

# Fervor Cooperation Limited - Bloomfield Court Retirement Home

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## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by 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: 16 April 2025 End date: 17 April 2025

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 24

# Executive summary of the audit

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## Introduction

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

- ō 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

Fervor Cooperation Limited owns and operates Bloomfield Court Retirement Home (Bloomfield Court) and provides age-related rest home care for up to 27 residents. Fervor Cooperation Limited purchased the facility in July 2024; there have been no changes to the services provided or to the facility since the purchase.

This certification audit process included review of policies and procedures, review of resident and staff files, observations, and interviews with residents, whānau members, members of the governance group, managers, staff, and a general practitioner(s).

Strengths of the service included communication and the personalised approach to care. Nine areas for improvement were identified during this audit; these related to partnership with Pacific communities, monitoring and review of the business plan, health and safety training, evaluation of quality outcomes, risk management, critical analysis of organisation practices, police vetting, documentation of management roles and responsibilities and performance review for managers.

## Ō tātou motika | Our rights

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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Bloomfield Court works collaboratively to support and encourage a Māori world view of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Policies are in place to ensure Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau were informed of their rights under the Code of Health and Disability Services Consumers’ Rights (the Code), and these rights were consistently upheld. Personal identity, independence, privacy and dignity are respected and actively supported. Te Tiriti o Waitangi is reflected in everyday service delivery. Residents were kept safe from all forms of abuse.

Residents and their whānau received information in an easy-to-understand format and were listened to and included in decisions about care and support. Open communication was maintained, and interpreter services were provided when needed. Whānau and legal representatives are involved in decision-making in accordance with legal requirements. Advance directives were respected and followed wherever possible.

Concerns and complaints were addressed promptly and collaboratively, with a focus on respectful resolution for all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The governing body assumes accountability for delivering a high-quality service. This included supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance was monitored and reviewed at planned intervals.

The quality and risk management systems were focused on improving service delivery and care using a risk-based approach. Residents and whānau provided regular feedback and staff are involved in quality activities. An integrated approach included collection and analysis of quality improvement data.

The National Adverse Events Policy was followed, and the service complied with statutory and regulatory reporting obligations.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff were appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supported safe equitable service delivery.

Residents' information was accurately recorded, securely stored and not accessible to unauthorised people.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

When residents entered Bloomfield Court, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau to support informed decision-making.

Bloomfield Court worked in partnership with residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive assessments, and adapted to respond to any changes or emerging needs. File reviews confirmed that the care provided met the needs of residents and their whānau and was evaluated regularly and in a timely manner.

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

Medicines were safely managed and administered by staff who were trained and assessed as competent.

The food service met the nutritional needs of residents, with special attention given to cultural preferences and requirements. Food was safely stored, prepared and served.

Residents were referred or transferred to other health services as required to meet their ongoing needs.

## 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.

The facility met the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment was tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff were trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security was maintained.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The governing body at Bloomfield Court ensured the safety of residents and staff through well-planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes, appropriate to the size and complexity of the service. These programmes were led by an experienced and trained infection control coordinator.


The infection control coordinator was actively involved in procurement decisions, facility modifications, and the safe decontamination of any reusable equipment.

Staff demonstrated sound infection control practices, and residents, staff and whānau were familiar with Bloomfield Court's pandemic and infectious disease response plan.

The service promoted the responsible use of antimicrobials, with infection surveillance undertaken and appropriate follow-up actions implemented when required.

The physical environment supported infection prevention and reduced the risk of transmission. Waste and hazardous substances were managed safely, and laundry services were both safe and effective.

## 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.
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The service is a restraint-free environment. This was supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	23	0	2	2	0	0
Criteria	0	159	0	8	1	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Bloomfield has policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake was respected. Partnerships have been established with local iwi and Māori organisations to support service integration, planning, and support for Māori. A Māori health plan has been developed by an external provider with input from cultural advisers and is available to be used for residents who identify as Māori.</p> <p>Bloomfield Court has policy in place to ensure services are Māori centred; however, the directors have not yet evaluated organisation practices to ensure equity; refer criterion 2.2.8.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe. A Māori advisor was available to support staff in their practice.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were staff employed who identified as Māori. Staff ethnicity data was documented on recruitment and trended.</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>	<p>PA Low</p>	<p>Bloomfield Court has policies in place to ensure cultural safety for Pacific peoples receiving care. There is a Pacific plan in place developed by an external provider with input from the Pacific community that describes how the worldviews, cultural and spiritual beliefs are embraced.</p> <p>There were no Pacific people resident at the time of audit; staff described how they would be provided with services that recognise their worldviews and would be culturally safe if there were residents in the future. However, the directors have not yet evaluated organisation practices to ensure equity; refer criterion 2.2.8.</p> <p>There is policy in place which describes the commitment to actively recruit and retain a Pacific health workforce across roles and the manager described how this would be implemented.</p> <p>Bloomfield Court has yet to develop partnerships with the local Pacific community; refer criterion 1.2.5.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff at Bloomfield Court demonstrated a clear understanding of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in ways that aligned with their individual preferences and choices.</p> <p>The Code of Rights was prominently displayed throughout the facility in both English and te reo Māori. Residents and their whānau reported being informed about the Code and the Nationwide Health and Disability Advocacy Service and confirmed they had received on-site education about their rights. Opportunities were provided to ask questions and engage in discussions to support their understanding.</p> <p>Bloomfield Court recognised and upheld Māori mana motuhake, supporting self-determination, cultural identity, and partnership in service delivery.</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</p>	<p>FA</p>	<p>The service at Bloomfield Court supported residents in a way that was inclusive and respectful of their identity, background, and lived</p>

<p>respect.  Te Tiriti: Service providers commit to Māori mana motuhake.  As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>experiences. Residents and their whānau confirmed they received services that upheld their dignity, gender identity, privacy, sexual orientation, spirituality, and personal choices.</p> <p>Residents reported they were always treated with respect and felt they had developed strong, trusting relationships with both staff and management.</p> <p>Staff were observed maintaining residents' privacy consistently throughout the audit. All residents have single rooms and do not share.</p> <p>Te reo Māori and tikanga Māori were promoted within the service through culturally responsive activities and environments including te reo language opportunities. Staff demonstrated an understanding of the principles of Te Tiriti o Waitangi and how to treat all people with dignity, respect and cultural sensitivity in their daily practice. Staff had received cultural training from the local marae.</p>
<p>Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff at Bloomfield Court demonstrated a clear understanding of the service's policies and procedures relating to the prevention, identification and reporting of abuse and neglect. They were confident in recognising signs of potential harm and knew the correct steps to take should any concerns arise.</p> <p>No instances of discrimination, coercion, harassment or abuse were identified during the audit. This was confirmed through staff interviews, resident and whānau feedback, and review of documentation. Residents consistently reported feeling safe, respected and supported within the service.</p> <p>Residents' personal property was clearly labelled upon admission and was reported by residents and their whānau to be treated with care and respect. No concerns were raised about loss or misuse of personal belongings.</p> <p>Professional boundaries were consistently maintained by staff, and interactions observed during the audit reflected empathy, respect and dignity. Staff interviewed stated they felt safe and supported in raising any concerns, including those relating to institutional or systemic</p>

		<p>racism. They expressed confidence that such concerns would be taken seriously and addressed appropriately by management.</p> <p>Bloomfield Court's care model is holistic and strengths-based, incorporating the principles of Te Whare Tapa Whā, with a strong emphasis on cultural safety and responsiveness. This included the integration of culturally appropriate activities, recognition of individual identity and whakapapa, and active support for resident wellbeing.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and their whānau reported that communication at Bloomfield Court was open, respectful and effective. They felt listened to and involved in decisions about their care and support. Information was provided in clear, easy-to-understand formats, and staff ensured that any changes in a resident's health status were communicated to whānau in a timely and appropriate manner. Where other external health or support agencies were involved, communication was well coordinated to ensure continuity of care.</p> <p>Examples of open and transparent communication were observed following incidents or adverse events, as well as during the management and resolution of complaints. Residents and whānau expressed confidence that staff would inform them of any concerns and respond to questions.</p> <p>Staff were observed communicating clearly and respectfully with each other and with management throughout the audit. There was a positive team culture, and staff reported enjoying the activities and initiatives that supported open communication and teamwork within the service. This included regular team meetings, and resident-inclusive activities that encouraged shared understanding and collaboration.</p> <p>All staff were aware of how to access interpreter services when required, and understood the importance of removing communication barriers to ensure all residents and their whānau could participate fully in their care.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>At Bloomfield Court, residents and/or their legal representatives were provided with clear, relevant information to support informed decision-making. Residents consistently reported feeling empowered and respected in their right to actively participate in decisions relating to their care and daily life. With the resident's consent, whānau were involved in discussions and decision-making processes, reflecting a person- and whānau-centred approach to care.</p> <p>Nursing and care staff interviewed demonstrated a strong understanding of the principles and practice of informed consent. Staff were able to describe how consent was sought in a way that aligned with the Code of Health and Disability Services Consumers' Rights (the Code), while also respecting tikanga Māori and cultural preferences. Policies and procedures supported this practice, ensuring that informed consent is a routine part of care planning, service delivery, and documentation.</p> <p>Advance care planning was in place for residents who wished to outline their preferences for future care. Advance directives were followed wherever possible. Documentation also included clear processes for establishing and recording Enduring Power of Attorney (EPOA) arrangements. Where residents lacked the capacity to consent, decisions were made in accordance with legal and ethical guidelines and were clearly documented in the resident's file.</p> <p>The service demonstrated a strong commitment to ensuring residents' autonomy, cultural identity, and personal choices were upheld.</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</p>	<p>FA</p>	<p>A fair, transparent and equitable system was in place to receive and resolve complaints that led to improvements. The process met the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>The manager described treating all concerns, including minor concerns, as complaints to ensure full investigation and prompt response occurred. A review of the complaints register showed that actions taken, through to an agreed resolution, were documented and</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>completed within the required timeframes. Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation.</p> <p>There had been no complaints from Māori. The manager described how they worked to ensure the process would work equitably for Māori, which would include a hui process to meet with the complainant and whānau.</p> <p>Staff interviewed knew what to do should they receive a complaint.</p> <p>There have been no complaints received from 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 Low</p>	<p>Fervor Cooperation Limited is the governing body for Bloomfield Court and assumes accountability for delivering a high-quality service to the residents and their whānau. The governance group demonstrated expertise in Te Tiriti, health equity and cultural safety, and have access to support from a Māori advisor when needed.</p> <p>The leadership structure, including for clinical governance, was appropriate to the size and complexity of the organisation. The purpose, values, direction, scope and goals for the service were defined in a business plan. However, monitoring and reviewing of performance against the business goals identified had not yet occurred; refer criterion 2.1.2.</p> <p>Both directors of Fervor Cooperation Limited hold management positions within Bloomfield Court and they are suitably qualified to manage the service. They remain current through attendance at education and membership of the New Zealand Aged Care Association. The facility and operations manager was responsible for health and safety. However, they had not completed training for this role; refer criterion 2.1.3.</p> <p>Compliance with legislative, contractual and regulatory requirements was overseen by the directors/managers, with external advice sought as required. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was</p>

		<p>evident in policy, business plans and the goals set. However, the directors have yet to critically analyse organisational practices with the aim of improving equity; refer criterion 2.2.8.</p> <p>A commitment to quality and management systems was evident, and the service has invested in a system developed by an external provider which assists in the monitoring of all quality and risk activity. The directors/managers interviewed felt well informed on progress and risks. This was confirmed in a sample of reports from the care centre manager to the facility and operations manager. However, the risk register reviewed was not current; refer criterion 2.2.4.</p> <p>Residents and their whānau participated in planning and evaluation of services through resident meetings and surveys. In addition, the managers ensured they speak to all residents individually at least once per fortnight.</p> <p>Bloomfield Court is contracted by Health New Zealand – Te Whatu Ora Waitaha Canterbury to provide rest home level care for up to 27 residents under the age-related residential care contract. At the time of audit, there were 24 residents, including one respite resident and one younger person with a physical disability who required rest home level care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>Bloomfield Court has a planned quality and risk system that has executive commitment and reflected the principles of continuous quality improvement. This included the management of incidents and complaints, internal audit activities, a regular resident satisfaction survey, policies and procedures, and clinical incidents including infections and wounds. Internal audits were completed, relevant corrective actions were developed and implemented to address any shortfalls, and a satisfaction survey had been completed. Policies and procedures reviewed were current and covered all necessary aspects of the service and of contractual requirements.</p> <p>Staff documented adverse and near miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a</p>

		<p>timely manner. The directors/managers had identified key performance indicators related to quality outcomes. However, there had been no analysis of data to evaluate progress; refer criterion 2.2.3.</p> <p>There was a system in place for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. However, the risk register in place was not current and risk related to potential inequities had not been identified or recorded; refer criterion 2.2.4.</p> <p>Delivering high-quality care to Māori residents was supported through relevant training, tikanga policies, and access to cultural support from the local marae and a Māori advisor. Critical analysis of organisational practices to identify ways to improve health equity had not occurred; refer criterion 2.2.8.</p> <p>Residents, whānau and staff contributed to quality improvement through surveys and resident meetings. The last resident survey was completed in February 2025 and showed residents were happy with the new management and satisfied with care.</p> <p>A staff survey was completed in March 2025 and identified areas for improvement which were being addressed by management; this had included an increased provision for external training.</p> <p>The facility and operations manager understood and had complied with essential notification reporting requirements. The change of facility manager and clinical nurse manager had been notified on 3 July 2024 and 15 July 2024 respectively. Clinical notifications were sighted to have been completed appropriately, including reporting to the Health Quality &amp; Safety Commission in line with the National Adverse Events Policy.</p> <p>There had been no police investigations, coroner's inquests, or issues-based audits since the change of ownership.</p>
<p>Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen</p>	<p>FA</p>	<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 (24/7). The directors of</p>

<p>to me, provide personalised care, and treat me as a whole person.  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.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>Fervor Cooperation Limited are both registered nurses and hold management positions at the facility. They were supported by a registered nurse, care staff, and a diversional therapist who is also qualified as a physiotherapy assistant.</p> <p>The facility adjusted staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensured all aspects of service delivery were met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty had a current first aid certificate.</p> <p>The employment process ensured staff had the qualifications, experience and attributes for each role and were able to deliver care to meet the needs of residents.</p> <p>Continuing education was planned on an annual basis, including mandatory training requirements. Related competencies were assessed and supported equitable service delivery and the ability to maximise the participation of residents and their whānau.</p> <p>Care staff had either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Health New Zealand – Te Whatu Ora. Records reviewed demonstrated completion of the required training and competency assessments.</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. Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying and harassment. An employee assistance programme (EAP) is available to staff who may require extra support.</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</p>	<p>PA  Moderate</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies were being</p>

<p>people in adequate numbers meet my needs.  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.  As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>consistently implemented. Professional qualifications and registration (where applicable) had been validated prior to employment. Police vetting occurs for all new employees; however, the new management do not have access to the results for existing staff and no police vetting had occurred for the two managers; refer criterion 2.4.1.</p> <p>Job descriptions were documented for each role. However, the role and responsibilities of the two management positions were not clearly documented; refer criterion 2.4.2.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed. However, there was no process in place to monitor and review the performance of managers; refer criterion 2.4.5.</p> <p>Staff information, including ethnicity data, was accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and support was 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.  Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.  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>FA</p>	<p>The service maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Most information was held electronically, and was username and password protected. Any paper-based records were held securely, available only to authorised users.</p> <p>Residents' files were integrated electronic and 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.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Consents were sighted for data collection.</p>

		<p>Data collected includes ethnicity data.</p> <p>Bloomfield Court is not responsible for the National Health Index registration of people receiving services.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></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>	<p>FA</p>	<p>At Bloomfield Court, residents entered the service following an assessment by the local Needs Assessment and Service Coordination (NASC) agency confirming the required level of care. All resident files reviewed during the audit met the required contractual obligations and documentation standards, including consent forms, needs assessments, and service agreements.</p> <p>Residents were accepted into the service based on clearly defined and documented entry criteria, which were readily available to whānau and residents and well understood by staff. The admission process was person-centred, respectful, and responsive to the unique needs of each resident and their whānau. Residents and whānau interviewed reported that they felt well-informed, supported, and welcomed during the admission process. They spoke positively about the information provided, the orientation to the service, and the respectful approach taken by management and staff at the time of transition into care.</p> <p>Where a prospective resident was declined entry, there were formal procedures in place to ensure that the decision was communicated clearly, respectfully, and in a timely manner. Staff provided support and alternative options if required. All decisions to decline entry were documented, and relevant data including decline rates for Māori was routinely collected and analysed to ensure equity and to identify any emerging trends or barriers.</p> <p>Bloomfield Court has established strong relationships with local Māori communities and health providers. These partnerships help ensure culturally safe transitions into care for Māori residents and their whānau. Staff were supported to understand and uphold the principles of manaakitanga (hospitality, respect), whakawhanaungatanga (relationship-building), and mana motuhake (self-determination) throughout the admission process. Cultural supports, such as the option to involve kaumātua, whānau meetings,</p>

		<p>or the use of te reo Māori were available and offered where appropriate.</p> <p>The entry process at Bloomfield Court reflected a commitment to inclusivity, transparency, and cultural responsiveness, ensuring that all residents and their whānau felt safe, respected and informed when joining the service.</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>FA</p>	<p>At Bloomfield Court, the multidisciplinary team worked in close partnership with residents and their whānau to promote wellbeing, dignity, and mana motuhake. Each resident received an initial assessment conducted by suitably qualified staff, which formed the foundation for a personalised care plan. These assessments considered the resident's lived experience, cultural identity, values, and beliefs, and incorporated input from whānau and other involved health and support services where appropriate.</p> <p>The care planning process reflected Bloomfield Court's commitment to holistic and culturally safe care. For Māori residents, staff actively supported the identification of personal pae ora goals. One resident's care plan reviewed during the audit demonstrated the use of Te Whare Tapa Whā model of care. The plan included meaningful interventions across all wellbeing domains—taha wairua, taha hinengaro, taha tinana, and taha whānau. The resident had expressed a desire to reconnect with their iwi, and this was clearly supported through tailored cultural activities and access to community links.</p> <p>Early warning signs, potential risks, and strategies for prevention or timely escalation were documented clearly within care plans. Monitoring systems were in place to ensure changes in condition were identified promptly and responded to in a coordinated way. Care plans were regularly evaluated and updated in collaboration with the resident and their whānau, especially when progress differed from what was expected. Residents and whānau interviewed confirmed they were actively involved in care planning and decision-making and felt listened to and respected.</p> <p>The assessment process incorporated a wide range of clinical tools</p>

		<p>and included timely medical and nurse practitioner assessments. Initial and long-term care plans, as well as review timeframes, met all contractual and policy requirements. Residents with complex medical needs had condition-specific care plans in place, supported by consistent clinical monitoring and regular reviews. The use of outcome measures, allied health referrals, and documentation of responses to interventions showed a high level of accountability and clinical oversight.</p> <p>Tāngata whaikaha (disabled persons) at Bloomfield Court were supported to exercise choice, control, and autonomy over their service experience. Staff were able to give examples of how they work with tāngata whaikaha and their whānau to tailor service delivery to individual needs and preferences. Information was readily accessible in formats that supported understanding and inclusion, empowering residents and whānau to remain informed and engaged.</p>
<p><b>Subsection 3.3: Individualised activities</b></p> <p>The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme at Bloomfield Court was designed to support residents to maintain and develop their interests, enhance their physical and emotional wellbeing, and engage in a meaningful and stimulating daily life. The programme was appropriate for the age, abilities, and cultural identities of the residents, and reflected a person-centred and inclusive approach.</p> <p>Each resident had undergone an activity assessment on admission, and their individual activity plan was developed based on their personal interests, cultural background, goals, and preferred routines. These plans guided both individual and group sessions and are reviewed regularly to ensure they remain relevant and effective. Activities offered align with residents' ordinary patterns of life and promote engagement in community life wherever possible. Opportunities were provided for residents and their whānau to participate in te ao Māori, including Māori language activities and cultural celebrations.</p> <p>An interview with Bloomfield Court's activity coordinator confirmed they were qualified in diversional therapy and physiotherapy assistance. Since joining the team, they had developed a specialised</p>

		<p>movement and exercise programme that focuses on strengthening bones, muscles and ligaments to enhance mobility, improve flexibility, and reduce pain. Residents reported that this programme has helped them feel more active and independent in their daily lives.</p> <p>The coordinator had also expanded the scope of meaningful activities available within the facility. These included regular bus outings, te reo Māori language groups, physical exercise classes, quizzes and mental stimulation games, cultural celebrations, group discussions, and creative workshops. Activities were tailored to encourage participation and social connection, reduce isolation, and support cognitive and emotional wellbeing.</p> <p>Feedback on the programme was collected informally through conversations and more formally through resident and whānau meetings and satisfaction surveys. Residents interviewed expressed a high level of satisfaction with the programme and confirmed it met their needs, promoted a sense of purpose, and supported both enjoyment and social connection.</p>
<p><b>Subsection 3.4: My medication</b></p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Bloomfield Court has a robust medication management system underpinned by a current policy that aligns with the Medicines Care Guide for Residential Aged Care and best practice guidelines. Medication was managed safely and efficiently using an electronic system observed in use during the audit.</p> <p>Medication was administered by a registered nurse (RN) and the care centre manager. They were supported by care staff who were medication competent. Staff competency was regularly monitored and reviewed.</p> <p>Medicines, including controlled drugs, were stored securely in designated areas, and were held in accordance with legislation and regularly checked as required. All medicines sighted were within their expiry dates and were stored within the appropriate temperature ranges. Daily fridge and room temperature monitoring was consistently recorded and were within the required range for safe medication storage.</p>

		<p>Medication reconciliation occurred as part of the admission process. Prescribing practices were in line with regulatory requirements. Allergies and medication sensitivities were clearly documented on residents' records, and any adverse reactions were managed and documented appropriately. Over-the-counter medications and supplements were reviewed and authorised by the prescriber. The required three-monthly GP reviews were consistently documented on medication charts.</p> <p>Standing orders are not used. Where self-administration of medication was appropriate, it was safely facilitated, with clear risk assessments and ongoing monitoring in place.</p> <p>Residents, including Māori residents and their whānau, were supported to understand their medications through regular discussions with nursing staff and prescribers. Educational resources and one-on-one explanations help residents to feel confident in managing their medications, where appropriate. Any barriers to accessing medications were identified early, with support arranged.</p> <p>An interview with the facility's general practitioner (GP) confirmed satisfaction with the use of the electronic prescribing system, describing it as efficient and safe. The GP also noted appropriate and cautious use of antimicrobial medications, consistent with Bloomfield Court's commitment to antimicrobial stewardship and best practice prescribing.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <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>	FA	<p>The food service at Bloomfield Court aligned with recognised nutritional guidelines and supported the health, preferences, and cultural needs of residents. The seasonal menu had been reviewed by a qualified dietitian within the past two years, and all recommendations from that review had been implemented. Meals were planned to be balanced, nutritious, and appropriate to the dietary needs of older adults.</p> <p>An interview with the kitchen manager confirmed a strong commitment to continuous improvement and resident satisfaction. They had recently established a resident-led food committee to gather direct feedback on the dining experience, food quality, and</p>

		<p>menu preferences. This initiative was in its early stages but was already well documented and had received positive engagement from residents. The kitchen manager was actively working on enhancing the overall customer experience, with a focus on improving meal choice, presentation, and dining atmosphere.</p> <p>Residents interviewed spoke highly of the food, frequently describing it as “tasty” and “homely.” They expressed very high levels of satisfaction with the meals provided, both in terms of flavour and variety. Resident meeting minutes and satisfaction surveys further supported this positive feedback.</p> <p>All food services were delivered in line with current legislation and guidelines. Bloomfield Court operated under an approved food control plan and held current food safety registration. Kitchen processes, storage, food handling, and hygiene practices were observed to meet regulatory standards.</p> <p>Upon admission, each resident received a nutritional assessment to identify personal food preferences, cultural needs, and any special dietary or texture modification requirements. These were clearly documented and incorporated into meal planning. Culturally appropriate menu options, including meals specific to te ao Māori, were offered to support Māori residents and their whānau.</p> <p>Meals were served in a relaxed environment. Residents were given ample time to enjoy their meals without feeling rushed. Staff helped discreetly and with dignity those who required assistance with eating.</p> <p>Overall, the food service at Bloomfield Court was resident-focused, culturally responsive, and committed to quality improvement, with the newly introduced food committee project serving as a promising example of consumer-led service enhancement.</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</p>	<p>FA</p>	<p>At Bloomfield Court, transfers and discharges were planned and managed in a safe, coordinated manner, ensuring clear communication between services and meaningful collaboration with the resident and their whānau. The process included identifying current support needs, potential risks, and ensuring appropriate</p>

<p>whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>handovers to maintain continuity of care.</p> <p>One resident who had recently returned to Bloomfield Court following a hospital admission had a discharge summary and transfer documentation that was thorough, well documented, and clearly communicated to staff. The handover process ensured that updated care requirements, medications, and clinical observations were accurately recorded and acted upon.</p> <p>Staff ensured that the resident's care plan was promptly updated following their return, and relevant health professionals were involved in supporting the transition. Whānau interviewed confirmed they were kept well informed throughout the transfer process and felt confident their relative was safe and supported.</p> <p>Where relevant, residents and whānau were also provided with information about accessing other health, disability, and cultural or social support services to ensure their broader wellbeing was maintained beyond the facility.</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>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) were fit for their purpose, well maintained and that they met legislative requirements. There was a current building warrant of fitness that expires on 20 June 2025</p> <p>A planned maintenance schedule included electrical testing and tagging, resident equipment checks and checking and calibration of clinical equipment. Monthly hot water tests were completed for resident areas; these were sighted and were all within normal limits.</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.</p> <p>Lounge and dining facilities met the needs of residents, with smaller spaces available if a quiet or private area is needed. The main lounge area was used for activities. There are adequate numbers of</p>

		<p>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 and whānau were very happy with the environment, including heating and ventilation, natural light, privacy and maintenance.</p> <p>The current environment was inclusive of people's cultures and supported cultural practices, and residents' rooms were individualised. There were no plans for the new construction of buildings. The directors/managers were aware of the need to consult with Māori and invite participation in co-designing environments that reflected the aspirations of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff had received relevant information and training and had appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan had been approved by Fire and Emergency New Zealand (FENZ) on 22 January 2018 and the last fire evacuation drill occurred on 25 September 2024, with the next drill planned for 22 April 2025.</p> <p>Adequate supplies for use in the event of a civil defence emergency met The National Emergency Management Agency recommendations for the region, including alternative energy sources and food and water supplies. Staff could provide a level of first aid relevant to the risks for the type of service provided, and there was a first aid certified staff member on duty 24/7 on the rosters sighted.</p> <p>Call bells alerted staff to residents requiring assistance. The call bell system was monitored through the internal audit schedule and records showed they were replaced when faulty. Residents and whānau reported staff responded promptly to call bells.</p> <p>Appropriate security arrangements were in place. There was adequate outdoor lighting. CCTV cameras operate within the building</p>

		<p>corridors and appropriate signage alerted people to their use. All staff were noted to be wearing name badges and uniforms during the audit. Residents and whānau were familiarised with emergency and security arrangements, as and when required.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Governance has identified the infection prevention (IP) and antimicrobial stewardship (AMS) programmes as integral to the strategic direction of the service. The IP and AMS programmes were appropriate to the size and complexity of the service and have been approved by the directors/managers who are responsible for governance. They were linked to the quality improvement system and were reviewed and reported on annually.</p> <p>A documented reporting pathway was in place to support risk-based escalation of any significant events, outbreaks or concerns to the governing body. Expertise and external infection control advice were sought through a defined process when required.</p> <p>Policy described a stepwise approach to infection prevention risk management.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>At Bloomfield Court, the infection prevention coordinator (IPC), a qualified and experienced registered nurse, is responsible for overseeing and implementing the infection prevention (IP) programme. They report directly to the care centre manager and contributes to clinical governance and senior leadership discussions. The IPC has completed specialised infection prevention education and regularly attends forums hosted by Health New Zealand – Te Whatu Ora to stay current with national guidelines and sector developments.</p> <p>The IPC plays a proactive role in staff, resident and whānau education, delivering tailored sessions on infection prevention strategies in formats that are accessible, culturally responsive, and available in te reo Māori where appropriate. Staff, residents and whānau interviewed expressed confidence in the education provided</p>

		<p>and noted that the information helped them feel safe and informed.</p> <p>The IPC was able to provide a detailed example of a recent infectious outbreak at Bloomfield Court, which was managed proactively. The response included timely risk assessments, clear communication through team debriefings, whānau updates, the implementation of appropriate precautions, and post-event evaluations. The situation was handled with professionalism and care, reflecting Bloomfield Court's readiness under the documented pandemic/infectious disease response plan. Staff involved were confident in their roles and had access to sufficient personal protective equipment (PPE).</p> <p>Infection prevention policies at Bloomfield Court align with current standards and accepted best practice. These policies were regularly reviewed, with cultural advice sought where appropriate. The IPC is also consulted on procurement decisions relevant to care delivery, facility design changes, and policy development, ensuring infection control principles are embedded at all levels of service planning.</p> <p>Staff were well informed of infection policies through their induction and ongoing training. Observations during the audit confirmed that staff consistently followed procedures. Staff were familiar with policies for decontamination or reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices were used appropriately and were never reused unless a formal risk assessment had been undertaken with governance approval.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate</p>	<p>FA</p>	<p>At Bloomfield Court, the responsible use of antimicrobials was actively promoted through a well-structured antimicrobial stewardship (AMS) programme that was tailored to the size and complexity of the service. The programme is supported by clear policies and procedures that align with current best practice and national guidelines. The programme has been approved at governance level.</p> <p>An interview with the facility's registered nurse (RN) and general practitioner (GP) confirmed a shared understanding and commitment to safe antimicrobial prescribing. Both described regular review</p>

<p>to the needs, size, and scope of our services.</p>		<p>processes, including assessment of necessity, duration, and response to treatment. The GP specifically highlighted the benefits of the electronic prescribing system in supporting accurate, timely and well-documented prescribing decisions.</p> <p>Documentation reviewed during the audit showed consistent practices around antimicrobial prescribing, including clear indications, recorded sensitivities or allergies, and follow-up plans. Antimicrobial use is monitored, and prescribing trends are reviewed by clinical staff as part of the infection prevention programme.</p> <p>The AMS programme was regularly evaluated to ensure effectiveness. Areas for improvement were identified through audit results, staff feedback, and incident reviews, with findings discussed in clinical and IP meetings.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>At Bloomfield Court, surveillance of health care-associated infections (HAIs) was tailored to the type of services provided and aligned with the risks and priorities identified in the facility's infection prevention programme. The surveillance approach was systematic, responsive, and focused on protecting the health and wellbeing of residents.</p> <p>Surveillance methods, tools, documentation, analysis, and assigned responsibilities were clearly described and documented within Bloomfield Court's infection prevention programme. The facility used standardised surveillance definitions consistent with national guidelines to ensure reliable and consistent reporting. Ethnicity data was also captured as part of the surveillance process to support equity analysis and identify any potential disparities in infection-related outcomes.</p> <p>The registered nurse (RN) responsible for infection prevention led the surveillance programme. Relevant monthly data was collated using standardised tools, monitored for trends, and analysed emerging risks and causative factors. This data was reviewed and discussed with the care centre manager, who then escalated key findings to the (FM) facility manager. This stepwise approach ensures infection data is embedded within Bloomfield Court's wider quality and clinical</p>

		<p>governance systems.</p> <p>Surveillance outcomes and any identified risks were then fed back to the wider team. Results were discussed at IP, clinical and general staff meetings and were also posted on staff notice boards. This open feedback process promoted team accountability, staff education, and continuous quality improvement in infection prevention.</p> <p>During the audit, a summary report of a recent infection outbreak was reviewed. It demonstrated a comprehensive and well-documented investigation process. Root cause analysis, risk assessment, and follow-up actions were clearly outlined. Improvements made in response to the outbreak, such as enhanced hand hygiene practices, resident isolation procedures, and stricter cleaning protocols have since been embedded into daily operations and staff routines.</p> <p>Communication with residents and whānau throughout infection-related events was delivered in a culturally safe and respectful manner. Residents were kept informed of their condition and care plan updates, and where consent was provided, whānau were actively included in discussions. This person- and whānau-centred approach ensured residents felt supported, empowered, and involved in decisions relating to their health.</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>	<p>FA</p>	<p>At Bloomfield Court, a clean, hygienic environment was maintained to support the prevention of infection and the mitigation of transmission of antimicrobial-resistant organisms. The facility's housekeeping and laundry services were well organised, with clearly defined processes that ensured safety and effectiveness.</p> <p>Staff followed documented policies and procedures for the safe management of waste, including infectious and hazardous substances. All cleaning products and chemicals were securely locked away in designated storage areas, with up-to-date Material Safety Data Sheets (MSDS) readily available for staff reference. Staff involved in cleaning and laundry services had completed relevant training and were observed to perform their duties safely and in accordance with best practice. Sharps were disposed of safely.</p>

		<p>The laundry area was clean, tidy, and appropriately structured, with a clear segregation between clean and dirty zones. Colour-coded systems were in place to ensure linen was separated according to use and contamination risk. Laundry items were clearly labelled and sorted efficiently to minimise cross-contamination.</p> <p>Infection prevention personnel maintained oversight of environmental cleanliness through routine auditing.</p> <p>Residents and their whānau consistently reported that the facility was kept clean, odour-free, and welcoming. They also expressed satisfaction with how their personal laundry was handled, noting that it was returned promptly, clean and well cared for. These observations were confirmed during the audit, which noted a high standard of cleanliness throughout all areas of the facility.</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>Bloomfield Court is a restraint-free environment, which is the aim of the service. The directors of Fervor Cooperation Limited demonstrated commitment to this, supported by a member of the executive leadership at operational level. At the time of audit, there was no restraint in use, and this has been the case since the facility was purchased. If restraint were to be used to promote safety, it would be used as a last resort when all alternatives have been explored. Processes were in place to ensure any use of restraint would be reported to the governing body.</p> <p>Policies and procedures met the requirements of the standards. The restraint coordinator is a defined role undertaken by the care centre manager, who reported any restraint would be approved at governance level. They provide support and oversight for restraint management should this be required. There were clear lines of accountability; there has been no restraint used but there are processes in place to ensure all use of restraint would be monitored, analysed and reported to governance.</p> <p>Maintaining a restraint-free environment was included as part of the education and training plan. Staff had been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring.</p>

		<p>Staff interviewed were knowledgeable about the restraint processes and the oversight required if restraint was in use.</p> <p>Given no restraint is being used in the facility, subsections 6.2 and 6.3 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 1.2.5</p> <p>My service provider shall work in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes.</p>	PA Low	Policy is in place which described the requirement to engage with local Pacific communities. However, the manager interviewed stated they have not yet met the requirements of this criterion and have not established a connection with the local Pacific community to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes.	Bloomfield Court has not yet established connection with local Pacific communities to enable them to work in partnership to facilitate better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes.	<p>Establish a connection with local Pacific communities and work in partnership to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes.</p> <p>180 days</p>
<p>Criterion 2.1.2</p> <p>Governance bodies shall ensure service providers' structure, purpose, values,</p>	PA Low	A business plan described the structure, purpose, values, scope and direction of the service. The goals and direction of the service	There had been no monitoring, review or evaluation of goals identified in the business plan.	Ensure that goals identified in the business plan are monitored, reviewed and evaluated at defined

scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals.		were clearly identified. However, progress towards meeting the goals had not been monitored, reviewed or evaluated.		intervals.  180 days
<p>Criterion 2.1.3</p> <p>Governance bodies shall appoint a suitably qualified or experienced person to manage the service provider with authority, accountability, and responsibility for service provision.</p>	PA Low	The directors of Fervor Cooperation Limited both hold management positions at Bloomfield Court. They are suitably qualified and experienced to manage the service. The business plan identified their responsibilities. The facility and operations manager has leadership responsibility for health and safety. However, they have not completed training, do not have experience for this role and were unable to describe their responsibilities under the Health and Safety at Work Act 2015.	The person responsible for health and safety is not suitably qualified or experienced for the role.	<p>Ensure the person responsible for health and safety completes relevant training and understands their responsibilities under the Health and Safety at Work Act 2015.</p> <p>180 days</p>
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	There was a quality management framework in place. This included the management of incidents and complaints, internal audit activities, and a resident satisfaction survey. Internal audits were verified to have been completed as per the annual schedule and corrective actions were put in place to address any shortfalls. Incidents were reported and reviewed, and appropriate actions taken. Tracking of incidents was occurring for a range of indicators including falls, medication	While quality data was reported and available, there has been no evaluation of progress towards identified quality outcomes.	<p>Ensure progress towards quality outcomes is evaluated.</p> <p>180 days</p>

		errors and infections, and the management had identified Key Performance Indicators (KPI) related to clinical quality outcomes. However, trending and analysis of data was not occurring and evaluation of progress towards meeting the identified KPIs had not occurred.		
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	<p>PA Moderate</p>	<p>There was a risk management policy in place that was current and reflected best practice. A hazard and risk register template was available in the documents prepared by an external provider. However, this had not been reviewed to identify which risks applied to the facility, no risks specific to the facility had been identified and risks related to potential inequities had not been considered.</p>	<p>The risk register in place had not been reviewed to identify which risks applied to the facility, no risks specific to the facility had been identified and risks related to potential inequities had not been considered. As a result, the severity of risks at the facility had not been identified, mitigation strategies were not documented and there was no review framework in place.</p>	<p>Ensure there is an up-to-date risk register which identifies current risks, including potential inequities, records the severity of risks, has a plan to respond to them and identifies a review timeframe based on the severity of the risk.</p> <p>Ensure the risk register is reviewed at governance level at defined intervals.</p> <p>90 days</p>
<p>Criterion 2.2.8</p> <p>Service providers shall improve health equity through critical analysis of organisational practices.</p>	<p>PA Low</p>	<p>There is a business plan in place and documentation included analysis of strengths, weaknesses, opportunities and threats. However, analysis has not included a critical analysis of organisation practices with a view to identify ways to improve health equity.</p>	<p>There had been no critical analysis of organisation practices with the aim to improve health equity.</p>	<p>Ensure that critical analysis of organisation practices occurs with the aim to improve health equity.</p> <p>180 days</p>

<p>Criterion 2.4.1</p> <p>Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	<p>There are good HR processes in place. These include the police vetting of all new employees and this was confirmed to have occurred. However, police vetting information was not available for staff employed prior to the facility being purchased by Fervor Cooperation Limited and vetting had not occurred for the two managers.</p>	<p>Police vetting information was not available for staff employed prior to Fervor Cooperation Limited purchasing the facility or for the two managers.</p>	<p>Ensure police vetting results are available for all staff and managers.</p> <p>90 days</p>
<p>Criterion 2.4.2</p> <p>Service providers shall ensure the skills and knowledge required of each position are identified and the outcomes, accountability, responsibilities, authority, and functions to be achieved in each position are documented.</p>	PA Low	<p>There were job descriptions in place for all staff at the facility. In addition to staff, there are two management positions at Bloomfield Court; a facility and operations manager and a care centre manager. The business plan described how management responsibilities were divided. However, there was no job description fully describing the roles and responsibilities of each position and no documentation to identify the outcomes, accountability, authority, and functions to be achieved by each position.</p>	<p>There was no job description in place to identify the outcomes, accountability, responsibilities, authority, and functions to be achieved by the management positions.</p>	<p>Ensure the skills and knowledge required for each management position are clearly identified and the outcomes, accountability, responsibilities, authority, and functions to be achieved by each position are documented.</p> <p>180 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined</p>	PA Low	<p>Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed. However, there was no process in place for managers to</p>	<p>There was no process in place for managers to discuss and review their performance.</p>	<p>Ensure there is a process in place for managers to discuss and review their performance.</p>

intervals.		discuss and review their performance.		180 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, there 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.