

# Experion Care NZ Limited - Bardowie Retirement Complex

## Introduction

This report records the results of a Surveillance 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:

<b>Legal entity:</b>	Experion Care NZ Limited
<b>Premises audited:</b>	Bardowie Retirement Complex
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 3 October 2024 End date: 4 October 2024
<b>Proposed changes to current services (if any):</b>	None.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	18

# Executive summary of the audit

## 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

Bardowie Retirement Complex is one of six aged care facilities managed by Experion Care New Zealand Limited. Bardowie Retirement Complex is certified to provide rest home level of care for up to 20 beds. At the time of the audit there were 18 rest home level care residents.

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

The clinical nurse manager has been in the role for a year. They are supported by Experion Care New Zealand Limited management team, an administrator, a registered nurse and a team of experienced staff. Residents, family/whānau and the general practitioner interviewed spoke positively about the care and support provided.

There are quality systems and processes being implemented. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The areas for improvement identified at the previous audit relating to communication; informed consent; addressing barriers to equitable service delivery; participation in planning, implementation, monitoring and evaluation of service delivery by residents and whanau; meaningful Māori representation at governance level; clinical governance; implementation of the quality system; delivery of high quality healthcare for Māori residents by staff; clinical nurse manager training; collection of staff ethnicity information;

timeframes for care planning; care plan evaluations; cultural considerations for Māori residents; and infection surveillance have been satisfied.

Improvements are still required in medication management, care plan interventions and monitoring charts.

This surveillance audit identified areas for improvement related to food temperature monitoring.

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.
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Bardowie Retirement Complex provides an environment that supports resident rights and safe care. There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Bardowie Retirement Complex demonstrates their knowledge and understanding of resident’s rights and ensures that residents are well informed in respect of these. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident’s property and finances.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service in accordance with the Code of Health and Disability Services Consumers’ Rights, and complainants are kept fully informed. 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.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems aim to meet the needs of residents and their staff. Quality improvement projects are implemented. Quality and risk performance is reported across various meetings. Bardowie Retirement Complex collates clinical indicator data and benchmarking occurs.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

## Ngā huarahi ki te ora | 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.

Registered nurses assess residents on admission. InterRAI assessments and risk assessments are used to identify residents' needs, and long-term care plans are developed and implemented. Resident files included medical notes by the general practitioner and visiting allied health professionals.

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

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

Discharge and transfers are coordinated and planned.

## 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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A current building warrant of fitness is in place and displayed. There is a planned and reactive maintenance programme in place.

## 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.

All policies, procedures, the pandemic plan, and the infection prevention and control programme have been developed, approved and reviewed by Experion Care New Zealand Limited management team. There is an appropriate number of protective personal equipment to manage outbreaks. Education is provided to staff and is included in the education planner.

Surveillance data is undertaken. Infection incidents are collated and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There have been no outbreaks since the last audit.

## 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.

Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. The organisational strategic plan aims to maintain a restraint free environment. The restraint coordinator is the clinical nurse manager. At the time of the audit there were no restraints used. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.

## 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	16	0	1	2	0	0
Criteria	0	53	0	1	3	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>The Māori health plan acknowledges Te Tiriti o Waitangi and Māori motuhake. Interviews with six staff (two healthcare assistants, one registered nurse (RN), one cook, one administrator, one maintenance person) confirmed that mana motuhake is recognised and described ways they implement the principles of Te Tiriti o Waitangi through all areas of the service. At the time of the audit there were Māori staff and residents. Cultural awareness training has been provided to staff. Residents who identify as Māori felt their cultural preferences were accommodated.</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>Bardowie Retirement Complex has a Pacific people's policy and 'Health of pacific peoples in Aotearoa is everyone's business' which notes the Pasifika worldviews, and the need to embrace their cultural and spiritual beliefs. The Pacific Health and Wellbeing Plan 2020-2025 forms the basis of the policy related to Pacific residents. There is a cultural awareness and cultural safety policy that aims is to uphold the cultural principles of all residents and to provide an equitable service for all. Staff have been introduced to the Fonofale model as part of the training outcomes for the cultural training attended in April 2024.</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>Details relating to the Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical nurse manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, sign language and te reo Māori. Five residents and one family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</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>Bardowie Retirement Complex policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service. Training related to abuse, neglect and discrimination was held in August 2024.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with one registered nurse, one clinical nurse manager, two healthcare assistants, the cook and maintenance person confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</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>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the resident's progress notes. The accident/incident forms reviewed identified family/whānau are kept informed. Family/whānau interviewed stated that they are kept informed when their family member's health status changes or if there has been an accident / incident. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 1.6.3 has been satisfied.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Five resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by competent residents or EPOA for procedures such as influenza and COVID-19 vaccines. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 1.7.1 has been satisfied. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and providing personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). Enduring power of attorney documentation is filed in the residents' files and is activated as clinically indicated and medical certificates for incapacity were sighted on file.</p> <p>Interviews with one family/whānau and five residents confirmed their choices regarding decisions and their wellbeing is respected.</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>	FA	<p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Access to complaints forms is located on entry to the facility or on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. There is a resident advocate available to support residents if required. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, sign language and English.</p> <p>A complaints register is being maintained. The complaints register is detailed regarding dates, timeframes, complaints, and actions taken. There were three internal complaints, and no external complaints logged since last audit. Documentation reviewed included acknowledgement, investigation, follow-up and replies to the complainant demonstrating that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. There were no trends identified and all complaints are closed</p>

		<p>as resolved to the satisfaction of the complainant.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the staff meetings (minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The clinical nurse manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include whānau participation.</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>	FA	<p>Bardowie Retirement Complex is part of Experion Care NZ Limited and is located in Napier. There are six medium sized aged care facilities within the organisation that provides approximately 180 care beds. Bardowie Retirement Complex provides rest home level of care for up to 20 residents.</p> <p>There were 18 residents at the time of the audit including one resident on respite care and three residents on the long-term support chronic health contract (LTS-CHC). All other residents were on an age-related residential care (ARRC) agreement.</p> <p>Bardowie Retirement Complex has a business plan in place, which links to the organisation's, vision, mission, values, and strategic direction as documented in the Experion Care NZ limited business plan 2022-2025. Clear specific business, clinical and operational goals are documented to manage and guide quality and risk and are reviewed at regular intervals.</p> <p>The organisational governance role is carried out by the Board of Directors comprising of two members (directors) and is supported by the chair of the Clinical Governance Committee (CGC). The Board is responsible for the overall leadership of the organisation. The executive director (owner) who owns the facilities is supported by an independent director based in New Zealand with experience as a statutory supervisor for retirement villages. Both have equal authority and oversee operations of the facilities. The directors are supported by the accounts and business team which comprises of a person overseeing human resources (based in India), and a business manager (based</p>

	<p>in United Arab Emirates). The executive team (two directors, business manager, human resources support and clinical governance advisor) meets quarterly. Each facility has their own in-house business support/administrator.</p> <p>The directors have extensive business experience and understand their responsibility in the implementation of the health and disability services standard. The clinical governance advisor (interviewed) explained the organisational commitment to Te Tiriti obligations and to deliver services that improve outcomes and achieve equity for tāngata whaikaha. The Māori Health plan documented within the cultural awareness and cultural safety policy reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies. The working practices within Experion Care are holistic in nature, inclusive of cultural identity, and respect connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha.</p> <p>The governance body actively promotes equal opportunity and equity amongst all stakeholders. This is reflected in a culturally diverse employee base and also residents from various cultural backgrounds who participate in the planning, implementation, monitoring, and evaluation of service delivery as evidenced in the meeting minutes, satisfaction surveys and feedback received. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 2.1.8 has been satisfied. There is a Māori Cultural advisor to the executive team (governance body) that provides tikanga support. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 2.1.9 has been satisfied. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 2.1.7 has been satisfied. The executive team, clinical governance committee, facility managers and clinical nurse managers have completed cultural training that ensures cultural competence.</p> <p>Clinical governance is provided by a clinical governance committee (CGC) which includes the national quality lead (RN). The CGC group meet quarterly and is chaired by the clinical governance advisor (RN). There is a documented term of reference. The quarterly CGC minutes (meeting minutes sighted) report on monitoring of clinical issues, incidents, quality and risk data and benchmarking from each facility. The report is generated from monthly managers meetings, discussions with managers and data extracted monthly</p>
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		<p>from the electronic management system. The CGC reports are presented at quarterly Experion Care NZ Limited Board (executive) meetings by the clinical governance advisor with recommendations of actions required. The monthly clinical benchmarking report is also discussed at the Board meeting. Clinical information, actions, improvements and communications generated at the board meetings are cascaded to managers by the clinical governance advisor. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 2.1.11 has been satisfied.</p> <p>The clinical nurse manager (a registered nurse) has been in the role for just over a year with experience in aged care and years of overseas management expertise. They oversee the implementation of the business strategy, quality plan and clinical oversight of the facility at Bardowie Retirement Complex. They are supported by a registered nurse who has been in the role since August 2023. The clinical nurse manager has completed in excess of eight hours of professional development including training related to managing an aged care facility since taking over the role.</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>Bardowie retirement complex continues to implement the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits, satisfaction surveys, complaints management and through the collection of clinical indicator data. Monthly staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; restraint; and education. Staff meetings have been completed as scheduled and meeting minutes reviewed evidence follow-up of action and sign off when been completed. Internal audits and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements and signed off on completion. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 2.2.3 has been satisfied. All the internal audits were completed as scheduled since last audit.</p> <p>Quality data is benchmarked against other Experion Care New Zealand Limited facilities to support critical analysis of organisational practices and identify areas for improvement. Quality data and trends in data are posted in the nurses' office. Quality goals for Bardowie Retirement Complex are</p>

		<p>documented and reviewed.</p> <p>The resident/relative satisfaction survey completed in January 2024 showed overall satisfaction with service delivery. Any comments or areas of concern were followed up and addressed. Interviews with residents and family/whanau during the audit confirmed satisfaction with all aspects of service delivery. The staff survey completed in January had all staff participating and demonstrated satisfaction by staff. Survey results analysis and corrective actions have been communicated to residents and staff and there is evidence of action plans being implemented.</p> <p>A health and safety system is in place. Health and safety is led by the clinical nurse manager and discussed as part of the monthly staff meeting. Hazard identification forms are completed, and an up-to-date hazard and risk register was reviewed (sighted). The noticeboards in the nurses' office keep staff informed on health and safety issues.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Results are discussed in the staff meetings and at handover. Incident/accident data is collated, analysed and trends are identified. Results are included in benchmarking data.</p> <p>Discussions with the clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification related to the change in clinical manager. There have been no outbreaks in the facility since the last audit.</p> <p>Culturally inclusive care training includes modules on Te Tiriti o Waitangi, tikanga Māori, cultural safety and bias in healthcare. Equity training is covered as part of the staff education to ensure a high-quality service is provided for Māori. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 2.2.7 has been satisfied.</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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. Bardowie Retirement Complex has a weekly roster in place which provides sufficient staff cover for the provision of care and service</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>to residents. The facility adjusts staffing levels to meet the changing needs of residents. Extra staff can be called on for increased resident requirements. Healthcare assistants and the registered nurse reported there were adequate staff to complete the work allocated to them. The residents and family/whānau interviewed supported this. Rosters from the past three weeks showed a good cover of all the shifts with replacement evident for short notice absences.</p> <p>The clinical nurse manager works during the week and the registered nurse works two days a week. Both the clinical nurse manager and the registered nurse are available on call after-hours for any operational and clinical concerns on rotation. There are no current vacancies in all the roles and staff turnover has been low.</p> <p>There are designated activities, food services, cleaning, maintenance, and laundry staff. Healthcare assistants support with cleaning duties over the weekends. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as observed and confirmed by all the residents interviewed.</p> <p>There is an annual education and training schedule completed for 2023 and being implemented for 2024. The education and training schedule lists compulsory training, which includes culturally safe support practices training. Cultural awareness training is part of orientation and provided annually to all staff. Staff have attended training at the local marae related to Māori health, tikanga guidelines and treaty of Waitangi (June 2024). External training opportunities for care staff include training through Health New Zealand – Te Whatu Ora and hospice. The ongoing training creates opportunities for the workforce to learn about and address inequities.</p> <p>Bardowie Retirement Complex supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Of the eleven healthcare assistants employed, seven are on level three and above NZQA qualification, one on level 2 and the remaining on level 0.</p> <p>All healthcare assistants are required to complete annual competencies for: restraint; moving and handling; personal protective equipment (PPE); medication and handwashing. All new staff are required to complete competency assessments as part of their orientation. Registered nurses' complete competencies, including restraint, and medication management (including controlled drug management, insulin administration and syringe</p>
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		<p>driver training). Additional registered nurse specific competencies include interRAI assessment competencies. The service currently employs two registered nurses (including clinical nurse manager) and both of them are interRAI trained.</p> <p>The clinical nurse manager, and registered nurse are supported to maintain their professional development. Since taking over the role, the clinical nurse manager has completed orientation related to managing an aged care facility and training in excess of eight hours in the last 12 months that includes (but not limited to) treaty of Waitangi, privacy, interRAI, chemical safety, challenging behaviour, first aid, equity, dementia care, health and safety, infection prevention and control and restraint management. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 2.3.4 has been satisfied. Staff interviewed report a positive work environment.</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>Five staff files reviewed (registered nurse, two healthcare assistants, cook and maintenance person) included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes 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 service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and healthcare assistants to provide a culturally safe environment for Māori. Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Annual appraisals have been completed in the four of five staff files reviewed, the remaining staff has been employed for less than a year.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 2.4.6 has been satisfied.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The clinical nurse manager and registered nurse are responsible for all residents' assessments, care planning and evaluation of care. Five resident files were reviewed including one on respite and one on a long-term support chronic health contract (LTS-CHC). All the other resident files reviewed were under the age-related residential care (ARRC) agreement.</p> <p>Initial care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent and have been completed within the required timeframe. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 3.2.1 has been satisfied. Care plans are based on data collected during the initial nursing assessments, which includes cognitive function, continence and toileting, dietary needs, emotional, stress, relationship, behaviour, hygiene, mobility, transfer, falls risk, spiritual, cultural, and social needs, and information from pre-entry assessments.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All long-term care plans and interRAI assessments (with the exception of the resident on respite) sampled had been completed within three weeks of the residents' admission to the facility. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 3.2.1 has been satisfied. For the resident on respite (exempted from interRAI assessment) appropriate risk assessments were completed that informed the care plan, related to (but not limited to) cognitive function, continence and toileting, dietary needs, emotional, stress, relationship, behaviour, hygiene, mobility, transfer, falls risk, spiritual, cultural, and social needs.</p> <p>Long-term care plans are holistic and individualised to meet the needs and preferences of the resident; however, the care plan interventions are not comprehensive enough to meet the residents' assessed needs, and direct comprehensive care delivery. The previous audit shortfall related to HDSS:2021 # 3.2.3 around care plan interventions continues. For Māori residents receiving care at the time of the audit, the registered nurses completed a Māori health care plan which described the support required to meet resident's needs. The registered nurse and clinical nurse manager interviewed, described removing barriers so all residents have access to information and services required to promote independence, and working alongside residents and relatives when developing care plans, so residents</p>

	<p>can develop their own pae ora outcomes. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 3.2.7 has been satisfied. Short term care plans are developed for short term needs such as infections, wounds, bruises and have been evaluated and signed off once completed or transferred to the long-term care plan.</p> <p>The initial medical assessment is undertaken by the contracted general practitioner (GP) within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly GP visits when the resident's condition is considered stable. The GP visit the facility once every fortnight and is available as needed during office hours. The GP has access to the resident management system and the medication system. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that the registered nurse and clinical nurse manager demonstrated good assessment skills and that they were informed of concerns in a timely manner. After hours, the facility contacts City Medicals for on call support. A physiotherapist, speech language therapist, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, general practitioner visits and medication changes.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds are assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There was one chronic leg ulcer wound being actively managed. Referrals were completed for wound nurse specialist input as clinically indicated with recommended plans incorporated into the wound management plans of the ulcer.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by healthcare assistants, the registered nurse and clinical nurse manager. When changes occur with the residents' health, these are reflected in the progress</p>
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		<p>notes to provide an evolving picture of the resident journey. When a resident's condition alters, the registered nurse or clinical nurse manager initiate a review with the GP. The registered nurse and clinical nurse manager also undertake comprehensive assessments, including (but not limited to) falls risk, pressure risk and pain assessment as requires. There was evidence the registered nurse and clinical nurse manager had added to the progress notes when there was an incident and changes in health status.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date; however, blood glucose level monitoring charts have not been completed as scheduled. The previous audit shortfall related to HDSS:2021 # 3.2.4 around monitoring continues. All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Healthcare assistant interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Neurological observations have routinely been completed for unwitnessed falls or those where head injury was suspected as part of post falls management.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurse and clinical nurse manager. The evaluations include the degree of achievement towards meeting desired goals and outcomes. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 3.2.5 has been satisfied.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner</p>	<p>PA Moderate</p>	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in a locked cupboard within the nurses' office. Healthcare assistants and registered nurses responsible for medication administration complete medication competencies. Regular medications and 'as required' medications are delivered in rolls. The registered nurses check the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are reported back to the</p>

<p>that complies with current legislative requirements and safe practice guidelines.</p>		<p>supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner.</p> <p>There were no residents self-administering medications on the days of audit. Assessments, reviews, storage, and procedures relating to self-medication is available for residents that may wish to self-administer medications. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 3.4.6 has been satisfied.</p> <p>Observation of the medication round confirmed that staff were safely administering medications according to expected policy requirements. Controlled drugs are stored in a secure safe in a locked cupboard. Controlled drug checks have been completed weekly by the registered nurses meeting safe reconciliation processes. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 3.4.2 and 3.4.1 have been satisfied. Signing charts on the electronic medication system include two signatures.</p> <p>Medication fridge and room air temperatures are checked daily, recorded, and were within the acceptable temperature range. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 3.4.1 has been satisfied. Eye drops were dated on opening and within expiry date. Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photographic identification and allergy status were documented. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 3.4.4 has been satisfied. The general practitioner had reviewed the medication charts three-monthly and discussion and consultation with residents and family/whānau takes place during these reviews. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication was not evidenced as being consistently documented in the medication system or progress notes.</p> <p>Standing orders are not in use. All medications are charted either regular doses or 'as required.' Staff have received training in medication management and pain management as part of their annual scheduled training programme.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs</p>	<p>PA Low</p>	<p>The cook receives residents' dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, pureed foods) or of any residents with weight loss. The cook (interviewed) was aware</p>

<p>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>of resident likes, dislikes, allergies and special dietary requirements. Cultural, religious and food allergies are accommodated. Alternative meals are offered for those residents with dislikes or religious preferences. Residents confirmed their individual preferences and needs were accommodated. An implemented and verified food control plan is in place which expires June 2025; however, food temperature monitoring has not been completed as per standard.</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>	FA	<p>Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. Documented policies and procedures are in place to ensure discharge or transfer of residents are undertaken in a timely and safe manner. The residents and their family/whānau were involved for all discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan.</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>	FA	<p>There is a current building warrant of fitness that expires 1 June 2025. The maintenance person works 40 hours a fortnight and oversees maintenance of the site, gardens and contractor management. Essential contractors such as plumbers and electricians are available 24 hours a day as required.</p> <p>Maintenance requests are logged onto maintenance register in the nurses' office and followed up in a timely manner. An annual maintenance plan includes electrical compliance testing and tagging, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Testing and tagging of electrical equipment are next due on 29 October 2024. Checking and calibration of medical equipment, hoists and scales is next due in July 2025.</p> <p>Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the facility and can personalise their</p>

		<p>rooms.</p> <p>The physical environment supports the independence of the residents. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. All areas are easily accessible to the residents.</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 clinical nurse manager and the registered nurse are the infection control coordinators who currently oversee infection control and prevention across the service. The job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The services access workshops/webinar with Health New Zealand to keep up to date with current best practice.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the organisational clinical governance group in consultation with infection prevention and control coordinators. Policies are available to staff.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan (last completed February 2024). Staff are informed of any changes related to infection prevention and control by noticeboards, handovers, and during meetings. Staff have completed hand hygiene, and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed of infections through meetings, and emails.</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</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. The infection control programme is reviewed annually (last reviewed February 2024). Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register on the electronic and paper system. Surveillance of all infections (including</p>

<p>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>organisms) occurs in real time. This data includes ethnicity and is monitored and analysed for trends, monthly and annually. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 5.4.3 has been satisfied. Staff are informed of infection surveillance data through meeting minutes and notices. Residents and family/whānau are informed of infections and these are recorded in the progress notes.</p> <p>Action plans are completed for any infection rates of concern. Benchmarking occurs monthly within the organisation. Monthly infections of concern are presented to the clinical governance group and the directors.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There have been no outbreaks since last audit. Interview with the infection prevention and control coordinators confirmed their understanding of documentation and reporting requirements of outbreaks.</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>	<p>FA</p>	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint free.</p> <p>The restraint coordinators (clinical nurse manager and registered nurse) confirmed the service is committed to providing services to residents without use of restraint as evidence in the strategic plan. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. Restraint training was last completed in July 2024.</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 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This</p>	PA Moderate	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. The registered nurse and clinical nurse manager are responsible for completing assessments (including interRAI), developing resident centred care interventions, and evaluating the care delivery six monthly or earlier as residents needs change.</p> <p>The service seeks multidisciplinary input as appropriate to the needs of the resident. Care plan evaluations identify progress to meeting goals.</p> <p>The outcome of assessments informs the long-term care plans with appropriate interventions to deliver care. However, in long term care plans reviewed, no care plan interventions</p>	<p>(i). There were no interventions documented in relation to diabetes management including (but not limited to) signs and symptoms of hypo and hyperglycaemia and management of same, footcare, eye check-ups, HBA1c monitoring requirements for two residents with diabetes.</p> <p>(ii). There were no pain management interventions documented (which were identified in the interRAI assessment) for one resident with chronic pain.</p> <p>(iii). There were no falls prevention strategies documented (which were identified in the interRAI</p>	<p>(i)-(iv). Ensure interventions are documented to ensure sufficient guidance is provided for staff to manage all clinical risks.</p> <p>30 days</p>

<p>includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>were detailed to provide guidance for staff in the delivery of care. This is an ongoing shortfall.</p>	<p>assessment) in the care plan for two residents who fall.</p> <p>(iv). There were no interventions documented in relation to communication as identified in the interRAI assessment.</p>	
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p>	<p>PA</p> <p>Moderate</p>	<p>Monthly observations such as weight and blood pressure were completed and are up to date; however, blood glucose levels have not been completed as scheduled. For one recently admitted resident where the care plan indicated a requirement for twice daily blood glucose level monitoring this was not consistently done. From 23 September to 4 October there were 5 days where there were no documented records of the blood glucose levels. Over the same period of time there were three occasions when the recorded blood glucose levels were documented as 'high' but with no evidence of registered nurse follow-up or documented management plan for the acute change in healthcare needs of the resident.</p>	<p>(i). Blood glucose level monitoring has not been completed twice daily as per care plan for one resident who is diabetic.</p> <p>(ii). When the blood glucose level readings have registered 'high' reading on the machine for the same resident, there is no documented follow-up or interventions related to the management thereof by the registered nurse.</p>	<p>(i). Ensure blood glucose level monitoring is completed as per care plan.</p> <p>(ii). Ensure there is registered nurse follow-up with documented management plans to meet the acute changes in healthcare needs of the residents.</p> <p>30 days</p>

(d) That needs and risk assessments are an ongoing process and that any changes are documented.		Healthcare assistant interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Review of other resident records provided evidence that when changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. The registered nurse or clinical nurse manager would also initiate a review with the GP. There was evidence the registered nurse and clinical nurse manager had added to the progress notes when there was an incident and changes in health status.		
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Moderate	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in a locked cupboard in the nurses' office. Healthcare assistants and registered nurses responsible for medication administration complete medication competencies. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication has not been consistently documented in the medication system or progress notes.</p>	Staff have not been consistently documenting the effectiveness / outcome following administration of 'as required' medicines.	<p>Ensure that effectiveness of 'as required' medicines is documented</p> <p>60 days</p>
<p>Criterion 3.5.5</p> <p>An approved food control plan shall</p>	PA Low	There is an implemented and verified food control plan in place which expires June 2025; however, review of the end-	Food temperature monitoring has not been consistently documented on the weekends for the records	Ensure that food temperature monitoring is

be available as required.		cooked temperature monitoring records between January and September 2024 show that temperature readings have not been recorded consistently on the weekends.	reviewed (January to September 2024).	completed and documented as per standard.  90 days
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# Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.