

Fervor Cooperation Limited - Bloomfield Court Retirement Home

Introduction

This report records the results of a Provisional 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 The DAA Group Limited, 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:	Fervor Cooperation Limited
Premises audited:	Bloomfield Court Retirement Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 April 2024 End date: 16 April 2024
Proposed changes to current services (if any):	Proposed sale of Bloomfields Court Retirement to Fervor Cooperation Limited
Total beds occupied across all premises included in the audit on the first day of the audit:	15

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.

General overview of the audit

Bloomfields Court Retirement provides age-related rest home services for up to 27 residents. The facility is currently owned and operated by All Care Retirement Limited.

This provisional audit was conducted in anticipation of a sale of the facility to Fervor Cooperation Limited. It included a review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, the manager, staff, and a general practitioner.

An interview was also conducted with the prospective buyers. While the proposed buyers are not currently providing aged care services, both of the directors are registered nurses. There is a transition plan in place to manage the service which includes registered nurse support. The sale of the business is expected to occur in May 2024.

The audit identified that improvements are required in relation to governance reporting, collecting feedback from residents, internal audit completion, information management, management of controlled medications, call bell reliability, and environmental safety in

the kitchen area of the facility. A finding from the previous audit in relation to staff on night duty having first aid certification has been addressed.

Ō tātou motika | Our rights

Bloomfields Court Retirement provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There were health plans in place that encapsulated care specifically directed at Māori and Pasifika.

There were no residents or staff in the service at the time of audit who identified as Māori. However, processes were in place to ensure Māori residents entering the service would be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of self-determination (mana motuhake). Cultural assessments are in place to inform the cultural care plan.

There were no Pasifika residents at Bloomfields Court Retirement at the time of the audit. There were Pasifika staff employed in the service. Systems and processes were in place to enable Pacific people to be provided with services that recognised their worldviews and were culturally safe.

Residents and whānau interviewed confirmed that care was provided in a way that met their needs. Residents and whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and/or their whānau. There was evidence that residents and whānau were kept well informed.

Residents and whānau received information in an easy-to-understand format and were included when making decisions about care and treatment. Open communication was practiced. Interpreter services were provided as needed. Whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

Complaints processes are implemented, and complaints and concerns were well-documented and actively managed in collaboration with all parties.

Hunga mahi me te hanganga | Workforce and structure

The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. The nurse manager is suitably experienced in governance and management, and has completed education in cultural awareness, Te Tiriti o Waitangi and health equity, as have the prospective providers.

Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Service performance is monitored in most instances and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Staff participate in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifying trends that leads to improvements. Actual and potential risks are identified and mitigated. Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are suitably skilled and experienced and are orientated and managed using current good practice. Staffing levels are sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery. Staff performance is monitored.

Residents' information is accurately recorded, securely stored, was not on public display, or accessible to unauthorised people.

A transition plan is in place to transfer the facility to the prospective provider.

Ngā huarahi ki te ora | Pathways to wellbeing

When residents were admitted to Bloomfields Court Retirement, a person-centred and family-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

Bloomfields Court Retirement worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any recent problems that might arise. Files reviewed demonstrated that care met the needs of residents and their whānau and these were evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

The medication management system facilitates safe self-administration of medicines.

The food service met the nutritional needs of the residents with special cultural needs catered for. Food was safely managed.

Residents were transitioned or transferred to other health services as required.

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

There was a current building warrant of fitness. Electrical and biomedical equipment had been checked and evaluated as required. External areas were accessible, safe, and provided seating and shade.

Staff had been trained in emergency procedures, use of emergency equipment and supplies, and attended regular fire drills. Staff, residents and whānau interviewed understood emergency and security arrangements. Security is maintained.

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

The nurse manager at Bloomfields Court Retirement was the infection control coordinator and led the infection prevention (IP) and antimicrobial stewardship (AMS) programme. The role was appropriate to the size and complexity of the service, ensured the safety of residents, visitors and staff and included involvement in procurement processes. The programme was adequately resourced.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. Bloomfields Court Retirement had an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents, and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance was undertaken with follow-up action taken as required.

The environment supported the prevention and mitigation of transmission of infections. Waste and hazardous substances were managed. There were safe and effective cleaning and laundry services in place.

Here taratahi | Restraint and seclusion

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews, is in place should restraint use be required in the future.

A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

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	21	0	2	4	0	0
Criteria	0	161	0	3	4	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>	FA	<p>Bloomfields Court Retirement (Bloomfields Court) provides an environment that supports residents' rights and culturally safe care. There was a health plan in place that was specifically directed at Māori, with a culturally appropriate model of care (Te Whare Tapa Whā) to guide culturally safe services.</p> <p>Bloomfields Court works in partnership with local Māori (Tuahiwi Marae) to support Māori in the service. There are policy and procedures in place to support and encourage a Māori world view of health in their service delivery, including promoting equity. Policy and procedures are externally sourced and have had the input from tāngata whenua. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination).</p> <p>Policies and procedures in place are clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. Bloomfields Court promotes applications from Māori applicants when they apply for employment opportunities, in accordance with the Māori health plan. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were currently no staff who identified as Māori in the service.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Bloomfields Court has a Pacific Peoples Culture and General Ethnicity Awareness Policy in place, developed with input from cultural advisers, which describes how the organisation will respond to the cultural and spiritual needs of Pasifika residents. The plan documents care requirements for Pacific peoples to ensure equitable and culturally appropriate services and has a culturally appropriate model of care (Fonofale) to guide culturally safe services. There were no residents who identified as Pasifika in the facility during the audit. The service maintains a link with a local Pacific Island community group (Gospel Outreach Church) through two Pacific staff members in order to provide cultural support for staff and residents identifying as Pasifika.</p> <p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were staff who identified as Pasifika in the service.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed in a poster in the reception area. Brochures on the Code, the Nationwide Advocacy Service (advocacy service), and the complaints process were available in the entry foyer. The Code was available in English, te reo Māori and New Zealand Sign Language (NZSL). Staff knew how to access the Code in other languages should this be required. The Code, information on the advocacy service and complaints process was included in the residents' information pack, handed out when an enquiry is made and on admission.</p> <p>Staff interviewed understood the requirements of the Code and the availability of the advocacy service and were seen supporting residents of Bloomfields Court in accordance with their wishes. Interviews with four whānau who visit regularly, confirmed staff were</p>

		<p>seen to be respectful and considerate of residents' rights. Evidence verified there had been minimal opportunities for residents and whānau to have discussion and clarification regarding residents' rights. There had been no residents/whānau meetings since February 2023. Resident satisfaction surveys, while completed in 2024, had not been undertaken in the preceding two years (refer criterion 2.1.8).</p> <p>Bloomfields Court had access to interpreter services and cultural advisors/advocates if required. Relationships had been established with The Māori health advisor at Te Whatu Ora – Health New Zealand Waitaha Canterbury (Te Whatu Ora Canterbury), Nga hau e wha National Marae in Christchurch, the local Tuahiwi Marae, and the Gospel Outreach Church (for Pasifika).</p> <p>The new provider was aware of their obligations regarding compliance with the Code.</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>	FA	<p>Bloomfields Court supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their whānau, including people with disabilities (tāngata whaikaha), confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted.</p> <p>All staff working at Bloomfields Court were educated in Te Tiriti o Waitangi, health equity, and cultural safety. Documentation in the residents' care plans acknowledged the residents' cultural identity and individuality.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advanced care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain residents' privacy throughout the</p>

		<p>audit. All residents had a private room. Bloomfields Court responded to the needs of tāngata whaikaha on a daily and individualised basis; however, no formal processes were in place to enable needs to be expressed and responded to (refer to 2.1.8). Participation in te ao Māori was enabled through signage, displays on Te Tiriti o Waitangi and recognition of Matariki, Waitangi Day and Māori Language Week. Training on the aging process, informed consent, the Code of Rights, communication, and diversity and inclusion was included as part of the training on support for tāngata whaikaha.</p> <p>Closed-circuit television operates in communal areas within and outside the facility. Signage at the front entrance informs visitors of its operation.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Employment practices at Bloomfields Court included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it. Residents reported that their property was respected, and finances protected. Professional boundaries were maintained.</p> <p>A holistic model of health at Bloomfields Court was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. Eight of ten residents and two of four members interviewed expressed satisfaction with the services provided at Bloomfields Court. Two whānau and two residents expressed some areas of dissatisfaction with the care being provided at times. Evidenced verified these had been addressed through the complaints process (refer subsection 1.8), and interviews verified improvements had occurred.</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>Residents and their family at Bloomfields Court reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Te reo Māori was incorporated into day-to-day greetings and signage throughout the facility. Interpreter services were available if needed, and staff knew how to access these services if required. Residents and whānau reported that they were in regular contact with the nurse manager (NM), whose office is near the front entrance, either through the NM open door policy, or through telephone calls. Residents' meetings had not been held since February 2023 (refer criterion 2.1.8). Resident satisfaction surveys had not been undertaken in the past two years; however, the recent 2024 survey verified satisfaction with services, including food.</p> <p>The NM is a registered nurse (RN) who works onsite Monday to Friday most days. Evidence was sighted of residents communicating with all staff, including the NM. Residents, whānau and staff reported the NM responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status were communicated to residents and their whānau in a timely manner. Incident reports evidenced whānau were informed of any events/incidents and this was confirmed through whānau interviews. Documentation supported evidence of ongoing contact with whānau or enduring power of attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the residents' care when needed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p>	FA	<p>Residents at Bloomfields Court and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</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>Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</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 whānau on entry to the service. A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Information on complaints and the complaints process was available to residents, along with information on advocacy options available to them. Advocacy and complaints information was available in English and te reo Māori. Residents and whānau interviewed understood their right to make a complaint and knew how to do so. There were a variety of avenues available to make a complaint or express a concern.</p> <p>There have been three formal complaints received since the last audit, one of which was an anonymous complaint received via Te Whatu Ora Canterbury. Documentation sighted in respect of the complaints showed that all of the complaints had been addressed in a timely manner. With the exception of the anonymous complainant, complainants had been informed of the outcome of their complaint. In the case of the anonymous complaint the outcome of the complaint was reported to Te Whatu Ora Canterbury. Complaints (and any subsequent corrective actions) are a standing agenda item in the three-monthly quality and staff meetings (meeting minutes sighted).</p> <p>There have been no complaints received from Māori, and there were no Māori residents in the facility during the audit. There are, however, processes in place to ensure complaints from Māori are managed in a culturally appropriate way (eg, through face-to-face interaction, the use of culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>There had been no complaints received from other external sources since the previous audit.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>PA Moderate</p>	<p>All Care Retirement Limited, as the governing body, assumes accountability for delivering a high-quality service honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Policies and procedures are sourced from an external contractor to ensure compliance with cultural, legislative, contractual, and regulatory requirements, although hard copies of these provided for staff were outdated (refer criterion 2.5.2). The nurse manager of the service, who is an RN, has undertaken education courses on Te Tiriti, health equity, and cultural safety, as have the prospective providers who are also RNs.</p> <p>Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., bilingual signage and information in other languages for the Code of Rights, complaints, advocacy, and infection prevention and control). Bloomfields Court promotes appropriate models of care specific to residents' cultural needs, including for Māori and Pasifika. The prospective providers are aware of their responsibilities to health equity, and Māori and Pasifika health needs.</p> <p>Bloomfields Court has a business plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. Cultural safety is embedded in business, quality, and in staff training plans. Ethnicity data is being collected to support equity. The new providers intend to work from this plan in the first instance.</p> <p>Governance commits to quality and risk via policy and processes; however, there are no feedback mechanisms from the facility to governance on quality and risk outcomes (refer criterion 2.1.4). Clinical governance is appropriate to the size and complexity of the service. The NM at Bloomfields Court is an RN with significant aged-care experience. Another experienced RN and an enrolled nurse (EN) support the NM. The NM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field.</p>
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		<p>The prospective purchaser is a privately listed company which consists of two directors. One of the directors will work as the facility's manager following the purchase, and the other as the clinical manager (CM). It has been agreed that the prospective providers will be assisted by the current NM and facility EN for one week from the date of purchase. Both of the directors of Fervor Corporation (the prospective providers) are registered nurses currently working in management positions in the aged-care sector. They have significant experience and have an understanding of the Nga Paerewa standard and contracts with Te Whatu Ora. Relevant funders have been notified of the potential change of ownership of the facility. The facility will be under the prospective purchaser's governance from the date of settlement.</p> <p>Internal quality data (e.g., adverse events, complaints, infections, antibiotic use, and restraint use) are aggregated and corrective actions completed where deficits are identified. The exception to this is internal audits (refer criterion 2.2.3). A sample of monthly and annual reports showed adequate information to monitor performance is reported.</p> <p>Processes are in place, outlined in policy documentation, for residents and staff to contribute to quality improvement through the ability to give feedback at meetings and in surveys. Staff meeting minutes sighted confirm staff can give feedback, and this is addressed and documented. Resident meetings and resident satisfaction surveys have been sporadic, limiting the ability of residents (including tāngata whaikaha) to provide service feedback (refer criterion 2.1.8).</p> <p>The service holds contracts with Te Whatu Ora Canterbury for the provision of age-related residential care (ARRC) services at rest home level and short-term (respite) services. Bloomfields Court also holds an Accident Compensation Corporation (ACC) contract and, currently, a Whaikaha contract. Fifteen (15) residents were receiving rest home services during the audit (one of whom through the Whaikaha contract. No residents were receiving services under the respite or ACC contract.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>The NM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The NM is committed to quality and risk via its quality and risk management plan, and through policy.</p> <p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of adverse events/hazards (including the monitoring of clinical incidents such as falls, injuries, pressure injuries, choking, behaviours that challenge, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures. The prospective providers intend to use the current quality systems and processes in the first instance.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. Relevant corrective actions are developed and implemented to address any shortfalls. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans were developed, and any corrective actions followed up in a timely manner. The exception to this is in internal auditing (refer criterion 2.2.3). A review of medication error incidents (five in the last six months) noted no review of medication competency for staff following medication errors (refer criterion 3.4.3).</p> <p>Quality data is communicated and discussed with staff along with any corrective actions required, and this was confirmed at staff interview. Three-monthly management/quality and staff meetings are held. Minutes of staff and management/quality meetings evidence detailed discussion on quality indicators. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. Critical analysis of organisational practices to improve health equity is occurring, with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>There are no legislative compliance issues for the prospective provider to be aware of. The NM understood essential notification reporting requirements; there has been one section 31 notification completed in the last 12 months relating to a resident leaving the</p>
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		<p>facility and being unable to be found by staff, who was found by police.</p> <p>A transition plan is in place to transfer the facility to the prospective provider. It has been agreed that the current NM and EN will remain in place following the handover for a period of a week (with the ability for this to be extended by agreement). The prospective owners will work as the manager and CM of the facility, respectively. The CM will oversee clinical requirements for the service. There is no intention to make major changes to the current service or its staffing following the transition. A later goal is to potentially add ARRC hospital level services to the facility dependent on the agreement of Manatū Hauora.</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>	FA	<p>There is policy in place to determine staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. There is a nurse manager and an EN (who also works as an administrator) who both work 40 hours a week and share the on-call roster. There is one other RN available to support the NM plus a further casual RN. The employed RN or the casual RN cover when the NM is absent or on leave. The prospective provider has advised that there may be changes to the provision of RN/EN services given both the prospective FM and CM are RNs. It is expected that other staffing will remain as currently employed.</p> <p>Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported responsive care and attention. At least one staff member on duty has a current first aid certificate, including both caregivers who share night duty. This addresses a finding in the previous audit. Position descriptions reflected the role of the respective position and expected behaviours and values.</p> <p>All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE), medication administration/insulin</p>

		<p>administration (if medication competent), moving and handling, and wound management. A record of completion is maintained. Additional RN specific competencies include interRAI assessment competency. Two of the three RNs (including the NM) are interRAI trained. Both of the prospective directors currently hold interRAI competency.</p> <p>Continuing education is planned on an annual basis and outlines mandatory requirements including education relevant to the care of Māori, Pasifika, and tāngata whaikaha. Related annual competencies are assessed and support equitable service delivery. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreements with Te Whatu Ora Canterbury.</p> <p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement and through staff education.</p> <p>Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace. Staff wellness is encouraged through participation in health and wellbeing activities.</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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development.</p> <p>There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for RNs, the EN, and associated health contractors (general</p>

		<p>practitioners (GPs), pharmacists, physiotherapist, podiatrist, and a dietitian).</p> <p>A sample of six staff records were reviewed. These evidenced implementations of the recruitment process, the provision of employment contracts, and completed induction and orientation. Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted.</p> <p>The service understands its obligations in recruitment in line with the Ngā Paerewa standard and is actively seeking to recruit Māori and Pacific peoples at all levels of the organisation dependent on vacancies and applicants. Ethnicity data is recorded and used in line with health information standards. Staff information is secure and accessible only to those authorised to use it.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and support is available to them.</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>	<p>PA Moderate</p>	<p>Bloomfields Court has processes in place to maintain records that complied with relevant legislation, health information standards and professional guidelines. Most information was paper based with any information held electronically being username and password protected. Information was held securely and only available to authorised users.</p> <p>Residents' files were integrated hard copy files. Files for residents and staff were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>All on-admission demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Facility information (policy and procedures), ongoing review of resident files (particularly interRAI assessments), and resident-centred processes (including medication management) were compromised due to an intermittent fault in the provision of internet to the site. The NM is aware of the issue and has been working with</p>

		<p>the information technology contractor used by the service to try to address this (refer criterion 2.5.2).</p> <p>Bloomfields Court is not responsible for the National Health Index registration of people receiving services</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents were welcomed into Bloomfields Court when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency, as requiring the level of care the service provided and had chosen Bloomfields Court to provide the services they require.</p> <p>Residents and whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. The files reviewed met contractual requirements. Bloomfields Court collected ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori. Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and whānau.</p> <p>Bloomfields Court had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from the Māori health advisor at Te Whatu Ora Canterbury, Nga hau e wha National Marae in Christchurch, and the local Tuahiwi Marae. When admitted, residents had a choice over who would oversee their medical requirements. Whilst most chose the main medical provider to Bloomfields Court, residents were enabled have another provider to manage their medical needs if desired.</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</p>	FA	<p>The multidisciplinary team at Bloomfields Court worked in partnership with the resident and whānau to support the resident's wellbeing. Five residents' files were reviewed. These files included residents who had had an acute event requiring transfer to an acute facility, residents with a wound, residents with behaviours that challenge, residents who were receiving care under a Whaikaha</p>

<p>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>contract, residents with compromised mobility, residents with a number of co-morbidities, and residents who self-administer medication.</p> <p>Five files reviewed verified that an RN develops a plan of care the resident requires following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which considers wider service integration, where required. Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Timeframes for the initial assessment, GP input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements.</p> <p>InterRAI assessments on four of the five files reviewed had not been undertaken, despite the residents having been in the facility for more than three weeks, with two having been a resident for more than a year (refer criterion 2.5.2).</p> <p>Policies were in place to ensure tāngata whaikaha and whānau participate in service development, but the processes required to achieve this had not taken place (refer criterion 2.1.8). Service providers understood the Māori constructs of ora and had a process in place to support Māori and whānau to identify their pae ora outcomes in their care plan, when residents who identified as Māori were admitted. The process and support required to achieve this was documented, communicated, and understood. This was verified by reviewing documentation, and from interviews with staff.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and family. Residents and whānau confirmed active involvement in the process, including tāngata whaikaha.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p>	<p>FA</p>	<p>The diversional therapist (DT) who provided the activities programme at Bloomfields Court was contracted to provide activities</p>

<p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>three days a week on Tuesday to Thursday from 9 am to 5 pm. The programme provided supported residents in maintaining and developing their interests, tailored to their ages and stages of life. Activity assessments, goals and plans were seen in resident's care plans. The younger residents (tāngata whaikaha) were enabled to attend community activities of their choice and participate in activities that were of interest to them. Church groups and local schools visited Bloomfields Court and joined in activities. On the two days of audit there were no activities provided. One was a day that the DT did not work, and on the second day the DT was unavailable. The residents, when told the DT was not available for the day, undertook a range of activities that were available.</p> <p>A telephone interview with the DT verified that activities are provided in accordance with residents' strengths, skills, and interests. There was no facility van available for outings, so once every three months a community van and a driver were hired. Outings included visits to Lyttleton, the gardens, Christchurch, and other places of interest to residents. Residents' feedback on the programme being offered was obtained in a discussion with the residents when planning the next month's programme. Evidence of this discussion was not sighted.</p> <p>Opportunities for residents to participate in te ao Māori was facilitated with Matariki, Waitangi Day and Māori Language Week celebrations.</p> <p>The 2024 satisfaction survey and resident and whānau interviews evidenced residents were satisfied with the activities provided at Bloomfields Court. One of ten residents interviewed suggested an increase in the number of days that activities were provided would be nice.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication</p>	<p>PA Moderate</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was not seen on the day of the audit (refer criterion 2.5.2). The electronic medication system operated erratically due to the sporadic internet coverage. At times, staff had to use their personal mobile telephones to access</p>

<p>and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>the internet and the medication system.</p> <p>All staff who administer medicines were deemed competent to perform the function they manage; however, a review of controlled drug (CD) administration identified practice was not in accordance with safe medication guidelines nor the practice required to be competent. Staff administering the CD, using this process, though deemed competent, were not meeting medication competency guidelines. A review of medication errors identified there were no reviews of medication competencies undertaken. These areas require attention (refer criterion 3.4.3).</p> <p>There was a process in place to identify, record and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>There were no difficulties identified by tāngata whaikaha (YPD) interviewed, in accessing their required medicines from the facility.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used at Bloomfields Court.</p> <p>Self-administration of medication was facilitated and managed safely. Residents and their whānau were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p>	<p>FA</p>	<p>The food service provided at Bloomfields Court was in line with recognised nutritional guidelines for older people. The menu was</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>reviewed by a qualified dietitian on 2 November 2023. Recommendations made at that time had been implemented.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken at Bloomfields Court on 21 December 2023. Four areas requiring corrective action were identified, and these have been signed off. The plan was verified for 12 months. The plan is due for re-audit on 28 December 2024.</p> <p>The chemicals feeding the dishwasher in the kitchen were noted to be not secure. In addition, a number of painted and varnished surfaces evidenced flaking paint and varnish (refer criterion 5.5.3).</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. There were no residents who identified as Māori or Pasifika in Bloomfields Court at the time of audit; however, all residents had opportunities to request meals of their choice and the kitchen would address this.</p> <p>Interviews, observations and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by residents and whānau interviews and in the 2024 satisfaction survey. This was supported on the days of the audit when residents responded favourably to the meals provided on these days.</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.</p>	FA	<p>Transfer or discharge from Bloomfields Court was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. Whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</p> <p>Residents and whānau were advised of their options to access other health and disability services, or social support, if the need was identified.</p>

<p>We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</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 building warrant of fitness which expires on 1 June 2024. There are currently no plans for further building projects requiring consultation, but the Bloomfields Court governance, the NM of the facility, and the prospective provider, were aware their obligation to ensure that consideration has been made of how designs and environments reflect the aspirations and identity of Māori.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices suited to the needs of the residents. There is an annual maintenance plan in place that includes electrical testing and tagging, resident equipment and call bell checks, hot water testing, and calibrations of biomedical equipment. All of these were conducted to plan with the exception of the call bell system (refer criteria 2.2.3 and 4.2.5).</p> <p>The environment was accessible, and residents were observed moving freely around the areas with mobility aids where required. There are three wings, and the corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces are culturally inclusive. Lounge and dining facilities meet the needs of residents, with smaller spaces available if a quiet or private area is needed. The main lounge area is used for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. There are external areas for leisure activities with appropriate seating and shade.</p> <p>Residents' rooms are appropriate for their purpose. Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light with safety catches for security. Electric heating is provided in the facility, which can be adjusted depending on seasonality and outside temperature. The facility</p>

		<p>maintains a non-smoking environment. One of the certified rooms has a fire exit in it; this is currently being used as a storage space.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	PA Low	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. A fire evacuation trial was last completed on the 26 March 2024. The fire evacuation plan was approved by the New Zealand Fire Service on 22 January 2018. The facility is sprinklered and has wired smoke alarms in place. Also in place are fire appliances which were checked in April 2024.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Alternative energy and utility resources are available should the main supplies fail. A civil defence emergency management plan is clear about the responsibilities of staff in the event of a civil defence emergency.</p> <p>There is a call bell system in place to alert staff to residents requiring assistance, but these do not always function as required (refer criterion 4.2.5). Residents were observed to have their call bells in close proximity. Residents and whānau reported staff respond promptly to call bells.</p> <p>There was a first aid certified staff member on duty 24/7 on the rosters sighted. This addresses a finding in the previous audit which identified that there were no staff on night duty with first aid certification. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. All staff were noted to be wearing name badges and uniforms during the audit.</p> <p>Appropriate building security arrangements are in place. Fourteen</p>

		security cameras have been installed (four outdoor and ten in indoor corridors) and there is appropriate signage alerting people to their use. The facility is kept locked from dusk to dawn, with staff conducting two-hourly checks during the night. Residents were familiar with emergency and security arrangements.
<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>	FA	<p>Bloomfields Court has infection prevention (IP), and antimicrobial stewardship (AMS) programmes appropriate to the size and complexity of the service. These were provided by an external supplier and had been approved for use by the owners of the facility. Infection prevention and control (IPC) are part of the business and quality plans. The IP and AMS programme was also linked to the quality improvement system, with results reviewed and reported. The infection control programme is reviewed annually, and significant issues are escalated through an effective communication pathway to the governance team. Documentation reviewed evidenced outbreaks were escalated to the governance team within 24 hours.</p> <p>The infection control team involves all staff, with input from the GP. The team meets as part of the regular three-monthly staff meetings. Infection rates are presented and discussed at management quality meetings and staff meetings, but results are not reported to the owners of the facility (refer criterion 2.1.4). Bloomfields Court collects data on infections and antibiotic use across ethnicity to support equity in IP and AMS programmes.</p> <p>The facility NM undertakes the role of infection prevention and control nurse (IPCN) to oversee infection control and prevention across the service and has done so for the last seven years. A job description outlines the responsibility of the role.</p> <p>Access to IP and AMS support expertise is through the facility's GP, the IP clinical nurse specialist from Te Whatu Ora Canterbury and Regional Public Health Canterbury.</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>	FA	<p>The NM was the IPCN at Bloomfields Court and was responsible for overseeing and implementing the IP and AM programme. There was no direct reporting of monthly data to the directors (refer criterion 2.1.4). The IP and AMS programmes were linked to the quality improvement programme that was reviewed and reported three-monthly and annually to staff. The IPCN had appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies reflecting the requirements of the standard were provided by an external advisory company. Cultural advice at Bloomfields Court was accessed through the facility's cultural advisors. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly.</p> <p>Policies, processes, and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used.</p> <p>Educational resources available in te reo Māori were accessible and understandable for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan was documented and had been assessed. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in their use.</p> <p>Residents and whānau were educated about infection prevention in a manner that met their needs.</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>	FA	<p>Bloomfields Court had a documented AMS programme in place that is committed to promoting the responsible use of antimicrobials. The AMS programme has been developed using the evidence-based expertise of an external advisory company and has been approved by the governing body. Policies and procedures were in place which</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>		<p>complied with evidence-informed practice. The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use. Evidence was sighted of a reduction in the use of antibiotics and the identification of ongoing areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Bloomfields Court undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. The service used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were shared with staff but not governance (refer criterion 2.1.4). Surveillance data includes ethnicity data.</p> <p>Culturally clear processes were in place to communicate with residents and their whānau and these were documented.</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 antimicrobial-resistant organisms.</p>	PA Moderate	<p>The kitchen at Bloomfields Court requires attention in a number of areas, to ensure it remains clean and safe (refer criterion 5.5.3).</p> <p>A clean and hygienic environment throughout the rest of the facility supported the prevention of infection and transmission of antimicrobial-resistant organisms at Bloomfields Court. Suitable personal protective equipment was provided to those managing contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. With the exception of the kitchen (refer criterion 5.5.3), chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and hand sterilising gel were available throughout the</p>

		<p>facility.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>All laundry was laundered on-site including residents' personal clothing. Policies and processes were in place that identified the required laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. A clear separation for the handling and storage of clean and dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered.</p> <p>The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Clear separation of the use of clean and dirty items was observed. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment.</p> <p>Laundry and cleaning processes were monitored for effectiveness. Staff involved had completed relevant training and were observed to perform duties safely.</p> <p>Residents and their whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through interviews, documentation, and observation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service; restraint has never been used in the service. At the time of audit, no residents were noted to be using a restraint. If restraint were to be used to promote safety, it would be used as a last resort when all alternatives have been explored. At all times when restraint is considered, the facility would work in partnership with Māori, to promote and ensure services are mana enhancing. Restraint is included in the minutes from staff and management meetings, but not reported to governance. Should restraint be used, this would be seen as a significant event and would be reported to the owners of the facility.</p>

		<p>Policies and procedures are in place and meet the requirements of the standards. The restraint coordinator is a defined role, undertaken by the EN (under the direction and delegation of the NM), providing support and oversight for restraint management should this be required. Maintaining a restraint-free environment is included as part of the education and training plan. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring. Staff interviewed were knowledgeable about the restraint processes and the oversight required if restraint was in use.</p> <p>The restraint approval group, which includes the restraint coordinator (the EN), the NM, and the resident's GP, would be responsible for the approval of the use of restraints and restraint processes should these be required. There are clear lines of accountability, all restraints have to be approved, and the overall use of restraint then monitored and analysed. Processes require that whānau/EPOA participate in decision-making.</p> <p>The NM interviewed described the focus on maintaining a restraint-free environment and stated the owner is supportive of providing equipment resources to ensure a restraint-free environment. The prospective provider also supports a restraint-free environment and reports that they will maintain the policies and processes in place and equipment to alleviate the need for the use of restraint.</p> <p>Given no restraint is being used in the facility, subsections 6.2 and 6.3 are not applicable and have not been audited.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.4</p> <p>Governance bodies shall evidence leadership and commitment to the quality and risk management system.</p>	PA Moderate	<p>There is no formalised reporting of quality and risk data and/or information to the governing body. The NM supplied documentation to the governing body (approximately 12-18 months ago through an executive representing the directors) of information the NM thought the governing body should be receiving. No reporting mechanism was put into place and the governing body has not been receiving information on Bloomfields Court quality and risk activities.</p>	<p>The lack of reporting quality and risk activities to the governing body has compromised the governing body's leadership and commitment to the quality and risk management system.</p>	<p>Provide evidence to show that quality and risk activities are being provided to the governing body to support leadership and commitment to the quality and risk management system.</p> <p>90 days</p>
<p>Criterion 2.1.8</p> <p>Governance bodies shall</p>	PA Low	<p>Policy and procedure require three-monthly resident meetings and</p>	<p>Governance has no processes in place to monitor the participation of</p>	<p>Provide evidence that the governing body has a process in</p>

support people receiving services and whānau to participate in the planning, implementation, monitoring, and evaluation of service delivery.		annual satisfaction surveys. Resident meetings and resident satisfaction surveys have been sporadic at Bloomfields Court, limiting the ability of residents (including tāngata whaikaha) to provide service feedback. There was one resident meeting in February 2023, none in 2022, and three in 2021 (February, June, and October). A resident satisfaction survey was conducted in 2024 (but not the two years prior). Results from the satisfaction survey (16 respondents), and the food audit also conducted in 2024 (11 respondents) were mostly positive; the main concerns raised were related to information available to residents (4 respondents) and communication (3 respondents). Interviews with residents and whānau during the audit supported satisfaction in the service in most instances and the ability to express concerns to the NM directly should they wish to do so.	residents and whānau in the planning, implementation, monitoring, and evaluation of service delivery. It does not receive information related to resident feedback of the services it delivers and does not monitor resident and whānau satisfaction in the facility.	place to monitor the participation of residents and whānau in the planning, implementation, monitoring, and evaluation of service delivery, including receiving information from the resident meetings and resident satisfaction surveys. 90 days
Criterion 2.2.3 Service providers shall evaluate progress against quality outcomes.	PA Low	The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes a requirement for internal audit activities. Audits in 2023 were completed to the schedule. There is an internal audit schedule for 2024 in place, but nine (from 16)	Internal audits are not being completed to the schedule; corrective actions are not being fully described.	Provide evidence that internal audits are being completed to the schedule and that corrective actions are being fully described. 90 days

		audits scheduled between January and March 2024, have not been completed. Two of the seven audits that were completed had deficits identified but neither had corrective actions fully described. Outcomes from the internal audits that were completed were shared with staff at staff meetings in the staff meeting minutes sighted.		
<p>Criterion 2.5.2</p> <p>Service providers shall maintain an information management system that:</p> <p>(a) Ensures the captured data is collected and stored through a centralised system to reduce multiple copies or versions, inconsistencies, and duplication;</p> <p>(b) Makes the information manageable;</p> <p>(c) Ensures the information is accessible for all those who need it;</p> <p>(d) Complies with relevant legislation;</p> <p>(e) Integrates an individual's health and support records.</p>	<p>PA</p> <p>Moderate</p>	<p>Facility information (policy and procedures), ongoing review of residents' files (particularly interRAI assessments), and resident-centred processes (including medication management) were compromised due to an intermittent fault in the provision of internet to the site. Bloomfields Court has fibre internet installed, and extra routers have been wired in to the facility. The NM is aware of the issue and has been working with the information technology contactor used by the service to try to address this. The effect of this is that current policy and procedure information is not readily available to staff via the electronic policy and procedure platform (current hard-copy policies and procedures were out-of-date). Resident information through the interRAI process was not completed (refer also subsection 3.2), and the electronic medication system operated slowly</p>	<p>The erratic nature of fibre internet connection is compromising the ability of the staff to get up-to-date policy and procedure information from the electronic portal. interRAI assessments for residents have been compromised by lack of internet service. Access to the medication management portal is compromised by slow and/or erratic internet availability. Use of personal cell phones to access the electronic medication system is a potential security risk.</p>	<p>Provide evidence that work is ongoing to remediate the inconsistent internet performance and availability. Provide evidence that staff have been advised to use the electronic medication management system 'offline' to administer medications (entries upload when internet is available) rather than their personal cell phones.</p> <p>60 days</p>

		and erratically due to the sporadic internet coverage (refer also subsection 3.4). At times, staff had to use their personal cell phones to access the internet and the medication system; this is a potential security risk.		
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA Moderate</p>	<p>The administration of a regular CD medication when there was only one care staff on duty, occurred by the care staff administering a CD that was checked and signed out of the CD register by two other staff (an RN or EN and a medication competent care provider), and left for the care staff member on duty to give at the allocated time. The two staff who signed the medication out were not able to verify the correct drug, nor whether the correct dose was given to the correct resident at the correct time. The care staff member administering did not check the CD medication out from the CD safe. The staff member conducting this process was deemed competent to administer medications; however, this practice contradicted the requirements of competent medication management. Interviews verified the RN and EN, knew this practice did not meet the guidelines, however staffing did not permit the correct process to be carried out. Interviews verified this</p>	<p>The administration of controlled drugs (CD), when there is only one staff member on duty, does not meet safe medication management guidelines. Staff administering the CD, using this process, though deemed competent, are not meeting medication competency guidelines. Medication competencies are not reviewed following medication errors.</p>	<p>Provide evidence that CDs are administered in accordance with safe medication management guidelines and legislative requirements. Provide evidence staff administering CDs practice in accordance with medication competency guidelines and that medication competencies are checked following any medication error.</p> <p>30 days</p>

		<p>was a frequent occurrence, due to only one staff member being on duty at the time the CD was required to be administered. The NM was to discuss with the GP an alternative medication regime, so this practice could be stopped. A review of eight medication error incidents (none around CDs) noted no review of medication competency was undertaken as part of the incident review process.</p>		
<p>Criterion 4.2.5</p> <p>An appropriate call system shall be available to summon assistance when required.</p>	PA Low	<p>The call bell system model at Bloomfields Court is an older model and not always reliable. This was checked on both of the days of audit to ensure that this was not a 'one off' error. When the call bell is pushed, an indicator light lights up outside the room and at the end of each wing (there are three wings) to direct staff to the area of the call bell. On one of the days of audit a call bell was tested. Once activated, the light outside the room lit up but the light indicating the wing where the call bell originated from, did not light up to guide staff. This was again tested the following day. The call bell tested on the first day of audit had evidence of 'fraying' at the resident end of the call bell cord. It took several 'pushes' for the call bell to activate. The room was not occupied on the day the call bell</p>	<p>The call bell system at Bloomfields Court is not always reliable.</p>	<p>Provide evidence that a reliable call bell system is available at Bloomfields Court.</p> <p>90 days</p>

		was checked and the bell was then removed for repair or replacement; other call bells checked on the day (in other wings) operated as they should. Call bell audits are part of the internal audit schedule, but these had not been carried out in 2024.		
<p>Criterion 5.5.3</p> <p>Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include:</p> <p>(a) Methods, frequency, and materials used for cleaning processes;</p> <p>(b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team;</p> <p>(c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p>	<p>PA</p> <p>Moderate</p>	<p>The kitchen at Bloomfields Court was accessible to residents and staff. The chemicals feeding the dishwasher were not stored securely. Several areas in the kitchen were noted to have paint or varnish flaking off, making cleaning difficult. This is an area requiring attention.</p>	<p>Chemicals that feed the dishwasher in the kitchen were not stored securely. Chipped paint and varnished surfaces in the kitchen did not support easy cleaning.</p>	<p>Provide evidence that the chemicals that feed the dishwasher in the kitchen are stored securely and that chipped paint and varnished surfaces in the kitchen have been repaired to support easy cleaning.</p> <p>60 days</p>

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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.