

Experion Care NZ Limited - Bardowie Retirement Complex

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

Legal entity:	Experion Care NZ Limited
Premises audited:	Bardowie Retirement Complex
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 28 May 2025 End date: 28 May 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:	20

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 part of Experion Care NZ and provides rest home level of care for up to 20 residents. At the time of the audit there were 20 residents.

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

An experienced clinical manager oversees the day-to-day operations of the facility. They are supported by a registered nurse, administrator and experienced healthcare assistants.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified that the service meets the Standard.

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.

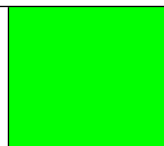
Bardowie Retirement Complex provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents, their representatives, and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

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

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

Experion Care New Zealand has a documented organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The clinical manager supported by a registered nurse, oversee the day-to-day operations of the service.

The organisational strategic plan informs the site-specific operational and clinical objectives which are reviewed on a regular basis. Bardowie Retirement Complex has a documented quality and risk management system. Quality and risk performance is reported across meetings and to the organisation's governance. Bardowie Retirement Complex collates clinical indicator data and comparison of data occurs. Benchmarking occurs monthly.

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

Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Subsections applicable to this service fully attained.

Bardowie Retirement Complex has an admission package available prior to, or on entry to the service. The clinical manager and registered nurse are responsible for each stage of service provision. The registered nurse plans residents' needs and goals with the residents and family/whānau input. The care plans viewed demonstrate service integration. Resident files included medical notes by the general practitioner and other allied health professionals.

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

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

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

Transfers and discharges are coordinated between services.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. A preventative and reactive maintenance system is implemented. Rooms are spacious to provide personal cares. Residents freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade.

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

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

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

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and the ongoing in-service education programme.

Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response plans are in place and the service has access to personal protective equipment supplies. There have been outbreaks reported since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Elimination and a restraint-free environment is supported by the governing body and policies and procedures. The restraint coordinator is the registered nurse. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. There were no residents using restraint at the time of the audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative solutions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	0	0	0	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>A Māori Health Plan is documented for the service which acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. At the time of the audit there were residents who identified as Māori. As part of staff training, Bardowie Retirement Complex incorporates the Māori Health Strategy (He Korowai Oranga), and Te Whare Tapa Wha Māori Model of Health and Wellbeing. They also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant tikanga guidelines.</p> <p>Interview with the clinical manager confirms that the service collaborates with mana whenua through staff and whānau contacts and local Māori healthcare providers, in business planning and service development to improve outcomes, achieve equity for Māori and identify any barriers of care.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were Māori staff members. Staff members interviewed stated that they are supported with cultural resources and staff are encouraged to use both te reo Māori and relevant tikanga in their work with the residents, as detailed</p>

		<p>in the Māori Health Plan and tikanga guidelines.</p> <p>The service has signage throughout in Māori and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori, sign language and English, with pamphlets available.</p> <p>Interviews with ten staff (three healthcare assistants, one registered nurse, one occupational therapist, one head cook, one cleaner, one maintenance person, one laundry staff and one administrator), the clinical manager and documentation reviewed described how care is based on the resident's individual values, beliefs, and preferences.</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>FA</p>	<p>Bardowie Retirement Complex recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific Health Plan documented, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025, and the Fonofale model.</p> <p>On the day of audit there were no Pacific residents living at Bardowie Retirement Complex. Interviews with staff confirmed how they would identify Pacific people's cultural beliefs and practices on admission to inform service delivery. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when developing the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.</p> <p>The service hires new employees when there are open positions. The clinical manager confirmed the service would encourage and support any potential staff member that identify as Pasifika, beginning at the employment process. At the time of the audit there were no staff who identified as Pasifika. Staff interviewed confirmed in interview that all cultures are respected at Bardowie Retirement Complex.</p> <p>Interviews with staff members, management, one family/whanau and six rest home residents identified that the service acknowledges and</p>

		<p>accommodates cultural preferences and individualised needs. The service can consult with Pacific Island staff from local sister facility to access community links and continue to provide equitable employment opportunities for the Pacific community. Through staff from local sister facility, Bardowie Retirement Complex have a relationship with Pacific religious groups and churches, who can visit the residents and provide pastoral care as required.</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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical manager discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>Discussions relating to the Code are also held during the resident/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support documented in the policy, with regular church services held in the facility. These are well attended, as verbalised by residents.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services (last completed April 2025). Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori Health Plan and through interviews with management and staff.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff members interviewed described how they support residents in their choices. Family/whānau interviewed stated their loved ones had choice and examples were provided. The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. This was also confirmed during interviews with family/whānau.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff were observed to use person-centred and respectful language with residents. Residents and the family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Cultural days are celebrated with staff and residents.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, in order to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside all residents and supports them to participate in individual activities of their choice, including supporting them with te ao Māori.</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>	<p>FA</p>	<p>The good employer policy acknowledges cultural diversity, and staff are educated to look for opportunities to support Māori. The Māori Health Plan aligns with the vision of Ministry of Health for Pae Ora (Healthy futures for Māori), which is underpinned by the principles of Te Tiriti o Waitangi, to ensure wellbeing outcomes for Māori are prioritised. The philosophy of Bardowie Retirement Complex promotes a holistic strength-based model of care that ensures equitable wellbeing outcomes for Māori, as evidenced in the care plans reviewed.</p>

		<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. The code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for Māori residents is prioritised. Staff and management interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually (records sighted) as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. Residents and family/whānau interviewed confirmed that staff are very caring, supportive and respectful. The staff interviewed stated they are supported with a positive working environment that promotes teamwork.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</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>Information regarding the services offered is provided to residents and family/whānau on admission. Resident and family/whānau meetings identify feedback and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff on their responsibility to notify family/whānau of any accident/incident that occurs. All correspondence with family/whānau is documented in the resident files. The accident/incident forms reviewed identified family/whānau are kept informed and this was confirmed through interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters are available.</p>

		<p>Interpreter services are used where indicated. At the time of the audit, all the residents could speak and understand English. Staff and management interviewed could describe how they would assist residents that do not speak English with interpreters and resources to communicate as needed.</p> <p>Non-subsidised residents and their family/whānau are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. They are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice and dietitian). The clinical manager gave examples of open communication with family/whānau, including the time and support around discussions and decision making.</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>Informed consent processes were discussed with residents and family/whānau on admission. Five electronic resident files were reviewed and written general consents sighted and signed as part of the admission process. Specific consent had been signed by resident and family/whānau for procedures such as vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and is activated as applicable for residents assessed as not competent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file.</p> <p>A policy that guides informed consent is in place, which includes the</p>

		<p>guidance on advance directives. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner (GP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect the resident's lives. Training has been provided to staff in relation to the Code.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The Māori Health Plan is available to guide on cultural responsiveness to Māori perspective of health.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a documented process to address concerns and complaints. The complaints procedure is provided to residents and family/whānau on entry to the service. The clinical manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is maintained. There were no complaints documented since the last audit in October 2024. There were no complaints from external agencies.</p> <p>Interview with the clinical manager demonstrated awareness of complaints process and documentation in line with guidelines set by the Health and Disability Commissioner (HDC). The complaints register evidenced complaints can be allocated a theme and a risk severity rating. The clinical manager stated they are confident in investigating and providing of a root cause analysis when they do receive serious complaints. Family/whānau confirm during interview the clinical manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori (when required) in the complaints process. Interpreters contact details are available. The clinical manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include family/whānau participation.</p>

		<p>Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Staff are informed of complaints (and any subsequent corrective actions) in the staff meetings.</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>FA</p>	<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. There are no double or shared rooms.</p> <p>On the day of the audit there were 20 rest home level care residents, including 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 (2025), 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 represents the shareholders and has been in this role for eight years. They are supported by an independent director based in New Zealand, who has been active in the Age Care Industry for over ten years. Both directors 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 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. Experion Care New Zealand demonstrates organisational commitment to Te Tiriti obligations and to deliver services that improve outcomes and achieve equity for tāngata whaikaha. The Māori Health Plan is 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 New Zealand 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. There is a Māori cultural advisor to the executive team (governance body) that provides tikanga support. Experion Care New Zealand collaborates with mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha. The executive team, clinical governance committee, facility managers, and clinical 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) and clinical governance advisor. 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 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</p>
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		<p>benchmarking reports are 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.</p> <p>The clinical manager (a registered nurse) has been in the role for over two years, with experience in aged care and years of overseas management expertise. They have completed a Diploma in Nursing Leadership and Care Management. 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 and works at least two half days a week and as needed. The clinical manager has completed in excess of eight hours of professional development, including training related to managing an aged care facility over the last twelve months.</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>FA</p>	<p>Bardowie Retirement Complex has an established quality and risk management programme. The programme includes performance monitoring through internal audits, the collection, collation, and benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any quality indicator data can be critically analysed for comparisons and trends to improve health equity. There are clinical goals documented for 2024 that were signed off in February 2025. New goals were established for 2025 and include implementation of falls management strategies, pressure injury risk management, and occupancy. These are reviewed monthly at the staff meetings.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. There are procedures to guide staff in the management of clinical and non-clinical emergencies. Experion Care New Zealand have adopted the quality system and policies developed by an aged care industry leader. The quality system is available to all facilities within the group through a cloud-based drop-box folder. A document control system is in place. Policies are regularly reviewed and new policies or changes to policy</p>

	<p>are communicated to staff. There is documented evidence that updated and new policies are discussed at staff meetings and staff sign when they read policies.</p> <p>Monthly managers meetings (for all Experion Care New Zealand managers) and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; restraint programme; complaints received (if any); staffing; and education. Internal audits, meetings and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted, and accessible to staff. Corrective actions are discussed at staff meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Experion Bardowie implements a continuous quality improvement approach with service delivery, including critical review of clinical data and identifying opportunities for improvement. Quality improvements are documented for reducing falls, medication incidents and pressure injuries. Progress of the projects is discussed and reviewed in meetings, with evidence of ongoing evaluations documented.</p> <p>Resident and family/whanau meetings occur monthly, and the 2025 resident and relative satisfaction survey showed a high level of satisfaction in all areas (100%). Minimal corrective actions were completed related to comments documented. Results have been communicated to residents in the January meeting and staff during the February staff meeting. A health and safety system is in place with identified health and safety goals. Health and safety is part of all staff meetings. The clinical manager and the registered nurse are the health and safety officers. They have completed in-house training and await attendance at the externally booked health and safety training. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register reviewed annually were sighted (last reviewed November 2024). Health and safety policies are implemented and monitored by the health and safety officers. A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for</p>
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		<p>staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Wellbeing programmes include offering one to one assistance, family/whānau support, cultural days, and shared kai at meetings.</p> <p>All staff have completed cultural safety training to ensure a high-quality service is provided for Māori. Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Benchmarking occurs with other Experion Care New Zealand sister facilities. Opportunities to minimise future risks are identified by the registered nurse and clinical manager, who review every adverse event.</p> <p>Discussions with the clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 and Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) completed since last audit. There has been one outbreak appropriately documented and reported since last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy and procedure that describes rostering and staffing rationale. This includes documented processes for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of the residents. Review of the current rosters showed shifts were covered by experienced healthcare assistants, with Monday to Friday registered nurse cover. Absences can be covered by staff working extra hours or casual staff. There were no vacancies at the time of the audit. There are dedicated activities, kitchen, maintenance, laundry, and cleaning staff supporting service delivery. The registered nurse assumes the role of the clinical manager when they are on leave.</p> <p>The clinical manager interviewed confirmed staff needs and shortages are reported to governance as indicated. Interviews with staff confirmed that their workload is manageable and that management is</p>

	<p>very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. The clinical manager works Monday to Friday. There is a registered nurse who works two half days a week, and an administrator who works 12 hours a week. On-call cover out of hours is provided on rotation by the registered nurse and senior healthcare assistant, with escalation to the clinical manager as indicated.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training that is provided as part of orientation and annually to all staff (last completed July 2024). Competencies are completed by staff, which are linked to the education and training programme. All healthcare assistants are required to complete annual competencies and questionnaires for restraint, handwashing, cultural safety, and moving and handling. A record of completion is maintained. There are medication competent healthcare assistants on morning, afternoons and nights to perform medication administration duties.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities and health equity. Staff confirmed that they are provided with resources during their cultural training and sharing information. Māori staff also share information and whakapapa experiences to support learning about and address inequities. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Currently six of sixteen staff are at level three or above.</p> <p>The two registered nurses (including clinical manager) complete competencies, including restraint, medication management, and interRAI assessment competencies. The clinical manager and the registered nurse are both interRAI trained and competent. They both attend in-service training and access external training that includes critical thinking and problem solving, infection prevention and control training (including pandemic and outbreak management), and management of complex medical conditions. External training opportunities for care staff are available which include training through Health New Zealand and hospice. A record of completion is maintained</p>
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		<p>in the staff files.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, staff surveys (January 2025) and performance appraisals. Bardowie Retirement Complex encourages collecting and sharing quality Māori health information. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are securely stored. Five staff files (clinical manager, two healthcare assistants, occupational therapist and head cook) reviewed evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (eg, restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals, including (but not limited to) registered nurses, general practitioner, dietitian, pharmacist, and podiatrist. All staff who had been employed for more than 12 months have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. All staff files had completed orientation records. Competencies are completed at orientation and annually. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment to Māori.</p> <p>Ethnicity data is identified, and an employee ethnicity database is</p>

		available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use), and electronically. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required. The clinical manager is the privacy officer for Bardowie Retirement Complex and has to approve request for health information from third parties.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from</p>	FA	<p>Residents admitted to Bardowie Retirement Complex are assessed by the Needs Assessment Service Coordination (NASC) service to determine the required level of care. The clinical manager and registered nurse screens prospective residents prior to admission.</p> <p>In cases where entry is declined, there is liaison between the clinical manager and the referral team. The prospective resident would be referred to the referrer. The registered nurse described reasons for declining entry. These reasons would be if there were no beds available or Bardowie Retirement Complex is unable to provide the service the prospective resident requires, after considering staffing and</p>

<p>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>resident needs.</p> <p>The admission and reporting policy and procedure, guide staff around admission and declining processes, including required documentation. The administrator keeps records of how many prospective residents and family/whānau have viewed the facility, admissions and declined referrals. A process of routinely analysing ethnicity data was confirmed as being implemented.</p> <p>There is an information pack relating to the services provided at the Bardowie Retirement Complex, which is available for families/whānau prior to admission or on entry to the service. The admission agreements reviewed were signed and aligned with the requirements of Health New Zealand service agreements. Items that are not provided by Bardowie Retirement Complex are included in the admission agreement.</p> <p>Bardowie Retirement Complex identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. The service has affiliations with marae established and maintained with support of Māori staff. Additional support and guidance are available through established links with Health New Zealand cultural representatives.</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>Five resident files were reviewed, including one resident on a LTS-CHC contract. The resident care plans are all electronic. The service contracts a general practitioner from a local medical centre who makes fortnightly visits. The general practitioner has examined and admitted the residents within two to five working days of admission and completed three-monthly reviews. The general practitioner (interviewed) commented positively on the service and confirmed appropriate and timely referrals.</p> <p>All assessment and care planning are undertaken by a registered nurse. Initial care plans are developed with the resident or enduring power of attorney (EPOA). All initial care plans were completed within the required timeframe. A review of resident files identified that interRAI assessments (including the resident on the LTS-CHC contract) and long-term care plans had all been completed within 21</p>

	<p>days. Initial assessments also included a dietary profile, falls risk assessment, and continence assessment. Other assessments utilised included pain, skin, mobility, and communication.</p> <p>Long-term care plan templates were resident centred and allowed for the identified medical and non-medical requirements. All care plans reviewed were reflective of all assessed needs. Care plan evaluations where required were documented in files reviewed.</p> <p>The registered nurse advised that short-term care plans have been developed for the management of acute problems. There were short-term care plans evidenced in the files reviewed on the day of audit. Acute changes were noted on the staff handover sheets. The verbal handover was noted to be adequate and supported the electronic progress notes. Healthcare assistants interviewed confirmed the process supports them to be prepared for the next shift. A walk around the facility also forms part of the handover process. Progress notes are maintained on every shift by healthcare assistants. The registered nurse had documented additional information in the event of any significant events. The residents interviewed reported their needs and expectations had been exceeded in the standard of care delivered.</p> <p>Monitoring charts are completed by healthcare assistants and the registered nurse and included bowel charts; vital signs; weight; food and fluid charts; and blood sugar levels. Monitoring charts were completed as per the direction in the care plan. Neurological observations were completed as per policy and procedure.</p> <p>When a resident's condition changes, the staff alert the clinical manager and/or registered nurse, who then initiates a review with the general practitioner. On interview the registered nurse stated family were informed of all changes to health, including infections, accident/incidents, general practitioner visits, and medication changes. Communication with family was consistently documented in the resident's files sampled. Resident files identify the integration of allied health professional input into care. A physiotherapist and dietitian are available by referral. Access to podiatry services is supported as required by family/whānau. Other allied health professionals involved in care include wound specialists and medical specialists from Health New Zealand.</p>
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		<p>The registered nurse interviewed described supporting Māori residents and their whānau to identify their own pae ora outcomes in their support plan. This was confirmed in the care plan of a Māori resident whose file was reviewed. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>A wound register is maintained. There was one wound in total. Wound dressings were being changed appropriately in line with the documented management plan. The service can access the local wound nurse specialist if required. The registered nurse interviewed stated there are adequate clinical supplies and equipment provided, including wound care, as sighted during the audit. Incontinence products are available, and resident files include a continence assessment.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. 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>Bardowie Retirement Complex employs a qualified occupational therapist who works part time hours Monday to Friday. They are supported by an occupational therapist at the Experion sister facility in the neighbouring community. The occupational therapist develops and delivers the activity programme. Weekends are family/whānau time and there are resources available for healthcare assistants to use. A weekly activities calendar is posted on the noticeboards.</p> <p>There are a range of activities appropriate to the resident's cognitive and physical capabilities. Activities include creative, and social activities. Residents are encouraged to participate in the social aspect of the group activities; however, one to one time is provided for the residents who prefer this. The interactions observed on the day of the audit showed engagement between residents and the staff. Residents' participation and attendance in activities are recorded and filed in their clinical file. Residents have an individualised activities care plan, which is documented separately to the long-term care plan, and these are reviewed at least six-monthly.</p> <p>The activities include crafts; exercises; housie; quizzes; sing-alongs; and shared activities with the sister facility close by. Residents are encouraged to maintain their community links and go on outings.</p>

		<p>Community visitors include entertainers and church services. Themed days such as Matariki, Waitangi, Kings Birthday and ANZAC Day are on the programme and celebrated with appropriate resources available. The Bardowie Retirement Complex has embedded culturally themed activities into the activities programme, such as singing songs in te reo Māori.</p> <p>Residents interviewed spoke positively of the activities programme, with feedback and suggestions for activities made via ad hoc conversations with staff, resident meetings and surveys.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The Bardowie Retirement Complex has policies available for safe medicine management that meet legislative requirements and guidelines. The medication competent healthcare assistants who administer medications are assessed annually for competency. Education around safe medication administration is provided.</p> <p>There is an electronic management system. On the day of the audit, a medication competent healthcare assistant was observed to be safely administering medications. The healthcare assistants interviewed could describe their roles regarding medication administration. The Bardowie Retirement Complex use packaged medications. All medications are checked by medication competent healthcare assistants on delivery against the medication chart and any discrepancies are discussed with the clinical manager and fed back to the supplying pharmacy. Eye drops are dated on opening. The records for the monitoring of the medication fridge were sighted and confirmed records are maintained. The daily records were within the acceptable range.</p> <p>Weekly controlled drugs stocktake have occurred as scheduled. The contracted pharmacist has completed six-monthly stocktakes.</p> <p>Ten resident medication charts on the electronic medication system were reviewed. The medication charts had photograph identification. The allergy status was always documented. Staff recorded the time, date, and outcomes of pro re nata (PRN) medications. All PRN medications had an indication for use. All medication charts had been reviewed by the general practitioner at least three-monthly. There is a policy in place for residents who request to self-administer</p>

		<p>medications. At the time of audit, there were no residents self-administering medications. Over-the-counter medication is considered during the prescribing process and these along with nutritional supplements, are documented on the medication chart. No standing orders were in use and no vaccines are kept on site.</p> <p>Residents and their family/whānau are supported to understand their medications when required. The registered nurse described how they work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>There is an implemented process for analysis of medication errors and corrective actions implemented as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The head cook works Monday to Friday. The service has a part-time cook who works each weekend. The kitchen team have completed safe food handling. All meals are cooked on site, with meals being served from the kitchen into the adjacent dining room. There is a seasonal four-week rotating menu, which is reviewed annually (April) by a registered dietitian. A resident dietary profile is developed for each resident on admission, and this is provided to the head cook.</p> <p>The kitchen meets the needs of residents who require special diets. The head cook works closely with the clinical manager and registered nurse, with resident’s dietary profiles and any allergies. Modified utensils and plates are available as required. Residents who require supplements for identified weight loss have them supplied. There is a food control plan expiring June 2025. Staff were observed wearing correct personal protective clothing. Serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller and freezers.</p> <p>Resident meetings, and one-to-one interaction with care staff in the dining room allows the opportunity for feedback on the meals and food services. The head cook stated that menu options culturally specific to te ao Māori will be offered to Māori residents when required, giving</p>

		<p>some examples of culturally specific food that are offered. Residents and family/whānau members interviewed indicated satisfaction with the food services. The head cook provides staff with knowledge and guidance regarding basic Māori practices in line with tapu and noa within the food services. The kitchen provide food for the cultural themed days in line with the theme. The head cook stated they do their best to accommodate any requests from residents. Residents interviewed confirmed they can make requests if the menu is not to their liking.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Documented policies and procedures ensure discharge, or transfer of residents are undertaken in a timely and safe manner. Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. The residents (if appropriate) and families/whānau are given options to access other health and disability services – tāngata whaikaha, social support or Kaupapa Māori agencies, where indicated or requested. Discharge notes are kept in residents' files and any instructions integrated into the care plan. The service utilises the "yellow envelope" transfer system to ensure appropriate information is shared and process completed regarding the resident transfer. Evidence of residents who have been referred to other specialist health services, such as wound care specialist and dietitian, were sighted in resident records sampled. The registered nurse advised a comprehensive handover occurs between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely</p>	<p>FA</p>	<p>All building and plant have been built to comply with legislation. The building warrant of fitness expires 1 June 2026. The environment is inclusive of peoples' cultures and supports cultural practices. The maintenance person works 40 hours a week (Monday to Friday) between Bardowie Retirement Complex and a sister facility. This role oversees maintenance of the site, contractor management and the gardens. Essential contractors such as plumbers and electricians are available 24 hours as required. Maintenance requests are logged and followed up in a timely manner. Visual checks of all electrical</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>appliances belonging to residents are checked when they are admitted. Annual testing and tagging of resident's electrical equipment, checking and calibration of medical equipment, hoists and scales was completed October 2024. Hot water temperatures are monitored routinely. Temperature recordings sighted were all within acceptable ranges.</p> <p>There is a main communal lounge with a TV where activities take place, and a smaller lounge adjacent to the spacious dining room, for whānau/family visits or meetings. Smaller areas provide residents with a quiet space away from the main lounge areas. There are disability access toilets near the communal lounge.</p> <p>All resident rooms are single occupancy, with their own toilet and handbasin. The resident rooms are spacious to provide care. Each room allows for the safe use and manoeuvring of mobility aids. Staff interviewed stated they have adequate equipment and space to safely deliver care for rest home level of care residents. Flowing hand soap, hand sanitiser and paper towels are installed in all areas near hand basins. There are sufficient communal showers and toilets, plus staff and visitor toilets.</p> <p>There are handrails in communal toilets and bathrooms and hallways. The hallways include sufficient room for the placement of armchairs for residents to rest. All rooms and communal areas allow for safe use of mobility equipment. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external spaces. The external areas are well maintained. Seating and shade are available.</p> <p>Kitchen, laundry and dining room are centrally situated. The management and administrator offices are in a neighbouring building. The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is limited space for storage of mobility equipment. Residents can bring their own possessions into the home and are able to adorn their room as desired, as viewed during the audit.</p> <p>The building is appropriately heated and ventilated. There is panel heating and heat pumps throughout the facility. There is plenty of natural light in the rooms. The facility has a designated smoking area. There are no plans to extend the current building; however, the need to</p>
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		involve Māori for a co-design approach is known by the organisation and service should any future development occur.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service dated 18 August 1997. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness; with the most recent fire drill taking place on 19 March 2025.</p> <p>There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence supplies are in place and are checked annually; last completed in March 2025. The service has a documented memorandum of understanding that ensures access to a generator from a local supplier in the event of a power outage. A gas BBQ and three portable gas cookers enables food to be cooked during power outages.</p> <p>There are adequate supplies of food and water in the event of a civil defence emergency, including bottled water and water tank on site, which holds 1800 litres. Information around emergency procedures is provided for residents and relatives in the admission information provided. There is a first aid/CPR trained staff member on duty 24/7. There are call bells in the residents' rooms, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in proximity to their current position. Resident's and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The front door is locked, and a button requires pushing to gain access. A keypad code is provided to exit to provide additional safety for cognitively impaired residents. Residents and family/whānau interviewed confirmed they had no problem entering or exiting the facility. The building is secured after hours. Staff complete regular security checks at night.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality, risk and incident reporting system. Infection rates are presented and discussed at monthly managers and staff meetings. Infection control data is also benchmarked with other sister facilities to identify trends and opportunities for improvement. Infection control is part of the strategic and quality plans. There is a documented communication pathway for reporting infection control and antimicrobial stewardship issues to governance.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand. There are hand sanitisers strategically placed around the facility. Residents and staff are offered relevant vaccinations. Visitors are asked not to visit if they are unwell.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The 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 an industry leader and the clinical manager. Policies are available to staff. The response plan is clearly documented to reflect the current expected guidance from Health New Zealand. Infection control is linked into the quality risk and incident reporting system. The infection control and antimicrobial stewardship programme is reviewed annually by clinical governance and was last reviewed in January 2025.</p> <p>The infection control coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection control coordinators (clinical manager and RN) have both completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the general practitioner, laboratory and Health New Zealand infection control nurse specialist, should this be required. There are</p>

		<p>sufficient quantities of PPE available as required.</p> <p>The infection control coordinator interviewed, described the pandemic plan, and confirmed the implementation of the plan proved to be successful at the times of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. The infection control audit monitors the effectiveness of education and infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention, that acknowledge the spirit of Te Tiriti.</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 January and March 2025). There has been additional training and education during outbreaks and staff were informed of any changes by noticeboards, handovers and during meetings. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Posters regarding good infection control practice were displayed in English, and te reo Māori.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections. The infection control coordinators have input into the procurement of high-quality consumables, personal protective equipment, and wound care products, in collaboration with the head office. Sufficient infection prevention resources, including personal protective equipment, were sighted and these are regularly checked against expiry dates. The clinical manager and governance would have input into the design of any new building, or if significant change be proposed to the existing facility.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has antimicrobial stewardship policy and procedures that guides the use of antimicrobials and is appropriate for the size, scope and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted.</p> <p>The general practitioner has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antimicrobial stewardship is monitored and discussed at the monthly managers and staff meetings. Significant events are reported to the Experion Care New Zealand Board via the clinical governance advisor.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bardowie Retirement Complex infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends and patterns. Infection control surveillance is discussed at managers monthly meetings and staff meetings. The service is incorporating ethnicity data into surveillance methods and analysis of ethnicity is documented as part of the analysis of infection rates.</p> <p>Meeting minutes and graphs are displayed for staff. Action plans where required for any infection rates of concern, are documented and completed. Internal infection control audits are completed with corrective actions for areas of improvement. Clear communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare acquired infection. The clinical governance advisor reports any infections or events of concern to the governance body. Monthly benchmarking occurs between facilities.</p>

		<p>The service receives information from Health New Zealand for any community concerns. There has been one Covid-19 outbreak since the last audit (January 2025). The facility followed their pandemic and outbreak plan. There were clear communication pathways with responsibilities and include outbreak meetings and communication with all relevant parties. Staff wore personal protective equipment, and family/whanau were kept informed by phone or email. Visiting was minimised during the outbreak.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. Eye protection wear and other PPE are available. There is a sluice area in the laundry room with personal protective equipment, including face visors. Staff have completed chemical safety training (February 2025). A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on site by dedicated staff Monday to Friday. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident. Dirty laundry is transported to the laundry by use of laundry buckets and sorted before being put into the machine. Personal laundry is delivered back to residents daily in named baskets. Linen is delivered to cupboards and bathrooms on trolleys. There is enough space for linen storage. The linen cupboards were well stocked and linen sighted to be in a good condition. Kitchen linen and mop heads are also done on site at separate times to resident clothes and linen. There are sufficient commercial washing machines and dryers. Material safety data sheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys.</p> <p>Cleaners’ trolleys are attended to at all times and locked away in the</p>

		<p>cleaners' cupboard when not in use. Cleaning schedules have been consistently maintained for daily and periodic cleaning (records sighted on the day). All chemicals on the cleaner's trollies were labelled. Appropriate personal protective clothing was readily available. The staff interviewed had good knowledge about cleaning processes and infection prevention and control requirements.</p> <p>The infection control coordinators have oversight of Bardowie Retirement Complex testing and monitoring programme for the built environment through scheduled internal audits that include those related to cleaning, laundry, and the environment. The infection control coordinators provide support to maintain a safe environment during construction, renovation, and maintenance activities. There was no construction, installation, or maintenance in progress at the time of the audit.</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>Bardowie Retirement Complex is committed to providing services to residents without the use of restraint. There is a Restraint Minimisation and Safe Practice policy that includes a philosophy, purpose, and policy and confirms the organisations commitment to eliminating restraint. At the time of the audit there were no residents using restraint. The service is committed to remaining restraint free. The designated restraint coordinator is the registered nurse.</p> <p>Systems are in place to ensure restraint use (if any) will be reported to the clinical governance team within the monthly health and safety report. The registered nurse confirmed that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. Restraint and managing behaviours that challenge is included as part of the orientation for staff and is completed annually through the education plan.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.