cultural care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles</p>
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		<p>were included within the cultural care plan.</p> <p>Staff confirmed they understood the process to support residents and whānau. There were no residents who identified as Māori at the time of the audit. However, the cultural safety assessment process validates Māori healing methodologies, such as Karakia, rongoā and spiritual assistance when required. Cultural assessments were completed by the nursing team who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Activities are conducted by a team comprising of two diversional therapists and two activity coordinators (with one enrolled in the diversional therapist training and one recently employed). The service also has a chaplain who visits at least twice a week and two volunteers who support with activities and visit weekly. The team leader (diversional therapist) and one activity coordinator work full time Monday to Friday in the care centre (hospital and rest home level of care). The second diversional therapist and an activity coordinator work part time to provide a seven-day cover of activities in the Lakehouse (dementia unit), with a later start to ensure support of residents with 'sundowning' patterns.</p> <p>The activities were based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These assessments were completed within three weeks of admission in consultation with the family/whānau and residents. Each resident had a social and cultural care plan developed detailing the past and present activities, career, and family. A monthly planner is developed, posted on the noticeboards and residents are given a copy of the planner for their rooms. Daily activities were noted on noticeboards to remind residents and staff. Residents and family/whānau meet monthly to discuss different issues at the facility and provide feedback relating to activities.</p> <p>The Lakehouse activities calendar has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and</p>

	<p>physical capabilities, including domestic like chores, baking, and music therapy. All interactions observed on the day of the audit evidenced engagement between residents and the activities team in the Lakehouse. This included some observed outside pottering in the garden with staff and a van outing for some.</p> <p>The activity programme is formulated by the activities team in consultation with the management team, registered nurses, EPOAs, residents, and care staff. The activities were varied and appropriate for residents assessed as requiring dementia, rest home, hospital level of care and those on the younger person with a disability (YPD) contract. The care plans have sufficient interventions recorded in the activities plan to guide staff in the management of behaviour over 24 hours and for the younger person with a disability (YPD). Activity participating registers were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. Activities sighted on the planners included quiz; bingo; floor games; Matariki; Māori language week; table games; sensory; outdoor walks; van outings; music; pet therapy; entertainment; kapa haka; poi making and exercise; visits from schools; and relaxing time with pampering. The service promotes access to EPOA and family/whānau and friends. There are regular outings and drives for all residents (as appropriate).</p> <p>There were no residents who identified as Māori. The activities staff reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals and Māori language week with varying events lined up.</p> <p>EPOA, family/whānau and residents reported overall satisfaction with the level and variety of activities provided. The service has conducted a number of quality improvement projects where a review process has occurred, including analysis and reporting of findings in relation to the activity programmes to achieve a rating of continuous improvement.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>Burlington Village has policies available for safe medicine management that meet legislative requirements. The registered nurses and medication competent healthcare assistants who administer medications had current competencies which were assessed in the last twelve months. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets are electronic. On the days of the audit, medication competent registered nurses were observed to be safely administering medications. The registered nurses and healthcare assistants interviewed could describe their roles regarding medication administration. Burlington Village uses blister packs for all medicines. All medications once delivered are checked by the registered nurses against the medication chart. Medication reconciliation was conducted by the registered nurse when a resident is transferred back to the service from the hospital or any external appointments. The registered nurse checked medicines against the prescription, and these were updated in the electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the medication trolleys and the two medication areas. The medication fridges and medication room temperatures are consistently monitored daily. All eyedrops and creams have been dated on opening. Controlled drugs are stored appropriately. Medication incidents were completed in the event of a drug error and corrective actions were acted upon.</p> <p>Eighteen medication charts were reviewed. There is a three-monthly nurse practitioner review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The kitchen manager has oversight of the kitchen and undertakes cooking responsibilities. They are supported by two other qualified cooks, a baker and kitchen hands to ensure a seven-day cover. All food and baking is prepared and cooked on site. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires 18 June 2024. The menu was last reviewed by a registered dietitian on 25 October 2023. Kitchen staff have attended safe food handling training.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. Residents have options to choose from and cooked breakfast is served as per resident's preference. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and overnight when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed at least</p>

		<p>fortnightly. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. Food in the care centre is served by the cook from the bain-marie. Food to those residents in the rooms is delivered using a scan box. The Lakehouse receives food in the hot box which is then plated and served from a heated bain-marie in the unit. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori. including 'boil ups,' hāngi, Māori bread, and corned beef were included for special occasions such as Matariki, Māori language week or Waitangi and these are offered to 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 experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There were documented policies and procedures to ensure the discharge or transfer of residents is undertaken in a timely and safe manner. There is a documented process in the management of the early discharge/unexpected transfers from services. The clinical nurse manager reported that discharges are normally into other similar facilities or residents following their respite stay. Discharges are overseen by the registered nurses who manage the process until discharge. All discharges or transfers were coordinated in collaboration with the resident, family/whānau and other external agencies to ensure continuity of care. Risks are identified and managed as required.</p> <p>The residents (if appropriate) and families/whānau are involved for all discharges to and from the service, including being given options to access other health and disability services –whaikaha/disability services, social support or kaupapa Māori agencies, where indicated or requested. Transfer documents include (but not limited to) transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts, and last nurse practitioner review records.</p> <p>Referrals to other allied health providers were completed with the</p>

		<p>safety of the resident identified. Upon discharge, current and old notes are collated and filed for archiving. If a resident's information is required by a subsequent medical service, a written request is required for the file to be transferred. Evidence of residents who had been referred to other specialist services, such as podiatrists, nurse specialists, and physiotherapists, were sighted in the files reviewed.</p> <p>Discharge notes are kept in residents' records and any instructions integrated into the care plan. The clinical nurse manager advised a comprehensive handover occurs between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a current warrant of fitness that expires on 1 May 2024. The physical environment supports the independence of the residents. Corridors are wide enough to promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective areas with mobility aids. There are comfortable looking lounges for communal gatherings and activities. Quiet spaces for residents and their family/whānau to utilise are available inside and outside in the gardens and courtyards.</p> <p>The 52-week planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales were checked annually, with last check completed September 2023. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. Tradespeople are available as required with a full list of contracted ones available for staff. The facility is maintained at appropriate temperatures, with central heating throughout the care centre and in Lakehouse.</p> <p>The service is on single level with two buildings: the care centre being dual purpose for hospital and rest home level care and Lakehouse for dementia level of care. All rooms in the facility have ensembles, provide an open feel and are connected to a deck for residents and families/whānau to enjoy, especially on a good day. All residents' rooms are spacious, and each room allows for the safe use and manoeuvring of mobility aids. All rooms have external windows</p>

		<p>to provide natural light and have appropriate ventilation and heating. All external areas are well maintained, provide seating and shade and are easily accessible for residents using mobility aids.</p> <p>The care centre has 14 one-bedroom apartments with kitchenettes, 14 studio apartments and 32 large hospital rooms. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit. There is a large centralised communal lounge and two dining rooms. There are a number of sitting areas and meeting rooms around the facility and a large atrium area that can be used as a communal area.</p> <p>The dementia unit (Lakehouse) is connected to the care centre by a covered external walkway. Entry and exit into Lakehouse is by use of a keypad. The Lakehouse has a centrally located lounge/dining room with kitchenette. The communal area is spacious and allows for groups or individual activities. Coloured doors are used to assist residents find their rooms. There is increased lighting in hallways and communal areas. There is a large secure garden area off the lounge with paths, seating, and gardens with a high fence. All resident rooms have sliding doors leading out onto either a path that leads around to the garden area or sliding doors that open directly to the garden area.</p> <p>All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the facility nurse manager advised that the service will liaise with local Māori providers to ensure aspirations and Māori identity are included.</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</p>	<p>FA</p>	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>Zealand Fire Service on 30 January 2019 for the care centre and 25 March 2020 for the dementia unit (Lakehouse). A trial evacuation drill was performed on 13 November 2023. The drills are conducted every six months. The staff orientation programme includes fire and security training.</p> <p>There were adequate supplies in the event of a civil defence emergency, including food, water (equivalence of three litres per person per day for at least three days), candles, torches, continent products, and a gas BBQ to meet the requirements for up to 80 residents, including rostered staff. There is generator on site, and staff have received training on how to operate it. Emergency lighting is available and is regularly tested. The registered nurses and a selection of healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance team. There is a call bell escalation system which ensure that all call bells are received by healthcare assistants in the first instance and escalate to the registered nurses at four minutes and then to the unit coordinator and clinical nurse manager. Reports are generated by the clinical nurse manager and facility nurse manager weekly and shared with staff. Residents and family/whānau confirmed that staff respond to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. There is a private security company that patrols Burlington Village several times overnight. There is a closed-circuit television (CCTV) in public spaces and externally.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols.</p>
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<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The clinical nurse manager is the infection prevention and control coordinator (IP&C) currently, with a registered nurse being trained to take over in the near future. The IP&C coordinator described their role as overseeing the infection prevention and control programme and antimicrobial stewardship (AMS) programme. Their job description outlines the responsibility of the role. The infection prevention control programme, content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</p> <p>Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control programme is reviewed annually, and significant issues are escalated through an effective communication pathway to the Board and the facility nurse manager as part of the relevant meetings. Infection rates are presented and discussed at staff and registered nurse meetings. Infection control and AMS are part of the quality and risk management plan.</p> <p>The service has access to the infection prevention clinical nurse specialist from Te Whatu Ora - Waitaha Canterbury. There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the managing director (as confirmed when interviewed), IP&C coordinator, the GP, and the public health team.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</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>FA</p>	<p>The service has a pandemic plan. The plan includes preparation and planning for the management of lockdown, screening, transfers into the facility and Covid-19 positive tests. There are outbreak kits readily available and adequate supplies of personal protective equipment. Extra personal protective equipment (PPE) is available on site as required.</p> <p>The IP&C coordinator has completed external infection training in 2023. There is good external support from the GP, laboratory, and Te Whatu Ora - Waitaha Canterbury nurse specialist. Burlington Village is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the</p>

		<p>annual training plan. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares.</p> <p>The infection and prevention control manual includes a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection prevention and control team, and training and education of staff. Policies and procedures have been developed with input from infection control specialists and are reviewed by the infection prevention and control coordinators at all Qestral facilities at least annually. Policies are available to staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use, with an audit process in place to check that this is being completed as per policy. Internal audit tools are in place to check these are being utilised and best practice standards are being met.</p> <p>The service has access to information and resources in te reo Māori around infection prevention and control for Māori residents from Māori health providers locally and through Te Whatu Ora - Waitaha Canterbury. Policies and training sessions guide staff around culturally safe practice and acknowledge the spirit of Te Tiriti o Waitangi. The infection prevention and control coordinator and managers are involved in the procurement of all equipment and consumables and have been involved with previous building projects.</p>
<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>The service has policies and procedures documented around antimicrobial stewardship. The service monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The policies are appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and discussed at all facility meetings, with these attended by the IP&C coordinator and RNs, with the facility nurse manager also involved as required. The NP interviewed reports they only prescribe antibiotics where required based on signs, symptoms and microbiology results.</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>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection prevention control policies. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. The data includes ethnicity and is monitored and analysed for trends and benchmarked monthly and annually. Infection control surveillance is discussed at all facility meetings and reported to the management team as issues arise or through regular monthly meetings. Meeting minutes and graphs are given to staff at meetings for discussion and left in the staffroom for reference. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. The facility incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>There are monthly meetings of the Qestral IP&C coordinators which are facilitated by the clinical operations manager. The discussions are also tabled at the quality assurance meetings and the clinical nurse manager meetings. The service receives email notifications and alerts from Te Whatu Ora - Waitaha Canterbury for any community concerns. All communications were observed to be culturally appropriate.</p> <p>There have been two outbreaks of Covid 19 since the last audit – one in the continuing care unit in September 2023 and one in the dementia unit in December 2023. Visitors were asked not to visit if unwell and in the event of the outbreaks. All visitors and contractors were required to wear masks. There are hand sanitisers strategically placed around the facility. Daily logs were maintained, and staff were updated daily. Residents and family/whānau were updated regularly through emails and phone calls. External providers were appropriately notified of the outbreaks.</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>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard and the trolley is kept in the laundry, which is locked when not in use. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and face shields are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit.</p> <p>There are facilities for sluicing waste, and adequate PPE, including face shields and goggles. There are separate handwashing basins with flowing soap and paper towels.</p> <p>The main laundry (towels and bedding) is outsourced. There is a small laundry which has keypad entry for personal items off the dementia unit, with a dirty to clean flow. There is also a separate area for folding and storage of clean linen. There is an internal audit around laundry services and environmental cleaning completed as part of the internal audit schedule. There are external doors from the dementia laundry room to transport the clean and dirty linen that is being outsourced.</p> <p>There are dedicated cleaning staff. Cleaning and laundry services are monitored through the internal auditing and reviewed by the infection prevention and control coordinator. When interviewed, the cleaner was able to describe appropriate infection control procedures and was wearing appropriate personal protective equipment.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p>	<p>FA</p>	<p>Burlington Village is committed to providing service to residents without use of restraint. Policies and procedures meet the requirements of the Standard. The restraint committee is responsible for monitoring restraint use and implementation of the policy within the service. Restraint use and strategies to minimise the use of restraint is discussed in the restraint and quality improvement meetings, which then inform reporting that goes to the Board.</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>Interview with the restraint coordinator (CNM) confirmed that restraints are used as a last resort and the service is committed to a restraint-free environment.</p> <p>Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, Burlington Village will work in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for residents requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes input from the resident, enduring power of attorney, GP, restraint coordinator and physiotherapist (as required).</p> <p>At the time of the audit, there were two hospital level care residents using lap belt restraints. When restraint is used, this is a last resort when all alternatives have been explored. The restraint coordinator (CNM) has a defined role of providing support and oversight for any restraint management. There are clear lines of accountability. Staff have been trained in the least restrictive practice, safe restraint practice, alternatives, cultural-specific interventions, and de-escalation techniques.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>Assessments for the use of restraint, consent, care planning, detailed interventions and evaluation were documented and included all requirements of the Standard; however, monitoring did not always occur as per care plan (link 3.2.4). Residents and family/whānau confirmed their involvement in the process. Access to advocacy is facilitated, as necessary. A restraint register is maintained and reviewed at each restraint meeting. The register contained enough information to provide an auditable record. Facility quality improvement, restraint and staff meeting minutes, and monthly reports documented discussions about restraint.</p> <p>If emergency restraint is required, the registered nurse will consult with the restraint coordinator (clinical nurse manager), resident, and family/whānau.</p>

<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>A three-monthly review of all restraint use is completed and meets the requirements of Nga Paerewa HDSS 2021. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented as indicated. Data analysis is completed monthly and discussed at the facility quality improvement, registered nurse, restraint and staff meetings. The restraint group meetings identify trends, ways to minimise and eliminate the use of restraint, and ongoing restraint and challenging behaviour education to all staff.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 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-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</p>	PA Low	<p>The registered nurses are responsible for the development of the care plan on the electronic resident management system. Assessment tools, including interRAI, were completed to identify key risk areas. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. However, not all monitoring charts were completed as per care plan. New behaviours are charted on a behaviour of concern form to identify new triggers and patterns. The behaviour of concern form entries described the behaviour and strategies to de-escalate behaviours, including re-direction and activities.</p>	<p>(i). Six of six unwitnessed falls did not have neurological observations completed as per policy.</p> <p>(ii). Restraint monitoring for two of two residents on restraint has not been completed as per care plan.</p>	<p>(i). Ensure neurological observations are completed as per policy.</p> <p>(ii). Ensure monitoring records are completed as per care plan.</p> <p>90 days</p>

changes are documented.		Neurological observations are expected to be routinely completed for unwitnessed falls or where head injury was suspected as part of post falls management. However, incident reports reviewed indicate that not all neurological observations were completed as per policy and procedure.		
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	<p>PA</p> <p>Moderate</p>	<p>There is a policy in place for residents who request to self-administer medications. At the time of audit, there were six residents self-administering inhalers. Competency assessments were not completed as per policy. Residents stored the medications safely according to policy.</p>	<p>Three of three records reviewed of residents who self-administer medications have not had competency reviewed three-monthly as per policy.</p>	<p>Ensure that self-administration competencies for residents are reviewed as per policy.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>The achievement of the rating that the service implements a continuous improvement approach to the wellbeing of residents is beyond the expected full attainment. The service has conducted a number of quality improvement projects in relation to activities, including armchair travel and one on one time as indicated, where a review process has occurred including analysis and reporting of findings has occurred. There is evidence of improvements made to service provision in order to ensure that residents lead full filling lives. The projects include reviewing if the improvements have had positive impacts on residents' quality of life or resident satisfaction.</p>	<p>Post Covid-19 lockdown, the residents were hesitant in joining group activities due to fear of contracting Covid-19. There were feelings of isolation and low attendance during activities. The team at Burlington Village noted that the majority of residents loved travelling before retiring and so the armchair travel which took residents to various destinations across the world was started in 2021. Some residents have developed a passion for it and have taken on roles during the travel. Residents choose the next destination and take turns in becoming customs officers. All residents have passports, and a boarding pass is generated prior to travel. This is checked by a custom officer and a travel stamp is marked on the passport.</p> <p>During the flights, travellers (residents) share their experiences if they have been or if they know facts and trivia about the destination. Locals (staff</p>

			<p>members) from the country will perform a song or a dance or may provide some fun facts. On landing, the travellers are served with a local delicacy (prepared by the kitchen) to try. Flags are displayed all over the facility to increase excitement.</p> <p>At its peak, the activity refusal was recorded at 1231 in 2022. This has since come down to 1039 in 2023. A measure of the activity engagement since introduction of the armchair travel has consistently gone up from 9448 in 2021 to 10616 in 2022 and 12161 when reviewed for end of 2023. This project has seen an increase in resident and staff engagement and high turnout of residents during the activity.</p>
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End of the report.