

Bainlea House (2013) Limited

Current Status: 28 April 2014

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification Audit conducted against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) on the audit date(s) specified.

General overview

Bainswood on Victoria and Bainlea House is certified to provide rest home level; hospital and dementia care for up to 92 residents. The facility is spread over two sites with Bainswood on Victoria providing for residents at hospital and rest home level care and Bainlea House providing care for residents at dementia level care.

The service is privately owned and has been under the current ownership since 1 July 2013. One of the owners is the general manager. The owners also have one other aged care facility. Each site has a nurse manager who is an experienced registered nurse, family and residents interviewed all spoke positively about the care and support provided.

This audit identified improvements required by the service in the following areas; notifying families of incidents, quality meeting minutes, corrective action plan sign off, in-service education attendance and care plan updates at Bainlea House.

Audit Summary as at 28 April 2014

Standards have been assessed and summarised below:

Key

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards 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 standards applicable to this service partially attained and of low risk
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk

Indicator	Description	Definition
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

Consumer Rights as at 28 April 2014

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Some standards applicable to this service partially attained and of low risk.
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Organisational Management as at 28 April 2014

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Continuum of Service Delivery as at 28 April 2014

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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Safe and Appropriate Environment as at 28 April 2014

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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Restraint Minimisation and Safe Practice as at 28 April 2014

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Infection Prevention and Control as at 28 April 2014

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Audit Results as at 28 April 2014

Consumer Rights

Bainswood on Victoria and Bainlea House's philosophy is to provide a quality service that focuses on the individual residents and promoting independence. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is visible within the facility and additional information about the code is readily available. Policies are being implemented to support residents' rights and assessment and care planning includes individual choice. Staff training is provided on resident rights including advocacy services. There is a Maori Health plan to support practice and individual values are considered during care planning. Complaints processes are implemented and there is a complaints register. Residents and family members and staff interviewed verify on-going involvement with community groups and confirm visiting can occur at any time. There is an improvement required around informing families of incidents at Bainlea House.

Organisational Management

Bainswood on Victoria and Bainlea House has a current business plan and a quality assurance and risk management programme that outlines objectives for the next year. The quality process being implemented includes regularly reviewed policies, an internal audit programme and a health and safety programme that includes hazard management.

Quality information is reported to monthly staff and quality meetings. There is an improvement required around quality meeting discussion and minutes and corrective action plan sign off at Bainswood on Victoria. Residents and relatives are provided the opportunity to feedback on service delivery issues at monthly meetings and via annual satisfaction surveys.

There is a reporting process being used to record and manage resident incidents. Incidents are collated monthly and reported to facility meetings. There is an improvement required around completing neurological observations follow up at Bainswood on Victoria.

Bainswood on Victoria and Bainlea House has job descriptions for all positions that include the role and responsibilities of the position. There is a two yearly in-service training programme that has been implemented and staff are supported to undertaken external training. There is an improvement required around staff attendance at training sessions. There is an annual performance appraisal process in place. The service has a documented rationale for determining

staffing levels. Caregivers, residents and family members report staffing levels are sufficient to meet resident needs.

Continuum of Service Delivery

Resident files reviewed include service coordination centre assessment forms. The facility information pack includes all relevant aspects of service, and this is provided to residents and/or family/whanau prior to entry. Care plans are developed in consultation with relevant people including residents and where appropriate family / Whanau or Enduring Power of Attorney. A registered nurse assessment, including a variety of risk assessments are completed on admission and reviewed six monthly following admission. Communication with family is well documented. There are improvements required around short term care plans and updating intervention in the long term care plans following evaluation at Bainlea House.

Planned activities are appropriate to the residents' interests. Residents interviewed confirm their satisfaction with the programme. Residents' files evidence activity care plans included in the long term care plan identify goals, and interventions and are evaluated at least six monthly. Individual activities are provided either within group settings or on a one-on-one basis. Activities are planned monthly.

An appropriate medicine management system is implemented. Policies and procedures detail service provider's responsibilities. Qualified staff and team leaders are responsible for medicine management and have attended in-service education for medication management and complete a medication competency annually. Medication charts sighted evidence documentation of consumers' allergies/sensitivities and three monthly medication reviews completed by general practitioners. There is one rest home resident that is self-medicating and has competency assessment reviewed three monthly. The service has transfer and discharge procedures. The staff interviewed are knowledgeable of their responsibility of safe exit or discharge to another facility or hospital. A dietitian is available to provide dietetic assessment for residents and arrange special authorities as required. All food is cooked on site for Bainswood on Victoria and at another facility for Bainlea House. Kitchen staff have attained safe food handling certificates. Residents and families interviewed all confirmed satisfaction with food services.

Safe and Appropriate Environment

The service has implemented policies and procedures for fire, civil defence and other emergencies. There are staff on duty with a current first aid certificate. The building holds a current warrant of fitness. Rooms are individualised. External areas are safe and well maintained. The facilities have a van available for transportation of residents. Those transporting residents hold a current first aid certificate. There are large spacious lounges and dining areas at each site. There are adequate toilets and showers. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning services are well monitored through the internal auditing system. Laundry is managed on site. Appropriate training, information and equipment for responding to emergencies is provided. There is an approved evacuation scheme and emergency supplies for at least three days for each site. Chemicals are stored securely. Appropriate policies are available along with product safety charts. The temperature of the facilities is comfortable and constant and able to be adjusted in resident's rooms to suit individual resident preference. There are emergency plans in place and emergency

drills have been held six monthly. There is a civil defence kit and evidence of supplies in the event of an emergency at each site in line with Civil Defence guidelines.

Restraint Minimisation and Safe Practice

There is a restraint policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards, there is a restraint register and a register for enablers. There are currently six residents requiring restraints and one resident using an enabler at Bainswood on Victoria, Bainlea House is restraint free. Staff are trained in restraint minimisation and challenging behaviour.

Infection Prevention and Control

The infection control coordinator the nurse manager at each site, who are registered nurses. The service has infection control policies and an infection control manual to guide practice. There is an infection control programme that is reviewed annually by the facilities infection control coordinators. Infection control education is provided annually for staff and infection control practice is monitored through the internal audit programme. The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. Infection information is collated monthly and reported through to all staff meetings. The infection control surveillance and associated activities are appropriate for the size and complexity of the service.

HealthCERT Aged Residential Care Audit Report (version 4.0)

Introduction

This report records the results of an audit against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) of an aged residential care service provider. The audit has been conducted by an auditing agency designated under the Health and Disability Services (Safety) Act 2001 for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

It is important that auditors restrict their editing to the content controls in the document and do not delete any content controls or any text outside the content controls.

Audit Report

Legal entity name:	Bainlea House (2013) Limited
Certificate name:	Bainlea House (2013) Limited
Designated Auditing Agency:	Health and Disability Auditing New Zealand Limited
Types of audit:	Certification Audit
Premises audited:	Bainlea House; Bainswood on Victoria
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care; Dementia care
Dates of audit:	Start date: 28 April 2014 End date: 29 April 2014
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	78

Audit Team

Lead Auditor	XXXXX	Hours on site	14	Hours off site	8
Other Auditors	XXXXX	Total hours on site	14	Total hours off site	6
Technical Experts		Total hours on site		Total hours off site	
Consumer Auditors		Total hours on site		Total hours off site	
Peer Reviewer	XXXXXX			Hours	3

Sample Totals

Total audit hours on site	28	Total audit hours off site	17	Total audit hours	45
Number of residents interviewed	7	Number of staff interviewed	19	Number of managers interviewed	3
Number of residents' records reviewed	9	Number of staff records reviewed	10	Total number of managers (headcount)	4
Number of medication records reviewed	18	Total number of staff (headcount)	99	Number of relatives interviewed	11
Number of residents' records reviewed using tracer methodology	3			Number of GPs interviewed	1

Declaration

I, XXXXXX, Director of Christchurch hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Act.

I confirm that:

a)	I am a delegated authority of Health and Disability Auditing New Zealand Limited	Yes
b)	Health and Disability Auditing New Zealand Limited has in place effective arrangements to avoid or manage any conflicts of interest that may arise	Yes
c)	Health and Disability Auditing New Zealand Limited has developed the audit summary in this audit report in consultation with the provider	Yes
d)	this audit report has been approved by the lead auditor named above	Yes
e)	the peer reviewer named above has completed the peer review process in accordance with the DAA Handbook	Yes
f)	if this audit was unannounced, no member of the audit team has disclosed the timing of the audit to the provider	Not Applicable
g)	Health and Disability Auditing New Zealand Limited has provided all the information that is relevant to the audit	Yes
h)	Health and Disability Auditing New Zealand Limited has finished editing the document.	Yes

Dated Thursday, 22 May 2014

Executive Summary of Audit

General Overview

Bainswood on Victoria and Bainlea House is certified to provide rest home level; hospital and dementia care for up to 92 residents. The facility is spread over two sites with Bainswood on Victoria providing for up to 57 residents at hospital and rest home level care and Bainlea House providing care for up to 28 residents at dementia level care. On the day of the audit there were 20 residents receiving rest home level care and 34 receiving hospital level care at Bainswood on Victoria and 22 residents at Bainlea House.

The service is privately owned and has been under the current ownership since 1 July 2013. One of the owners is the general manager. The owners also have one other aged care facility. Each site has a nurse manager who is an experienced registered nurse, family and residents interviewed all spoke positively about the care and support provided.

This audit identified improvements required by the service in the following areas; notifying families of incidents, quality meeting minutes, corrective action plan sign off, in-service education attendance and care plan updates at Bainlea House.

Outcome 1.1: Consumer Rights

Bainswood on Victoria and Bainlea House's philosophy is to provide a quality service that focuses on the individual residents and promoting independence. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is visible within the facility and additional information about the code is readily available. Policies are being implemented to support residents' rights and assessment and care planning includes individual choice. Staff training is provided on resident rights including advocacy services. There is a Maori Health plan to support practice and individual values are considered during care planning. Complaints processes are implemented and there is a complaints register. Residents and family members and staff interviewed verify on-going involvement with community groups and confirm visiting can occur at any time. There is an improvement required around informing families of incidents at Bainlea House.

Outcome 1.2: Organisational Management

Bainswood on Victoria and Bainlea House has a current business plan and a quality assurance and risk management programme that outlines objectives for the next year. The quality process being implemented includes regularly reviewed policies, an internal audit programme and a health and safety programme that includes hazard management.

Quality information is reported to monthly staff and quality meetings. There is an improvement required around quality meeting discussion and minutes and corrective action plan sign off at Bainswood on Victoria. Residents and relatives are provided the opportunity to feedback on service delivery issues at monthly meetings and via annual satisfaction surveys. There is a reporting process being used to record and manage resident incidents. Incidents are collated monthly and reported to facility meetings. There is an improvement required around completing neurological observations following a knock to the head at Bainswood on Victoria. Bainswood on Victoria and Bainlea House has job descriptions for all positions that include the role and responsibilities of the position. There is a two yearly in-service training programme that has been implemented and staff are supported to undertake external training. There is an improvement required around staff attendance at training sessions. There is an annual performance appraisal process in place. The service has a documented rationale for determining staffing levels. Caregivers, residents and family members report staffing levels are sufficient to meet resident needs.

Outcome 1.3: Continuum of Service Delivery

Resident files reviewed include service coordination centre assessment forms. The facility information pack includes all relevant aspects of service, and this is provided to residents and/or family/whanau prior to entry. Care plans are developed in consultation with relevant people including residents and where appropriate family / Whanau or Enduring Power of Attorney. A registered nurse assessment, including a variety of risk assessments are completed on admission and reviewed six monthly following admission. Communication with family is well documented. There are improvements required around short term care plans and updating intervention in the long term care plans following evaluation at Bainlea House.

Planned activities are appropriate to the residents' interests. Residents interviewed confirm their satisfaction with the programme. Residents' files evidence activity care plans included in the long term care plan identify goals, and interventions and are evaluated at least six monthly. Individual activities are provided either within group settings or on a one-on-one basis. Activities are planned monthly.

An appropriate medicine management system is implemented. Policies and procedures detail service provider's responsibilities. Qualified staff and team leaders are responsible for medicine management and have attended in-service education for medication management and complete a medication competency annually. Medication charts sighted evidence documentation of consumers' allergies/sensitivities and three monthly medication reviews completed by general practitioners. There is one rest home resident that is self-medicating and has competency assessment reviewed three monthly. The service has transfer and discharge procedures. The staff interviewed are knowledgeable of their responsibility of safe exit or discharge to another facility or hospital. A dietitian is available to provide dietetic assessment for residents and arrange special authorities as required. All food is cooked on site for Bainswood on Victoria and at another facility for Bainlea House. Kitchen staff have attained safe food handling certificates. Residents and families interviewed all confirmed satisfaction with food services.

Outcome 1.4: Safe and Appropriate Environment

The service has implemented policies and procedures for fire, civil defence and other emergencies. There are staff on duty with a current first aid certificate. The building holds a current warrant of fitness. Rooms are individualised. External areas are safe and well maintained. The facilities have a van available for transportation of residents. Those transporting residents hold a current first aid certificate. There are large spacious lounges and dining areas at each site. There are adequate toilets and showers. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning services are well monitored through the internal auditing system. Laundry is managed on site. Appropriate training, information and equipment for responding to emergencies is provided. There is an approved evacuation scheme and emergency supplies for at least three days for each site. Chemicals are stored securely. Appropriate policies are available along with product safety charts. The temperature of the facilities is comfortable and constant and able to be adjusted in resident's rooms to suit individual resident preference. There are emergency plans in place and emergency drills have been held six monthly. There is a civil defence kit and evidence of supplies in the event of an emergency at each site in line with Civil Defence guidelines.

Outcome 2: Restraint Minimisation and Safe Practice

There is a restraint policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards, there is a restraint register and a register for enablers. There are currently six residents requiring restraints and one resident using an enabler at Bainswood on Victoria, Bainlea House is restraint free. Staff are trained in restraint minimisation and challenging behaviour.

Outcome 3: Infection Prevention and Control

The infection control coordinator the nurse manager at each site, who are registered nurses. The service has infection control policies and an infection control manual to guide practice. There is an infection control programme that is reviewed annually by the facilities infection control coordinators. Infection control education is provided annually for staff and infection control practice is monitored through the internal audit programme. The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. Infection information is collated monthly and reported through to all staff meetings. The infection control surveillance and associated activities are appropriate for the size and complexity of the service.

Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
Standards	0	46	0	4	0	0	0
Criteria	0	95	0	5	0	0	0

	UA Negligible	UA Low	UA Moderate	UA High	UA Critical	Not Applicable	Pending	Not Audited
Standards	0	0	0	0	0	0	0	0
Criteria	0	0	0	0	0	0	0	1

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.1.9: Communication	Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	PA Low			
HDS(C)S.2008	Criterion 1.1.9.1	Consumers have a right to full and frank information and open disclosure from service providers.	PA Low	Four of eight incident forms sampled from Bainlea House did not document that family had been notified and there is no evidence in progress	Ensure family are notified of all incidents.	90

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
				notes that family have been notified.		
HDS(C)S.2008	Standard 1.2.3: Quality And Risk Management Systems	The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	PA Low			
HDS(C)S.2008	Criterion 1.2.3.6	Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	PA Low	At Bainswood on Victoria quality and registered nurse meetings do not reflect analysis of infection control data.	Ensure that the results of infection control data analysis at Bainswood on Victoria are discussed in quality and RN meetings.	90
HDS(C)S.2008	Criterion 1.2.3.8	A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.	PA Low	Several corrective action plans at Bainswood on Victoria do not have evidence of resolution and sign off.	Ensure all corrective action plans have evidence of resolution and sign off.	90
HDS(C)S.2008	Standard 1.2.7: Human Resource Management	Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	PA Low			
HDS(C)S.2008	Criterion 1.2.7.5	A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.	PA Low	Attendance at trainings is low. For example of 99 staff over the two sites the following numbers attended these trainings: Chemical safety – 19, pain management – eight, infection control – 15, cultural awareness 11, continence - 10, fire safety – 22, abuse and neglect – 15, Code of	Ensure staff attendance at training is such that all staff receive all core trainings.	90

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
				rights – 19, challenging behaviour – 19.		
HDS(C)S.2008	Standard 1.3.8: Evaluation	Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	PA Low			
HDS(C)S.2008	Criterion 1.3.8.3	Where progress is different from expected, the service responds by initiating changes to the service delivery plan.	PA Low	(i) At Bainlea House one of three files sampled was for a resident who had weight loss but no short term care plan. (ii) At Bainlea House one of three files sampled was for a resident who had weight loss but no short term care plan.	(i) Ensure short term care plans are used for all short term needs. (ii) Ensure that care plans are updated when resident needs change.	90

Continuous Improvement (CI) Report

Code	Name	Description	Attainment	Finding

NZS 8134.1:2008: Health and Disability Services (Core) Standards

Outcome 1.1: Consumer Rights

Consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs.

Standard 1.1.1: Consumer Rights During Service Delivery (HDS(C)S.2008:1.1.1)

Consumers receive services in accordance with consumer rights legislation.

ARC D1.1c; D3.1a ARHSS D1.1c; D3.1a

Attainment and Risk: FA
Evidence: There is a code of rights policy. On interview all staff (11 caregivers (eight from Bainswood on Victoria and three from Bainlea House), two registered nurses (RN's) from Bainswood on Victoria, two nurse managers (one from Bainswood on Victoria and one from Bainlea House) and one charge nurse from Bainswood on Victoria) were aware of consumers rights and were able to describe how they incorporated consumer rights within their service delivery. Code of rights is discussed at two monthly resident meetings at Bainswood on Victoria and three times yearly family meetings at Bainlea House and three monthly staff meetings at Bainswood on Victoria and monthly quality meetings (attended by all staff) at both sites. Seven of seven residents (three rest home and four hospital from Bainswood on Victoria) and 11 of 11 family members (one rest home and six hospital from Bainswood on Victoria and four from Bainlea House), interviewed spoke highly of the staffs respect of all aspects of the code of rights. Code of rights training was provided in November 2013 with 19 staff attending (link 1.2.7.5).

Criterion 1.1.1.1 (HDS(C)S.2008:1.1.1.1)

Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.1.2: Consumer Rights During Service Delivery (HDS(C)S.2008:1.1.2)

Consumers are informed of their rights.

ARC D6.1; D6.2; D16.1b.iii ARHSS D6.1; D6.2; D16.1b.iii

Attainment and Risk: FA

Evidence:

There are posters of the code of rights on display throughout the facilities and leaflets in the foyer of each facility. On entry to the service residents receive an information pack that includes a code of rights information and a service agreement. Large format and Maori information is also available. On interview all staff (11 caregivers (eight from Bainswood on Victoria and three from Bainlea House), two registered nurses (RN's) from Bainswood on Victoria, two nurse managers (one from Bainswood on Victoria and one from Bainlea House) and one charge nurse from Bainswood on Victoria) stated that they take time to explain the rights to residents and their family members. Seven of seven residents (three rest home and four hospital from Bainswood on Victoria) and 11 of 11 family members (one rest home and six hospital from Bainswood on Victoria and four from Bainlea House), confirmed that they had received information about their rights on entry to the service.

The service is able to provide information in different languages and/or in large print if requested. Information is also given to next of kin or EPOA to read with the resident and discuss. On entry to the service the nurse managers or an RN discuss the information pack with the resident and the family/whānau. This includes the code of rights, complaints and advocacy. On interview seven of seven residents and 11 of 11 family members were able to state their understanding of the code of rights.

Health and disability advocacy service leaflets are on display on the notice board in the foyer and throughout the facilities. A brochure advertising the service is also included in the information pack provided to new residents and families. The service can access local Maori advisory services should this be requested. Education on advocacy services is provided in the in-service education programme.

D6, 2 and D16.1b.iii: The information pack provided to residents on entry includes how to make a complaint, COR pamphlet, advocacy and H&D Commission information.

Criterion 1.1.2.3 (HDS(C)S.2008:1.1.2.3)

Opportunities are provided for explanations, discussion, and clarification about the Code with the consumer, family/whānau of choice where appropriate and/or their legal representative during contact with the service.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.1.2.4 (HDS(C)S.2008:1.1.2.4)

Information about the Nationwide Health and Disability Advocacy Service is clearly displayed and easily accessible and should be brought to the attention of consumers.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect (HDS(C)S.2008:1.1.3)

Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.

ARC D3.1b; D3.1d; D3.1f; D3.1i; D3.1j; D4.1a; D14.4; E4.1a ARHSS D3.1b; D3.1d; D3.1f; D3.1i; D3.1j; D4.1b; D14.4

Attainment and Risk: FA
Evidence: <p>Staff were observed respecting resident's privacy and could describe how they manage maintaining privacy and respect of personal property. All seven residents and 11 family members interviewed indicated staff were highly respectful and maintained resident's privacy especially when discussing personal issues and those personal belongings are not used as communal property. Privacy training as part of code of rights training was provided in November 2013 (link 1.2.7.5).</p> <p>The resident's initial assessments and care plans detail their cultural needs, values, ethnicity and spiritual beliefs. Staff are familiar with the information in these documents and practice accordingly. All seven residents interviewed stated their needs were met. All nine resident files reviewed (three rest home, three hospital and three dementia unit), have individual demographic information recorded about residents preferred name and staff were observed speaking respectfully to residents by their preferred name. All residents and family members interviewed could confirm this.</p> <p>There is a policy that describes resident's spiritual care. There are various churches locally and residents are encouraged to attend these. Church services are provided fortnightly at Bainswood on Victoria and monthly at Bainlea House with different denominations rotating to provide the service. There is also weekly catholic communion at each site. All residents and family members interviewed indicated that resident's spiritual needs are being met when required. On interview seven of seven residents (three rest home and four hospital from Bainswood on Victoria) stated staff respect their rights. There are currently two married couples at Bainswood on Victoria. Couples have appropriate information in their care plans regarding staff giving them time together and privacy. The service includes emotional wellbeing in the care planning process.</p> <p>Resident preferences are identified during the admission and care planning processes and family involvement is documented. The service actively encourages residents to have choice and this includes voluntary involvement in daily activities. Interviews with residents all confirmed that choices are considered and discussed openly. On interview all seven residents stated they are regularly consulted by staff about their care and preferences and feel this promotes their independence. On interview all 11 caregivers (eight from Bainswood on Victoria and three from Bainlea House) described how they encouraged residents to engage in activities in the facility and to link with community activities including church and support groups and the RSA.</p>

There is a policy that describes abuse and neglect and the topic is covered at orientation and has been addressed at staff meetings. Staff interviewed were able to discuss what constitutes abuse and neglect and the importance of recognition and reporting any issues. Abuse and neglect training occurred in October 2013 with 15 staff attending (link 1.2.7.5). Discussions with staff identified that there have been no episodes of abuse or neglect at the facilities. Seven residents and 11 family members interviewed were complementary of the care provided and stated staff were very approachable and friendly

D3.1b, d, f, i: The service has a philosophy that promotes quality of life, involves residents in decisions about their care, respects their rights and maintains privacy and individuality.

D14.4: There are clear instructions provided to residents on entry regarding responsibilities of personal belonging in their admission agreement. Personal belongings are documented and included in resident files.

E4.1a: Four of four families from Bainlea House interviewed stated that their family member was welcomed into the unit and personal pictures were put up to assist them to orientate to their new environment.

D4.1a: Resident files reviewed identified that cultural, spiritual values and individual preferences are identified.

Criterion 1.1.3.1 (HDS(C)S.2008:1.1.3.1)

The service respects the physical, visual, auditory, and personal privacy of the consumer and their belongings at all times.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.1.3.2 (HDS(C)S.2008:1.1.3.2)

Consumers receive services that are responsive to the needs, values, and beliefs of the cultural, religious, social, and/or ethnic group with which each consumer identifies.

Attainment and Risk: FA
Evidence:
Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.1.3.6 (HDS(C)S.2008:1.1.3.6)

Services are provided in a manner that maximises each consumer's independence and reflects the wishes of the consumer.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.1.3.7 (HDS(C)S.2008:1.1.3.7)

Consumers are kept safe and are not subjected to, or at risk of, abuse and/or neglect.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.1.4: Recognition Of Māori Values And Beliefs (HDS(C)S.2008:1.1.4)

Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.

ARC A3.1; A3.2; D20.1i ARHSS A3.1; A3.2; D20.1i

Attainment and Risk: FA

Evidence:

The service has established cultural policies to help meet the cultural needs of its residents; there is a Maori health plan. The rights of the resident to practise their own beliefs is acknowledged in the Maori health policies/procedures.

Staff training includes cultural safety at orientation. There is presently one resident of Maori descent at Bainlea House but he and his family have reported that he does not identify with the culture. There are no Maori residents at Bainswood on Victoria. Bainswood on Victoria and Bainlea House identifies cultural safety issues for Maori and can manage these on an individual basis. The service is able to access Maori advisors as identified in the Maori health policies.

Cultural and spiritual practice is supported and identified needs are incorporated into the care planning process and review. This is also incorporated in individual activity plans. Resident admission and on-going assessment is undertaken by the RN's, with the inclusion of the family / whānau (where approved by the resident). The service identifies opportunities to involve family/whānau in all aspects of planning individual's service delivery. Policies for Maori emphasise the critical importance of whānau.

Discussions with two RN's (from Bainswood on Victoria), two nurse managers (one from each facility), the charge nurse (from Bainswood on Victoria) , and 11 caregivers (eight from Bainswood on Victoria and three from Bainlea House) confirm that they are aware of the need to respond to cultural differences. On interview all staff were able to identify how to obtain support so that they could respond appropriately.

A3.2: There is a Maori health plan that includes a description of how the facility will achieve the requirements set out in A3.1 (a) to (e).

D20.1i: The service has developed a link with the Priest of the Anglican diocese who is a member of the He Waka Taupu Kau-maatua and on the Board of Advisors for this group. There are also documented marae contacts, Maori warden contacts and Maori welfare league contacts.

Criterion 1.1.4.2 (HDS(C)S.2008:1.1.4.2)

Māori consumers have access to appropriate services, and barriers to access within the control of the organisation are identified and eliminated.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.1.4.3 (HDS(C)S.2008:1.1.4.3)

The organisation plans to ensure Māori receive services commensurate with their needs.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.1.4.5 (HDS(C)S.2008:1.1.4.5)

The importance of whānau and their involvement with Māori consumers is recognised and supported by service providers.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs (HDS(C)S.2008:1.1.6)

Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.

ARC D3.1g; D4.1c ARHSS D3.1g; D4.1d

Attainment and Risk: FA

Evidence:

The service has established cultural policies aimed at helping meet the cultural needs of its residents. There is a Maori health plan. All residents interviewed reported that they were satisfied that their cultural and individual values were being met.

Family are involved in assessment and the care planning process. Information gathered during assessment including residents cultural, beliefs and values is used to develop a care plan which the resident (if appropriate), and/or their family/whānau are asked to consult on. Agreement is reached by all parties involved in the consultation process and the care plan is implemented within the service delivery.

There is one resident at Bainlea House who does not speak English. With the help of the family a list of phrases in both languages and picture books have been developed to communicate. The nurse manager reports the resident's daughter is available to translate at any time and especially if the resident is distressed. This is included in the care plan.

D3.1g: The service provides a culturally appropriate service by ensuring initial assessments fully capture residents information regarding culture and beliefs

D4.1c: Care plans reviewed included the resident's social, spiritual, cultural and recreational needs.

Criterion 1.1.6.2 (HDS(C)S.2008:1.1.6.2)

The consumer and when appropriate and requested by the consumer the family/whānau of choice or other representatives, are consulted on their individual values and beliefs.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.1.7: Discrimination (HDS(C)S.2008:1.1.7)

Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.

ARHSS D16.5e

Attainment and Risk: FA

Evidence:

The facility has a policy that determines a staff code of conduct which states there will be zero tolerance against any discrimination occurring. The abuse and neglect processes covers harassment and exploitation. All residents interviewed reported that the staff respected them. Elderly abuse prevention training occurs at orientation and as part of code of rights training and includes professionalism and standards of conduct. The RN's supervises staff to ensure professional practice is maintained in the service.

Job descriptions include responsibilities of the position, ethics, advocacy and legal issues. The orientation and employee agreement provided to staff on induction includes standards of conduct.

Criterion 1.1.7.3 (HDS(C)S.2008:1.1.7.3)

Service providers maintain professional boundaries and refrain from acts or behaviours which could benefit the provider at the expense or well-being of the consumer.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.1.8: Good Practice (HDS(C)S.2008:1.1.8)

Consumers receive services of an appropriate standard.

ARC A1.7b; A2.2; D1.3; D17.2; D17.7c ARHSS A2.2; D1.3; D17.2; D17.10c

Attainment and Risk: FA

Evidence:

The service has policies to guide practice that align with the health and disability services standards. There is a quality framework that is being implemented that supports

an internal audit programme. The general manager and nurse managers attend external training sessions appropriate for their positions.

A2.2: Services are provided at the facility that adhere to the health & disability services standards. There is an implemented quality improvement programmes that includes performance monitoring.

D1.3: All approved service standards are adhered to.

D17.7c: There are implemented competencies for RN's and EN's. There are clear ethical and professional standards and boundaries within job descriptions.

Criterion 1.1.8.1 (HDS(C)S.2008:1.1.8.1)

The service provides an environment that encourages good practice, which should include evidence-based practice.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.1.9: Communication (HDS(C)S.2008:1.1.9)

Service providers communicate effectively with consumers and provide an environment conducive to effective communication.

ARC A13.1; A13.2; A14.1; D11.3; D12.1; D12.3a; D12.4; D12.5; D16.1b.ii; D16.4b; D16.5e.iii; D20.3 ARHSS A13.1; A13.2; A14.1; D11.3; D12.1; D12.3a; D12.4; D12.5; D16.1bii; D16.4b; D16.53i.i.3.iii; D20.3

Attainment and Risk: PA Low
Evidence: Accident/incidents, complaints procedure and the open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. A specific policy to guide staff on the process to ensure full and frank open disclosure is available. Eight incidents/accidents forms were viewed from Bainlea House and 11 for Bainswood on Victoria for April 2014. The forms includes a section to record family notification. All 11 forms reviewed from Bainswood on Victoria indicated family were informed or if family did not wish to be informed. However four of eight forms sampled from Bainlea House did not document that family had been notified and this is an area requiring improvement. Bainswood on Victoria and Bainlea House has an open disclosure policy. On interview seven of seven residents (three rest home and four hospital from Bainswood on Victoria), 11 of 11 family members (one rest home and six hospital from Bainswood on Victoria and four from Bainlea House), and all staff interviewed (11 caregivers (eight from Bainswood on Victoria and three from Bainlea House), two registered nurses (RN's) from Bainswood on Victoria, two nurse managers (one from Bainswood on Victoria and one from Bainlea House) and one charge nurse from Bainswood on Victoria) all stated that family are informed following

changes in the resident's health status.

The two registered nurses interviewed at Bainswood on Victoria stated that they record contact with family/whanau in resident's files. Contact records were documented in all nine resident files reviewed.

Families often give instructions to staff regarding what they would like to be contacted about and when should an accident/incident of a certain type occur. This is documented in the resident files.

Two monthly resident meetings at Bainswood on Victoria and three times yearly family meetings at Bainlea House occur and issues arising from the meeting are fed back to staff meetings.

There is a policy that describes the availability of interpreter services when required (link 1.3.6 relating to a resident who does not speak English).

D12.1: Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The Ministry of Health "Long-term Residential Care in a Rest Home or Hospital – what you need to know" is provided to residents on entry.

D16.1b.ii: The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement.

D16.4b: Eleven of 11 family members interviewed stated that they are always informed when their family members health status changes.

D11.3: The information pack is available in large print and advised that this can be read to residents.

Criterion 1.1.9.1 (HDS(C)S.2008:1.1.9.1)

Consumers have a right to full and frank information and open disclosure from service providers.

Attainment and Risk: PA Low

Evidence:

Accident/incidents, complaints procedure and the open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. A specific policy to guide staff on the process to ensure full and frank open disclosure is available. Eight incidents/accidents forms were viewed from Bainlea House and 11 for Bainswood on Victoria for April 2014. The forms include a section to record family notification. All 11 forms reviewed from Bainswood on Victoria indicated family were informed or if family did not wish to be informed. Bainswood on Victoria and Bainlea House has an open disclosure policy. On interview seven of seven residents (three rest home and four hospital from Bainswood on Victoria), 11 of 11 family members (one rest home and six hospital from Bainswood on Victoria and four from Bainlea House), and all staff interviewed (11 caregivers (eight from Bainswood on Victoria and three from Bainlea House), two registered nurses (RN's) from Bainswood on Victoria, two nurse managers (one from Bainswood on Victoria and one from Bainlea House) and one charge nurse from Bainswood on Victoria) all stated that family are informed following changes in the resident's health status.

Finding:

Four of eight incident forms sampled from Bainlea House did not document that family had been notified and there is no evidence in progress notes that family have been notified.

Corrective Action:

Ensure family are notified of all incidents.

Timeframe (days): 90 (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.1.9.4 (HDS(C)S.2008:1.1.9.4)

Wherever necessary and reasonably practicable, interpreter services are provided.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.1.10: Informed Consent (HDS(C)S.2008:1.1.10)

Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.

ARC D3.1d; D11.3; D12.2; D13.1 ARHSS D3.1d; D11.3; D12.2; D13.1

Attainment and Risk: FA
Evidence: <p>Written informed consent is gained for do not resuscitate or resuscitation orders appropriately for nine of nine files sampled (three from the rest home, three from the hospital and three from Bainlea House). Nine files were reviewed and found to have valid consents. It was stated by the registered nurses that family involvement occurs with the consent of the resident. Other forms of written consent included consent to share information, consent for photographs and consent for transportation. A review of nine files found all consents were present and signed by the resident or their EPOA. EPOA documents are kept on the resident's file. Seven residents (three rest home and four hospital from Bainswood on Victoria) and 11 of 11 family members (one rest home and six hospital from Bainswood on Victoria and four from Bainlea House), confirm that they are given good information to be able to make informed choices. All staff (11 caregivers (eight from Bainswood on Victoria and three from Bainlea House), two registered nurses (RN's) from Bainswood on Victoria, two nurse managers (one from Bainswood on Victoria and one from Bainlea House) and one charge nurse from Bainswood on Victoria) interviewed confirm information was provided to residents prior to consents being sought and they were able to decline or withdraw their consent.</p> <p>D13.1 There were nine of nine admission agreements sighted.</p> <p>D3.1.d Discussion with 11 family members (one rest home and six hospital from Bainswood on Victoria and four from Bainlea House), identified that the service actively involves them in decisions that affect their relatives lives.</p>

Criterion 1.1.10.2 (HDS(C)S.2008:1.1.10.2)

Service providers demonstrate their ability to provide the information that consumers need to have, to be actively involved in their recovery, care, treatment, and support as well as for decision-making.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.1.10.4 (HDS(C)S.2008:1.1.10.4)

The service is able to demonstrate that written consent is obtained where required.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.1.10.7 (HDS(C)S.2008:1.1.10.7)

Advance directives that are made available to service providers are acted on where valid.

Attainment and Risk: FA
Evidence:

Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.1.11: Advocacy And Support (HDS(C)S.2008:1.1.11)

Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.

ARC D4.1d; D4.1e ARHSS D4.1e; D4.1f

Attainment and Risk: FA
Evidence: <p>There is an advocacy policy. Staff receive training on advocacy services. Information about accessing advocacy services is available in the entrance foyer. This includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family/whānau with advocacy information. Advocate support is available if requested. Interview with 11 caregivers, seven residents and 11 family members informed they are aware of advocacy and how to access an advocate.</p> <p>D4.1d: Discussion with 11 family members (one rest home and six hospital from Bainswood on Victoria and four from Bainlea House), identified that the service provides opportunities for the family/EPOA to be involved in decisions.</p> <p>D4.1e: The resident file includes information on resident’s family/whānau and chosen social networks.</p>

Criterion 1.1.11.1 (HDS(C)S.2008:1.1.11.1)

Consumers are informed of their rights to an independent advocate, how to access them, and their right to have a support person/s of their choice present.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.1.12: Links With Family/Whānau And Other Community Resources (HDS(C)S.2008:1.1.12)

Consumers are able to maintain links with their family/whānau and their community.

ARC D3.1h; D3.1e ARHSS D3.1h; D3.1e; D16.5f

Attainment and Risk: FA

Evidence:

Residents are encouraged to be involved in community activities and maintain family and friends networks. On interview all staff (11 caregivers (eight from Bainswood on Victoria and three from Bainlea House), two registered nurses (RN's) from Bainswood on Victoria, two nurse managers (one from Bainswood on Victoria and one from Bainlea House) and one charge nurse from Bainswood on Victoria), stated that residents are encouraged to build and maintain relationships. On interview all residents and family members confirmed this. The facility engages with other local facilities that provide similar services.

D3.1h; Discussion with 11 family members stated that they are encouraged to be involved with the service and care.

D3.1.e: Discussion with all staff and 11 of 11 family members (one rest home and six hospital from Bainswood on Victoria and four from Bainlea House), confirm that residents are supported and encouraged to remain involved in the community and external groups such as church and RSA visits.

Criterion 1.1.12.1 (HDS(C)S.2008:1.1.12.1)

Consumers have access to visitors of their choice.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.1.12.2 (HDS(C)S.2008:1.1.12.2)

Consumers are supported to access services within the community when appropriate.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.1.13: Complaints Management (HDS(C)S.2008:1.1.13)

The right of the consumer to make a complaint is understood, respected, and upheld.

ARC D6.2; D13.3h; E4.1biii.3 ARHSS D6.2; D13.3g

Attainment and Risk: FA
Evidence: <p>The service has a complaints policy that describes the management of complaints process. There is a complaints form available. Information about complaints is provided on admission. Interview with seven of seven residents (three rest home and four hospital from Bainswood on Victoria) and 11 of 11 family members (one rest home and six hospital from Bainswood on Victoria and four from Bainlea House), inform an understanding of the complaints process. All staff interviewed were able to describe the process around reporting complaints</p> <p>There is a complaints register. There have been two complaints at Bainswood on Victoria and nil at Bainlea House since the owners took over in July 2013. Verbal and written complaints are documented. All complaints are recorded in the complaints register. All complaints have noted investigation, time lines, corrective actions when required and resolutions. Results are feedback to complainants.</p> <p>Discussions with seven residents and 11 family members confirmed that any issues are addressed and they feel comfortable to bring up any concerns. Discussions with 11 caregivers stated that concerns/complaints were discussed at monthly staff meetings.</p> <p>D13.3h: A complaints procedure is provided to residents within the information pack at entry.</p>

Criterion 1.1.13.1 (HDS(C)S.2008:1.1.13.1)

The service has an easily accessed, responsive, and fair complaints process, which is documented and complies with Right 10 of the Code.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.1.13.3 (HDS(C)S.2008:1.1.13.3)

An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Outcome 1.2: Organisational Management

Consumers receive services that comply with legislation and are managed in a safe, efficient, and effective manner.

Standard 1.2.1: Governance (HDS(C)S.2008:1.2.1)

The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.

ARC A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.3d; D17.4b; D17.5; E1.1; E2.1 ARHSS A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.5

Attainment and Risk: FA

Evidence:

Bainswood on Victoria and Bainlea House is certified to provide rest home level; hospital and dementia care for up to 92 residents. The facility is spread over two sites with Bainswood on Victoria providing for up to 57 residents at hospital and rest home level care and Bainlea House providing care for up to 28 residents at dementia level care. On the day of the audit there were 20 residents receiving rest home level care and 34 receiving hospital level care at Bainswood on Victoria and 22 residents at Bainlea House. The service is privately owned and has been under the current ownership since 1 July 2013. The owners, one of who is the general manager own one other facility. Each site has a nurse manager who is an experienced registered nurse. The nurse managers share on-call duties. Job descriptions for all management and nurse manager positions outline their authority, accountability and responsibility. The GM and the two nurse managers have completed on-going training appropriate to their positions. There is RN cover in the facility 24/7. ARC, D17.3di (rest home), D17.4b (hospital): The GM and the two nurse managers have maintained at least eight hours annually of professional development activities related to managing a hospital, rest home and dementia unit.

Bainswood on Victoria and Bainlea House has a current business plan and a quality assurance and risk management programme that outlines objectives for the next year. Goals and objectives are included in the plan and mechanisms for monitoring progress are outlined. The current business plan service goals include: occupancy, financial goals, upkeep and appearance of the facilities, staff satisfaction including turnover, sick leave and no personal grievance cases and adhering to the roster. The quality process being implemented includes regularly review of policies, an internal audit programme and a health and safety programme that includes hazard management. Monthly quality meetings at each site discuss key components of the quality system (link 1.2.3.6 regarding meeting minutes at Bainswood on Victoria) and any issues are reported (minutes viewed). There is an internal audit schedule that aligns with the business plan and is implemented and a corrective action plan used to manage shortfalls (link 1.2.3.8).

ARC E2.1: The philosophy of the service also includes providing safe and therapeutic care for residents with dementia that enhances their quality of life and minimises risks associated with their confused states.

Criterion 1.2.1.1 (HDS(C)S.2008:1.2.1.1)

The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.1.3 (HDS(C)S.2008:1.2.1.3)

The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.2: Service Management (HDS(C)S.2008:1.2.2)

The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.

ARC D3.1; D19.1a; E3.3a ARHSS D3.1; D4.1a; D19.1a

Attainment and Risk: FA

Evidence:

In the absence of the GM the nurse manager for each site oversees the management of Bainswood on Victoria and Bainlea House.
D19.1a: A review of the documentation, policies and procedures and from discussion with staff identified that the service operational management strategies and quality improvement programme includes culturally appropriate care, to minimise risk of unwanted events and enhance quality.

Criterion 1.2.2.1 (HDS(C)S.2008:1.2.2.1)

During a temporary absence a suitably qualified and/or experienced person performs the manager's role.

Attainment and Risk: FA

Evidence:

Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.2.3: Quality And Risk Management Systems (HDS(C)S.2008:1.2.3)

The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.

ARC A4.1; D1.1; D1.2; D5.4; D10.1; D17.7a; D17.7b; D17.7e; D19.1b; D19.2; D19.3a.i-v; D19.4; D19.5 ARHSS A4.1; D1.1; D1.2; D5.4; D10.1; D16.6; D17.10a; D17.10b; D17.10e; D19.1b; D19.2; D19.3a-iv; D19.4; D19.5

Attainment and Risk: PA Low
<p>Evidence:</p> <p>The facility has a quality framework that is being implemented. The GM is directly involved in operations at the facility and the two nurse managers support her in this role. There is a current business plan that includes objectives/goals and a quality plan which includes internal audit, incident collation, infection surveillance and hazard management. Interview with all staff (11caregivers (eight from Bainswood on Victoria and three from Bainlea House), two registered nurses(RN's) from Bainswood on Victoria, two nurse managers (one from Bainswood on Victoria and one from Bainlea House) and one charge nurse from Bainswood on Victoria) inform an understanding of the quality activities undertaken at Bainswood on Victoria and Bainlea House.</p> <p>Two monthly resident meetings at Bainswood on Victoria and three times yearly family meetings at Bainlea House. Seven of seven residents interviewed are aware meetings are held. Annual satisfaction surveys are undertaken. At the time of the audit these have been distributed and are currently being returned. The GM reports when they are returned they will be collated.</p> <p>D5.4 The service has appropriate policies/ procedures to support service delivery; Policies and procedures align with the client care plans.</p> <p>D10.1: Following the death of a resident policy and procedure that outlines immediate action to be taken upon a consumer's death and that all necessary certifications and documentation is completed in a timely manner.</p> <p>D19.3: There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management.</p> <p>D19.2g: Falls prevention strategies such as physiotherapy reviews, instruction around prevention in care plans.</p> <p>Policies and procedures are in place with evidence of review. The GM and nurse managers manage quality systems, supported by an RN who has recently undertaken a quality support role at Bainswood on Victoria. There is a quality team which includes all staff. The quality programme is reviewed annually and is being implemented. Information is reported through the monthly staff meetings and quality meetings. Meetings discusses key components and standing agenda items of the programme include audit, infection, incidents, complaints and health and safety at Bainlea House. At Bainswood on Victoria quality and registered nurse meetings do not reflect analysis of infection control data and this is an area requiring improvement. Policy and procedure documents no longer relevant to the service are removed and archived. Documentation is archived in a locked facility.</p> <p>Incidents and accidents are reported on the prescribed form and recorded on a monthly summary sheet. Complaints are documented in the complaints register. An infection rate monthly summary is completed for each site. There is a hazard register for each site that is reviewed annually. All hazards are reported on a hazard form and documented as closed when corrective and preventative actions are complete. Restraint and enabler usage is documented at Bainswood on Victoria. Bainswood on Victoria has six residents with restraints and one resident using an enabler. Bainlea House is restraint free.</p>

There is a 2014 internal audit programme has been implemented at each site. All issues found in the 2013 and 2014 to date audits have identified corrective action plans. At Bainlea House all corrective action plans have evidence of resolution and sign off. Several corrective action plans at Bainswood on Victoria do not have evidence of resolution and sign off and this is an area requiring improvement. Results of audits are discussed in quality and staff meetings. Monitoring data that is collected by way of monthly: incident report, infection collation, and outcomes from internal audits (all data for the individual site) is reported through to quality and staff meetings at each site (link 1.2.3.6.regarding infection control discussion at Bainswood on Victoria). Accident and incidents monthly summary and infection control monthly summary forms include preventative actions identified and implementation. All staff interviewed could describe the corrective action process. The facilities monitoring activities, link to the means of achieving objectives as outlined in the quality programme. Bainswood on Victoria and Bainlea House has policies and procedures that describe the management of risks. There is a hazard register at each site that is reviewed yearly. Hazard forms are available for use and are seen to be well utilised. All staff (11caregivers (eight from Bainswood on Victoria and three from Bainlea House), two registered nurses(RN's) from Bainswood on Victoria, two nurse managers (one from Bainswood on Victoria and one from Bainlea House) and one charge nurse from Bainswood on Victoria) interviewed are aware of hazard reporting. The service is seen to be proactive in minimising/eliminating environmental hazards/risk.

Criterion 1.2.3.1 (HDS(C)S.2008:1.2.3.1)

The organisation has a quality and risk management system which is understood and implemented by service providers.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.2.3.3 (HDS(C)S.2008:1.2.3.3)

The service develops and implements policies and procedures that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at regular intervals as defined by policy.

Attainment and Risk: FA
Evidence:
Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.3.4 (HDS(C)S.2008:1.2.3.4)

There is a document control system to manage the policies and procedures. This system shall ensure documents are approved, up to date, available to service providers and managed to preclude the use of obsolete documents.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.3.5 (HDS(C)S.2008:1.2.3.5)

Key components of service delivery shall be explicitly linked to the quality management system.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.3.6 (HDS(C)S.2008:1.2.3.6)

Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.

Attainment and Risk: PA Low
Evidence: The GM and nurse managers manage quality systems, supported by an RN who has recently undertaken a quality support role at Bainswood on Victoria. There is a quality team which includes all staff. The quality programme is reviewed annually and is being implemented. Information is reported through the monthly staff meetings and quality meetings. Meetings discuss key components and standing agenda items of the programme include audit, infection, incidents, complaints and health and safety at Bainlea House.
Finding: At Bainswood on Victoria quality and registered nurse meetings do not reflect analysis of infection control data.
Corrective Action: Ensure that the results of infection control data analysis at Bainswood on Victoria are discussed in quality and RN meetings.
Timeframe (days): 90 (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.3.7 (HDS(C)S.2008:1.2.3.7)

A process to measure achievement against the quality and risk management plan is implemented.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.3.8 (HDS(C)S.2008:1.2.3.8)

A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.

Attainment and Risk: PA Low
Evidence: There is a 2014 internal audit programme has been implemented at each site. All issues found in the 2013 and 2014 to date audits have identified corrective action plans. At Bainlea House all corrective action plans have evidence of resolution and sign off.
Finding: Several corrective action plans at Bainswood on Victoria do not have evidence of resolution and sign off.
Corrective Action: Ensure all corrective action plans have evidence of resolution and sign off.
Timeframe (days): 90 (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.3.9 (HDS(C)S.2008:1.2.3.9)

Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whānau of choice, visitors, and those commonly associated with providing services. This shall include:

- (a) Identified risks are monitored, analysed, evaluated, and reviewed at a frequency determined by the severity of the risk and the probability of change in the status of that risk;
- (b) A process that addresses/treats the risks associated with service provision is developed and implemented.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.4: Adverse Event Reporting (HDS(C)S.2008:1.2.4)

All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.

ARC D19.3a.vi.; D19.3b; D19.3c ARHSS D19.3a.vi.; D19.3b; D19.3c

Attainment and Risk: FA

Evidence:

There is an accident/incident policy. The service collects a comprehensive set of data relating to adverse, unplanned and untoward events. This includes the collection of incident and accident information. The reporting system is integrated into the quality risk management system. Once incidents and accidents are reported the immediate actions taken are documented in incident forms. The incidents forms are then reviewed and investigated by the nurse manager at the relevant site who monitors issues. If risks are identified these are also processed as hazards. Incidents are trended monthly and reported to the staff RN and caregiver) meetings at Bainswood on Victoria and quality meetings at Bainswood on Victoria and Bainlea House.

Discussion with the service indicates that management are aware of and are able to describe their statutory requirements in relation to essential notification.

A sample of 11 incidents/accidents from Bainswood on Victoria and eight incident forms from Bainlea House for April 2014 were viewed. The services policy and procedure on incident management were implemented.

D19.3b: There is an incident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing.

Criterion 1.2.4.2 (HDS(C)S.2008:1.2.4.2)

The service provider understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.4.3 (HDS(C)S.2008:1.2.4.3)

The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.7: Human Resource Management (HDS(C)S.2008:1.2.7)

Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.

ARC D17.6; D17.7; D17.8; E4.5d; E4.5e; E4.5f; E4.5g; E4.5h ARHSS D17.7, D17.9, D17.10, D17.11

Attainment and Risk: PA Low
Evidence: <p>There are job descriptions available for all relevant positions that describe staff roles, responsibilities and accountabilities. These are kept in individual staff files. All staff have employment contracts. The practising certificate of RN's and EN's are current. The service also maintains copies of other visiting practitioner's certification including GP, pharmacist and physiotherapist. Appointment documentation is seen on file including signed contracts, job descriptions, orientation, reference checks and training. There is an annual appraisal process in place and appraisals are current in all files reviewed.</p> <p>There is a training/induction process that describes the management of orientation. Newly appointed staff complete an orientation that was sighted in all files reviewed. Interviews with 11 caregivers (eight from Bainswood on Victoria and three from Bainlea House) described the orientation programme that includes a period of supervision. The caregiver's reported that supervision can be extended if needed. This was verified by the GM and the nurse manager at each site (RN's). The service has a training policy and schedule for in-service education. The in service schedule is implemented and attendance recorded at sessions kept. The nurse managers and GM are accountable for managing and delivering the training schedule. Interview with 11 caregivers inform there is access to sufficient training. However attendance at trainings is low. For example of 99 staff over the two sites the following numbers attended these trainings: Chemical safety – 19, pain management – eight, infection control – 15, cultural awareness 11, continence - 10, fire safety – 22, abuse and neglect – 15, Code of rights – 19, challenging behaviour – 19. This is an area requiring improvement. Medication competencies are completed for all RN's and staff who administer medication. These are checked by the nurse managers at each site.</p> <p>D17.7d: There are implemented competencies for RN's and EN's related to specialised procedure or treatment including (but not limited to); medication and syringe driver use.</p> <p>E4.5d: The orientation programme is relevant to the dementia unit and includes a session how to implement activities and therapies.</p> <p>E4.5e: Agency staff receive an orientation that includes the physical layout, emergency protocols, and contact details in an emergency.</p>

E4.5f There are 18 caregiver's who work at Bainlea House. Nine have completed dementia standards and nine are currently undertaking training. These nine have been at the service for less than one year.

Criterion 1.2.7.2 (HDS(C)S.2008:1.2.7.2)

Professional qualifications are validated, including evidence of registration and scope of practice for service providers.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.2.7.3 (HDS(C)S.2008:1.2.7.3)

The appointment of appropriate service providers to safely meet the needs of consumers.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.2.7.4 (HDS(C)S.2008:1.2.7.4)

New service providers receive an orientation/induction programme that covers the essential components of the service provided.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.7.5 (HDS(C)S.2008:1.2.7.5)

A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.

Attainment and Risk: PA Low
Evidence: The service has a training policy and schedule for in-service education. The in service schedule is implemented and attendance recorded at sessions kept. The nurse managers and GM are accountable for managing and delivering the training schedule. Interview with 11 caregivers inform there is access to sufficient training.
Finding: Attendance at trainings is low. For example of 99 staff over the two sites the following numbers attended these trainings: Chemical safety – 19, pain management – eight, infection control – 15, cultural awareness 11, continence - 10, fire safety – 22, abuse and neglect – 15, Code of rights – 19, challenging behaviour – 19.
Corrective Action: Ensure staff attendance at training is such that all staff receive all core trainings.
Timeframe (days): 90 (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.8: Service Provider Availability (HDS(C)S.2008:1.2.8)

Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.

ARC D17.1; D17.3a; D17.3 b; D17.3c; D17.3e; D17.3f; D17.3g; D17.4a; D17.4c; D17.4d; E4.5 a; E4.5 b; E4.5c ARHSS D17.1; D17.3; D17.4; D17.6; D17.8

Attainment and Risk: FA

Evidence:

The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. Care staff at each site reported that staffing levels and the skill mix was appropriate and safe. All family members and residents interviewed at each site stated that they felt there was sufficient staffing. The service has a staffing levels policy implemented, which determines that the nurse managers will be on-call at all times, that at least one staff member on duty will hold a current first aid qualification and that new staff must be rostered on duty with an experienced staff member during the orientation phase of their employment. These standards are evident on review of the weekly rosters and discussions with staff. The nurse manager at each site covers the GM during absences and holidays.

The daily roster states that there are the following staff on each day:

A contractor physio attends the facility for three hours per fortnight and as required at Bainswood on Victoria.

Criterion 1.2.8.1 (HDS(C)S.2008:1.2.8.1)

There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.2.9: Consumer Information Management Systems (HDS(C)S.2008:1.2.9)

Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.

ARC A15.1; D7.1; D8.1; D22; E5.1 ARHSS A15.1; D7.1; D8.1; D22

Attainment and Risk: FA

Evidence:

Prior to entry to the service residents are assessed by a NASC agency. The referral is used as a baseline for the initial support plan that is developed within 24 hours of admission. This includes a coordinated process including GP, resident, family/whānau (where appropriate).

All resident files are hard copy files except progress notes which are electronic. Progress notes are documented in resident files. The information collected on admission is of sufficient detail to identify, manage and track resident records for the service. Resident's files are integrated and include allied health professional, specialist and GP input and reviews. The files also include short and long term care plans, and any medical reports such as radiology and pathology. Information in files is appropriate to the rest home, hospital and dementia service level setting. The service keeps a resident register.

Bainswood on Victoria and Bainlea House has a control of documents and records process that outlines expectations for record keeping and retention times for specific documents and records. Residents personal records are appropriately managed to meet the requirements of relevant legislation and standards.

Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Hard copy resident files are stored securely and protected from unauthorised access by being held at the nurses' station in a secured cabinet. Old files are individually archived and locked in a secure area for 10 years

Resident records are up to date and reflect residents' current overall health and care status. Records can be accessed only by relevant personnel.

Care plans and progress notes are legible, signed and dated by the staff member recording the information. Medical notes and allied health input are signed and dated appropriately.

D7.1: Entries are legible, dates and signed by an RN, EN or caregiver, including designation.

Criterion 1.2.9.1 (HDS(C)S.2008:1.2.9.1)

Information is entered into the consumer information management system in an accurate and timely manner, appropriate to the service type and setting.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.9.7 (HDS(C)S.2008:1.2.9.7)

Information of a private or personal nature is maintained in a secure manner that is not publicly accessible or observable.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.2.9.9 (HDS(C)S.2008:1.2.9.9)

All records are legible and the name and designation of the service provider is identifiable.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.2.9.10 (HDS(C)S.2008:1.2.9.10)

All records pertaining to individual consumer service delivery are integrated.

Attainment and Risk: FA
Evidence:

Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Outcome 1.3: Continuum of Service Delivery

Consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.

Standard 1.3.1: Entry To Services (HDS(C)S.2008:1.3.1)

Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.

ARC A13.2d; D11.1; D11.2; D13.3; D13.4; D14.1; D14.2; E3.1; E4.1b ARHSS A13.2d; D11.1; D11.2; D13.3; D13.4; D14.1; D14.2

Attainment and Risk: FA
<p>Evidence:</p> <p>Prior to entry to Bainswood on Victoria and Bainlea House potential residents have a needs assessment, completed by the needs assessment and co-ordination service, Older Persons Health Princess Margaret Hospital, to assess suitability for entry to the service. The service has an admission policy, admission agreement and a resident information pack available for residents/families at entry. The information pack includes all relevant aspects of service and residents and/or family are provided with associated information such as the health and disability code of rights, how to access advocacy and the complaints process.</p> <p>E4.1.b There is written information on the service philosophy and practices particular to the Unit included in the information pack including (but not limited to): a) the need for a safe environment for self and others; b) how behaviours different from other residents are managed and c) specifically designed and flexible programmes, with emphasis on:</p> <ol style="list-style-type: none"> 1. Minimising restraint. 2. Behaviour management. 3. Complaint policy. <p>D13.3 The admission agreement reviewed aligns with a) -k) of the ARC contract.</p> <p>D14.1 Exclusions from the service are included in the admission agreement.</p> <p>D14.2 The information provided at entry includes examples of how services can be accessed that are not included in the agreement.</p> <p>E3.1 Three resident files were reviewed from Bainlea House and all include a needs assessment as requiring specialist dementia care.</p>

Criterion 1.3.1.4 (HDS(C)S.2008:1.3.1.4)

Entry criteria, assessment, and entry screening processes are documented and clearly communicated to consumers, their family/whānau of choice where appropriate, local communities, and referral agencies.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.3.2: Declining Referral/Entry To Services (HDS(C)S.2008:1.3.2)

Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.

ARHSS D4.2

Attainment and Risk: FA
Evidence: The admission policy describes the declined entry to services process. Bainswood on Victoria and Bainlea House records the reason for declining service entry to residents should this occur and communicates this to residents/family/whānau and refers the resident/family/whānau back to the referral agency.

Criterion 1.3.2.2 (HDS(C)S.2008:1.3.2.2)

When entry to the service has been declined, the consumers and where appropriate their family/whānau of choice are informed of the reason for this and of other options or alternative services.

Attainment and Risk: FA
Evidence:
Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.3: Service Provision Requirements (HDS(C)S.2008:1.3.3)

Consumers receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcome/goals.

ARC D3.1c; D9.1; D9.2; D16.3a; D16.3e; D16.3l; D16.5b; D16.5ci; D16.5c.ii; D16.5e ARHSS D3.1c; D9.1; D9.2; D16.3a; D16.3d; D16.5b; D16.5d; D16.5e; D16.5i

Attainment and Risk: FA

Evidence:

D16.2, 3, 4: The nine resident files reviewed (three from the rest home, three from the dementia unit and three from the hospital) identified that an initial nursing assessment and care plan was completed within 24 hours and all files identify that the long term care plan was completed within three weeks. Six of the nine files (three from the rest home and three from the hospital) had documented evidence that the care plans were reviewed by the registered nurses and amended when current health changes. (# link 1.3.8.3). The nine files reviewed identified that care plan evaluations were completed at least six monthly. Three residents (two hospital and one rest home) have not yet been at the service for six months. Activity assessments and the activities sections in care plans have been completed by the activities coordinators. Eleven family (one from the rest home, four from the dementia unit and six from the hospital) interviewed stated that they and/or their family were involved in planning their care plan and at evaluation. Resident files included family contact records which were completed in all resident files sampled. D16.5e: All resident files reviewed identified that the GP had seen the resident within two working days. It was noted in resident files reviewed that the GP has assessed the residents as stable and is to be seen three monthly. More frequent GP review was evidenced as occurring on review of resident's files with acute conditions. Staff could describe a verbal handover at the beginning of each duty that maintains a continuity of service delivery. Nine files reviewed identified integration of allied health and a team approach is evident. The GP interviewed reported that the registered nurses from both services consult with the GP with any concerns regarding residents' health status and he believes the service provided meets resident's needs.

Tracer Methodology hospital:

XXXXXX *This information has been deleted as it is specific to the health care of a resident.*

Tracer methodology rest home:

XXXXXX *This information has been deleted as it is specific to the health care of a resident.*

Tracer methodology dementia:

XXXXXX *This information has been deleted as it is specific to the health care of a resident.*

Criterion 1.3.3.1 (HDS(C)S.2008:1.3.3.1)

Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is undertaken by suitably qualified and/or experienced service providers who are competent to perform the function.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.3.3.3 (HDS(C)S.2008:1.3.3.3)

Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.3.3.4 (HDS(C)S.2008:1.3.3.4)

The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.

Attainment and Risk: FA
Evidence:

Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.3.4: Assessment (HDS(C)S.2008:1.3.4)

Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.

ARC D16.2; E4.2 ARHSS D16.2; D16.3d; D16.5g.ii

Attainment and Risk: FA
Evidence: <p>The initial nursing assessment is completed within 24 hours of admission at Bainswood on Victoria and Bainlea House and the care plan is completed within three weeks. Personal needs information is gathered during admission. The data gathered is then used to plan resident goals and outcomes. This includes cultural and spiritual needs and likes and dislikes. Assessments are conducted in an appropriate and private manner. Assessments and care plans are detailed and include input from a general practitioner, support services and medical specialists as appropriate. Assessment tools such as pressure area risk, falls risk, continence and nutritional assessments are completed on admission. Pain assessment was evidenced completed with on-going monitoring recorded for resident requiring administration of controlled medication as part of prescribed pain management plan. Eleven family (one from the rest home, four from the dementia unit and six from the hospital) and seven residents interviewed (four from the hospital and three from the rest home) interviewed are very satisfied with the support provided.</p> <p>ARC E4.2: Three resident files reviewed from the dementia unit included an individual assessment that included identifying diversionary, motivation and recreational requirements.</p> <p>E4.2a Challenging behaviours assessments are completed.</p>

Criterion 1.3.4.2 (HDS(C)S.2008:1.3.4.2)

The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.

Attainment and Risk: FA
Evidence:
Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.5: Planning (HDS(C)S.2008:1.3.5)

Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.

ARC D16.3b; D16.3f; D16.3g; D16.3h; D16.3i; D16.3j; D16.3k; E4.3 ARHSS D16.3b; D16.3d; D16.3e; D16.3f; D16.3g

Attainment and Risk: FA

Evidence:

The sample of files reviewed included;

Hospital: one resident

Dementia: one resident .

Rest home: one new resident

A review of six resident files identifies the use of short term and long term care plans. These reflect variances in resident health status (# link 1.3.8.3). Six of nine residents care plans reviewed (three rest home and three hospital) are current and include interventions relating to all identified areas of need (# link 1.3.8.3). There is evidence of six monthly reviews which is signed by a registered nurse.

The care plan is completed within three weeks of admission by the registered nurses providing a holistic approach to care planning with resident and family input ensuring a resident focussed approach to the whole process. This is supported by other allied health care professionals providing input such as physiotherapist, dietitian and podiatrist.

D16.3f: Residents and relatives interviewed confirm care delivery and support by staff is consistent with their expectations.

All nine resident files reviewed identified that family were involved documented in progress notes and in multi- disciplinary meetings.

D16.3k: Overall short term care plans are in use for changes in health status (link 1.3.8.3).

Criterion 1.3.5.2 (HDS(C)S.2008:1.3.5.2)

Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.3.5.3 (HDS(C)S.2008:1.3.5.3)

Service delivery plans demonstrate service integration.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.6: Service Delivery/Interventions (HDS(C)S.2008:1.3.6)

Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.

ARC D16.1a; D16.1b.i; D16.5a; D18.3; D18.4; E4.4 ARHSS D16.1a; D16.1b.i; D16.5a; D16.5c; D16.5f; D16.5g.i; D16.6; D18.3; D18.4

Attainment and Risk: FA

Evidence:

Nine resident files were reviewed (three from the rest home, three from the dementia unit and three from the hospital). All identified that an initial nursing assessment and care plan was completed within 24 hours and all files identify that the long term care plan was completed within three weeks. There is documented evidence that the care plans were reviewed by the registered nurses and amended when current health changes. Six of nine care plans evidenced evaluations completed at least six monthly. Three residents have not yet been at the service for six months. Activity assessments and the activities sections in care plans have been completed by the activities coordinators. The care being provided is consistent with the needs of residents. This is evidenced by discussions with residents, families, health care assistants, and registered nurses. A review of short term care plans, long term care plans, evaluations and progress notes demonstrates integration. There is evidence of three monthly medical reviews. The nurse manager is responsible for the education programme and ensures staff have the opportunity to receive updated information and follow best practice guidelines. Residents' care plans are completed by the registered nurses.

Care delivery is recorded and evaluated by health care assistants or registered nurses in progress notes at least weekly in the dementia unit and rest home and at least daily in the hospital (evidenced in all nine residents' progress notes sighted). When a resident's condition alters, the registered nurse initiates a review and if required,

arranges a GP visit or a specialist referral. The 11 caregivers, two registered nurses, two nurse managers, one charge nurse and the manager interviewed stated that they have all the equipment referred to in care plans and necessary to provide care, including transfer belts, wheelchairs, wheel chair platform weighing scales, continence supplies, gowns, masks, aprons and gloves and dressing supplies. All staff report that there are always adequate continence supplies and dressing supplies. On the day of the audit supplies of these products were sighted. Seven residents interviewed (four from the hospital and three from the rest home) and 11 family (one from the rest home, four from the dementia unit and six from the hospital) interviewed were complimentary of care received at the facility.

D18.3 and 4 Dressing supplies are available. Wound assessment and wound management plans are in place for seventeen residents with wounds at Bainswood on Victoria including three pressure areas. There are no current wounds at Bainlea House. All previous wounds have been sighted as healed and signed off by the nurse manager. The registered nurses interviewed described the referral process and related form for referral to a wound specialist or continence nurse. Three residents at Bainswood on Victoria had referral to wound specialist services. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described.

Continence management in-services and wound management in-service have been provided.

During the tour of facility it was observed that all staff treated residents with respect and dignity, knocked on doors before entering residents' rooms and ensured residents' dignity and privacy was protected when transferring residents to the shower or toilet. Residents interviewed were able to confirm that privacy and dignity was maintained.

Criterion 1.3.6.1 (HDS(C)S.2008:1.3.6.1)

The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.3.7: Planned Activities (HDS(C)S.2008:1.3.7)

Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.

ARC D16.5c.iii; D16.5d ARHSS D16.5g.iii; D16.5g.iv; D16.5h

Attainment and Risk: FA

Evidence:

Bainswood on Victoria;

There are two activities coordinators at Bainswood on Victoria who are responsible for the planning and delivery of the activities programme. One activities coordinator works 9-4pm Monday - Friday and has almost completed the diversional therapy qualification. She is a member of the diversional therapy group and attends meeting to share idea for programmes. The other activities coordinator works part time 9-2pm three days per week. Activities are provided in the lounges, dining areas, gardens (when weather permits) and one on one input in resident's rooms when required. Activities can be combined for rest home and hospital residents depending on resident's abilities. On the day of audit residents were observed being actively involved with a variety of activities. There is a fixed programme of regular activities with a weekly programme of additional activities. There is a copy in the resident's room of the fixed programme with the weekly programme displayed on the notice boards. The programme includes residents being involved within the community with social clubs, churches and schools. On or soon after admission, a social history is taken and information from this is added into the long term care plan and this is reviewed six monthly as part of the care plan review/evaluation. A record is kept of individual resident's activities and monthly progress notes completed. The resident/family/EPOA as appropriate is involved in the development of the activity plan. There is a wide range of activities offered that reflect the resident needs. Participation in all activities is voluntary. The facility has its own van for transportation. Residents interviewed described attending concerts, school music productions, lunches and picnics, visits to RSA and shopping. The activities coordinator has a current first aid certificate. D16.5d Resident files reviewed identified that the individual activity plan is reviewed at the time of care plan review.

Bainlea House;

There is one activities coordinator at Bainlea House that has been employed for six years and works 9.30-5pm Monday-Friday. She has almost completed the diversional therapy training and has had training in challenging behaviour management and de-escalation. She is a member of the diversional therapy group and attends meetings. The organisation has a diversional therapist that is accessible to oversee the programme. Activities are provided in the lounge, dining area, secure gardens (when weather permits) and one on one input in residents rooms when required. There is a monthly programme which is flexible to accommodate resident's needs and participation. The programme includes residents being involved within the community with social clubs, churches and schools. On or soon after admission, a social history is taken from family and information from this is added into the long term care plan and this is reviewed six monthly as part of the care plan review/evaluation. A record is kept of individual resident's activities and monthly progress notes completed. The resident/family/EPOA as appropriate is involved in the development of the activity plan. There is a wide range of activities offered that reflect the resident needs including doll therapy and attending to the facility hens. Participation in all activities is voluntary. The facility has its own van for transportation and residents have an outing every two weeks. The activities coordinator has a first aid certificate. Activities include newspaper reading, crafts, exercises, cooking, poetry, pet therapy, short stories sing-a-long and sports challenges with Bainswood on Victoria residents. There are resources available for caregivers to provide activities at any time.

Criterion 1.3.7.1 (HDS(C)S.2008:1.3.7.1)

Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.8: Evaluation (HDS(C)S.2008:1.3.8)

Consumers' service delivery plans are evaluated in a comprehensive and timely manner.

ARC D16.3c; D16.3d; D16.4a ARHSS D16.3c; D16.4a

Attainment and Risk: PA Low
Evidence: <p>There is at least a three monthly review by the medical practitioner.</p> <p>D16.4a Care plans are reviewed and evaluated by the registered nurses six monthly or when changes to care occur as sighted in nine of nine care plans sampled (three from the rest home and three from the hospital at Bainswood on Victoria and three from Bainlea House). There are short term care plans to focus on acute and short-term issues. STCPs reviewed evidence evaluation and are signed and dated by the registered nurses when issues have been resolved. At Bainlea House one of three files sampled was for a resident who had weight loss but no short term care plan. This is an area requiring improvement. Staff are informed of any changes to resident need at handover between shifts. Examples of STCP's in use included; infections, weight loss, behaviours and wounds. Caregivers interviewed confirmed that they are updated as to any changes to/or in resident's care or treatment during handover sessions which occur at the beginning of each shift.</p> <p>At Bainswood on Victoria the six files sampled (three from the rest home and three from the dementia unit) show that care plans are updated when there is a change in need identified at the evaluation. At Bainlea House the three files sampled show that the care plan has not been updated when there are changes identified. This is an area requiring improvement.</p> <p>ARC D16.3c: All initial nursing assessment/care plans were evaluated by an RN within three weeks of admission.</p>

Criterion 1.3.8.2 (HDS(C)S.2008:1.3.8.2)

Evaluations are documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.3.8.3 (HDS(C)S.2008:1.3.8.3)

Where progress is different from expected, the service responds by initiating changes to the service delivery plan.

Attainment and Risk: PA Low
<p>Evidence:</p> <p>There are short term care plans to focus on acute and short-term issues. STCPs reviewed evidence evaluation and are signed and dated by the registered nurses when issues have been resolved. Staff are informed of any changes to resident need at handover between shifts. Examples of STCP's in use included; infections, weight loss, behaviours and wounds. Caregivers interviewed confirmed that they are updated as to any changes to/or in resident's care or treatment during handover sessions which occur at the beginning of each shift.</p> <p>At Bainswood on Victoria the six files sampled (three from the rest home and three from the dementia unit) show that care plans are updated when there is a change in need identified at the evaluation.</p>
<p>Finding:</p> <p>(i) At Bainlea House one of three files sampled was for a resident who had weight loss but no short term care plan. (ii) At Bainlea House one of three files sampled was for a resident who had weight loss but no short term care plan.</p>
<p>Corrective Action:</p> <p>(i) Ensure short term care plans are used for all short term needs. (ii) Ensure that care plans are updated when resident needs change.</p>
Timeframe (days): 90 <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) (HDS(C)S.2008:1.3.9)

Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.

ARC D16.4c; D16.4d; D20.1; D20.4 ARHSS D16.4c; D16.4d; D20.1; D20.4

Attainment and Risk: FA

Evidence:

The clinical manager, charge nurse and registered nurses at Bainswood on Victoria and the nurse manager at Bainlea House described the referral process to other medical and non-medical services. Referral documentation is maintained on resident files. Examples of referrals sighted were to NASC, dietitian, speech language therapist, occupational therapist, psychiatric services for the elderly, and the wound care nurse.

D16.4c: The service provided examples of where a resident's condition had changed and the resident was reassessed for a higher level of care.

D 20.1; Discussions with the registered nurses and nurse managers identified that the service has access to wound care nurse specialists, incontinence specialists, podiatrist, nurse specialist at older persons health, occupational therapist and physiotherapist.

Criterion 1.3.9.1 (HDS(C)S.2008:1.3.9.1)

Consumers are given the choice and advised of their options to access other health and disability services where indicated or requested. A record of this process is maintained.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.3.10: Transition, Exit, Discharge, Or Transfer (HDS(C)S.2008:1.3.10)

Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.

ARC D21 ARHSS D21

Attainment and Risk: FA

Evidence:

There are policies at Bainswood on Victoria and Bainlea House to describe guidelines for death, discharge, transfer, documentation and follow up. There is an associated form for staff to complete. A record is kept and a copy of details is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. A transfer form accompanies residents to receiving facilities. Follow up occurs to check that the resident is settled, or in the case of death, communication with the family is made and this is documented.

Family contact records document regular communication with family/EPOA regarding the transfer and updates on residents' condition.

Criterion 1.3.10.2 (HDS(C)S.2008:1.3.10.2)

Service providers identify, document, and minimise risks associated with each consumer's transition, exit, discharge, or transfer, including expressed concerns of the consumer and, if appropriate, family/whānau of choice or other representatives.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.3.12: Medicine Management (HDS(C)S.2008:1.3.12)

Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.

ARC D1.1g; D15.3c; D16.5e.i.2; D18.2; D19.2d ARHSS D1.1g; D15.3g; D16.5i..i.2; D18.2; D19.2d

Attainment and Risk: FA

Evidence:

Bainswood on Victoria;

Medication policies align with accepted guidelines. Medications are stored in a locked trolley in a locked treatment room in the hospital and rest home. Controlled drugs are stored in a locked safe in the hospital and two medication competent persons must sign controlled drugs out. Weekly stocktakes and quality stock accounts have been completed. The service uses four weekly robotic sachet medication management system. Medication charts have photo ID's. There is a signed agreement with the pharmacy. Medications are checked on arrival by a registered nurse and any pharmacy errors recorded and fed back to the supplying pharmacy. Staff sign for the administration of medications on medication signing sheet. Twelve medication charts reviewed (six rest home and six hospital) had evidence of residents photo, documented allergies, correct GP charting, correct staff signing and GP three monthly reviews. The indication for use for as required medication was documented on the prescription charts. All eye drops were dated when opened. There is one rest home resident that was self- administrating. A competency assessment was completed and reviewed three monthly. The medication was kept in a locked drawer in the resident's room. Residents/relatives interviewed stated they are kept informed of any changes to medications. The medication chart has alert stickers for; a) controlled drugs, b) allergies and c) duplicate name. Education on medication management occurred in January 2014. Registered nurses and team leaders (senior caregivers) administer medicines. All have been assessed as competent.

D16.5.e.i.2; Medication charts reviewed identified that the GP had seen the reviewed the resident three monthly and the medication chart was signed.

Bainlea House;

Medication policies align with accepted guidelines. Medications are stored in a locked trolley in a locked nurse's office/treatment room. There are currently no controlled drugs at the facility. The service uses four weekly robotic sachet medication management system. Medication charts have photo ID's. There is a signed agreement with the pharmacy which is different from Bainswood on Victoria. Medications are checked on arrival by a registered nurse and any pharmacy errors recorded and fed back to the supplying pharmacy.

Staff sign for the administration of medications on medication signing sheet. Six medication charts reviewed had evidence of resident's photo, documented allergies, correct GP charting, correct staff signing and GP three monthly reviews. Reason for prn was documented on the prescription charts. All eye drops were dated when opened. No residents were self- administrating. Residents/relatives interviewed stated they are kept informed of any changes to medications. The medication chart has alert stickers for; a) controlled drugs, b) allergies and c) duplicate name.

Education on medication management occurred in January 2014. Registered nurses and team leaders (senior caregivers) administer medicines. All have been assessed as competent.

D16.5.e.i.2; Medication charts reviewed identified that the GP had seen the reviewed the resident three monthly and the medication chart was signed.

Criterion 1.3.12.1 (HDS(C)S.2008:1.3.12.1)

A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.3.12.3 (HDS(C)S.2008:1.3.12.3)

Service providers responsible for medicine management are competent to perform the function for each stage they manage.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.3.12.5 (HDS(C)S.2008:1.3.12.5)

The facilitation of safe self-administration of medicines by consumers where appropriate.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.3.12.6 (HDS(C)S.2008:1.3.12.6)

Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.3.13: Nutrition, Safe Food, And Fluid Management (HDS(C)S.2008:1.3.13)

A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.

ARC D1.1a; D15.2b; D19.2c; E3.3f ARHSS D1.1a; D15.2b; D15.2f; D19.2c

Attainment and Risk: FA
Evidence: <p>Bainswood on Victoria have a commercial kitchen where all food is prepared and served. They have recently employed a new cook who works from 7.30 -4.30 on a four on and four off roster. The new cook has a background in hotel catering and is scheduled to complete a food safety/handling course. There is a kitchen hand that has been employed for seven years working 7am-2pm five days per week. The kitchen hand has food safety/handling qualification. There is also another cook, kitchen hand and three tea kitchen hands that have completed food safety training. There is a four weekly rotating winter and summer menu. The menu has been approved by a dietitian.</p> <p>A food services manual is available that ensures that all stages of food delivery to the resident are documented and comply with standards, legislation and guidelines. This includes food safety policy, food services for the elderly, food and nutrition guidelines for the older person, sample menus, food services and staff responsibilities. All fridges and freezers temperatures are recorded daily on the recording sheet sighted. Food temperatures are recorded daily. Food is served from the bain marie in Victoria wing. Food for Ivory wing is served from the bain marie and then transported to the wing in hot boxes. The hot box also has a compartment for cold desserts. All food in the freezer, fridge and pantry was labelled and dated.</p> <p>The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. This is reviewed six monthly as part of the care plan review. Changes to residents' dietary needs are communicated to the kitchen as reported by the clinical manager, charge nurse and registered nurses. Resident's dietary profiles are kept in a folder in the kitchen. Special diets are noted on the kitchen notice board which is able to be viewed only by kitchen staff. Special diets being catered for include pureed diets and soft diets. Residents with weight loss are given extra puddings, creams and smoothies. Weights are recorded weekly/monthly as directed by the registered nurses. Residents report satisfaction with food choices, meals are well presented. Lunchtime meals were observed being served and were attractively presented and temperature of food recorded prior to meals being served. Alternative meals are offered as required and individual resident likes and dislikes are noted on notice board in kitchen. There is a cleaning schedule which is signed by member of staff completing cleaning tasks.</p>

Bainlea House

Food for residents at Bainlea is prepared at another site owned by the organisation and transported to Bainlea House in insulated boxes and transferred to the bain marie in the servery. There is a workable kitchen with an oven, fridge, freezer, and bain marie. Bainlea House employs a kitchen hand from 7-1pm. The kitchen hand has been employed for ten weeks and has a background in level two cheffing with food safety/handling qualifications. There is also a kitchen hand working 4.30-7pm to help serve the tea. Morning and afternoon tea is baked on site at Bainlea House by the kitchen hand. There is a four weekly rotating winter and summer menu. The menu has been approved by a dietitian. The food services manual is available that ensures that all stages of food delivery to the resident are documented and comply with standards, legislation and guidelines. This includes food safety policy, food services for the elderly, food and nutrition guidelines for the older person, sample menus, food services and staff responsibilities. All fridges and freezers temperatures are recorded daily on the recording sheet sighted. Food temperatures are recorded daily. All food in the freezer, fridge was labelled and dated. The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. This is reviewed six monthly as part of the care plan review. Changes to residents' dietary needs are communicated to the kitchen as reported by the clinical manager, charge nurse and registered nurses. Resident's dietary profiles are kept in a folder in the kitchen. Special diets are noted on the kitchen notice board which is able to be viewed only by kitchen staff. Special diets being catered for include pureed diets, soft diets. Residents with weight loss are given extra puddings, creams and smoothies. Weights are recorded weekly/monthly as directed by the registered nurses. Residents report satisfaction with food choices, meals are well presented. Lunchtime meals were observed being served and were attractively presented and temperature of food recorded prior to meals being served. Alternative meals are offered as required and individual resident likes and dislikes are noted on notice board in kitchen. There is a cleaning schedule which is signed by member of staff completing cleaning tasks. E3.3f: There is evidence that there are additional nutritious snacks available over 24 hours.

Criterion 1.3.13.1 (HDS(C)S.2008:1.3.13.1)

Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.3.13.2 (HDS(C)S.2008:1.3.13.2)

Consumers who have additional or modified nutritional requirements or special diets have these needs met.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.3.13.5 (HDS(C)S.2008:1.3.13.5)

All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.

Attainment and Risk: FA
Evidence: .
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Outcome 1.4: Safe and Appropriate Environment

Services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensures physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

Standard 1.4.1: Management Of Waste And Hazardous Substances (HDS(C)S.2008:1.4.1)

Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.

ARC D19.3c.v; ARHSS D19.3c.v

Attainment and Risk: FA

Evidence:

The service has waste management policies and procedures for the safe disposal of waste and hazardous substances. These include (but are not limited to): needles and sharps policy; chemical storage policy; waste disposal policy. There is an incident reporting system that includes investigation of incidents. Chemicals are labelled and there is appropriate protective equipment and clothing for staff. Hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals were evidenced stored securely in locked cleaning cupboards.

Criterion 1.4.1.1 (HDS(C)S.2008:1.4.1.1)

Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.1.6 (HDS(C)S.2008:1.4.1.6)

Protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used by service providers.

Attainment and Risk: FA

Evidence:

Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.4.2: Facility Specifications (HDS(C)S.2008:1.4.2)

Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.

ARC D4.1b; D15.1; D15.2a; D15.2e; D15.3; D20.2; D20.3; D20.4; E3.2; E3.3e; E3.4a; E3.4c; E3.4d ARHSS D4.1c; D15.1; D15.2a; D15.2e; D15.2g; D15.3a; D15.3b; D15.3c; D15.3e; D15.3f; D15.3g; D15.3h; D15.3i; D20.2; D20.3; D20.4

Attainment and Risk: FA
<p>Evidence:</p> <p>Bainswood on Victoria; Reactive and preventative maintenance occurs. Fire equipment is checked by an external provider. The building holds a current warrant of fitness which expires in March 2015. Electrical equipment is checked. The living areas are carpeted and vinyl surfaces exist in bathrooms/toilets and kitchen areas. Resident rooms have carpet. The corridors are carpeted and there are hand rails. Residents were observed moving freely around the areas with mobility aids where required. The external areas are well maintained and gardens area is attractive. The garden/decking area has furniture and umbrellas provide shade. There is wheelchair access to all areas. Hoists are serviced by an approved service provider every 12 months and sighted as last check September 2013. Equipment was last calibrated in September 2013. There are now a total of 57 rooms that can be used for rest home or hospital level residents. ARC D15.3: The following equipment is available, pressure relieving mattresses, shower chairs, hoists, heel protectors, lifting aids.</p> <p>Bainlea House; Reactive and preventative maintenance occurs. Fire equipment is checked by an external provider. The building holds a current warrant of fitness which expires in June 2014. Electrical equipment is checked. The living areas are carpeted and vinyl surfaces exist in bathrooms/toilets and kitchen areas. Resident rooms have carpet or vinyl. The facility is currently refurbishing with new flooring and beds. The corridors are carpeted and there are hand rails. Residents were observed moving freely in a secure environment around the areas with mobility aids where required. The external areas are well maintained and gardens area is attractive. The garden/decking area has furniture and umbrellas provide shade. There is wheelchair access to all areas. The hoist is serviced by an approved service provider every six months and sighted as last check September 2013. Equipment was last calibrated in September 2013. There are a total of 28 rooms that can be used for secure rest home dementia level residents in a secure environment. E3.4d: The lounge area is designed so that space and seating arrangements provide for individual and group activities. There is one main lounge and one main dining room. E3.3e: There is a quiet, low stimulus area that provide privacy when required. E3.4.c: There is a safe and secure outside area that is easy to access.</p>

Criterion 1.4.2.1 (HDS(C)S.2008:1.4.2.1)

All buildings, plant, and equipment comply with legislation.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.4.2.4 (HDS(C)S.2008:1.4.2.4)

The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.4.2.6 (HDS(C)S.2008:1.4.2.6)

Consumers are provided with safe and accessible external areas that meet their needs.

Attainment and Risk: FA
Evidence:

Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.4.3: Toilet, Shower, And Bathing Facilities (HDS(C)S.2008:1.4.3)

Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.

ARC E3.3d ARHSS D15.3c

Attainment and Risk: FA
Evidence: <p>Bainswood on Victoria; The service has single rooms. Thirty eight resident rooms have full ensuite facilities and ten resident's rooms have toilets. There are communal toilets and showers close to bedrooms. Toilets are located close to dining rooms and lounges for residents' use. A visitor's toilet is available. Water temperatures are tested monthly by the maintenance person and records show they are within safe limits. There are adequate numbers of toilet and shower facilities of adequate size to cater for the extra residents at hospital level care.</p> <p>Bainlea House; The service has single rooms. There are communal toilets and showers close to bedrooms. Toilets are located close to dining rooms and lounges for residents' use. A visitor's toilet is available. Water temperatures are tested monthly by the maintenance person and records show they are within safe limits. There are adequate numbers of toilet and shower facilities of adequate size to cater for residents.</p>

Standard 1.4.4: Personal Space/Bed Areas (HDS(C)S.2008:1.4.4)

Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.

ARC E3.3b; E3.3c ARHSS D15.2e; D16.6b.ii

Attainment and Risk: FA
Evidence: <p>Observation on day of audit at Bainswood on Victoria and Bainlea House demonstrated walking frames, hoists and other required equipment can be manoeuvred around the residents' personal space, this was confirmed at interview with caregivers. Residents were observed manoeuvring walking frames in rooms safely and staff were seen to use hoists.</p>

Criterion 1.4.4.1 (HDS(C)S.2008:1.4.4.1)

Adequate space is provided to allow the consumer and service provider to move safely around their personal space/bed area. Consumers who use mobility aids shall be able to safely maneuvers with the assistance of their aid within their personal space/bed area.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining (HDS(C)S.2008:1.4.5)

Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.

ARC E3.4b ARHSS D15.3d

Attainment and Risk: FA
Evidence: <p>There are two large lounges, two smaller lounges and two dining areas at Bainswood on Victoria and one main lounge and one main dining area at Bainlea House. The lounges and dining rooms are accessible and accommodate the equipment required for the residents. Activities occur throughout the facility. Residents are able to move freely and furniture is well arranged to facilitate this. Residents were seen to be moving freely both with and without assistance throughout the audit and residents interviewed report they can move around the facility and staff assist them if required. Lounge spaces are adequate to cater for the potential extra hospital level residents being approved in this audit.</p> <p>E3.4b: There is adequate space to allow maximum freedom of movement while promoting safety for those that wander.</p>

Criterion 1.4.5.1 (HDS(C)S.2008:1.4.5.1)

Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.4.6: Cleaning And Laundry Services (HDS(C)S.2008:1.4.6)

Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.

ARC D15.2c; D15.2d; D19.2e ARHSS D15.2c; D15.2d; D19.2e

Attainment and Risk: FA
Evidence: All laundry is completed on site at Bainswood on Victoria and Bainlea House. Chemicals are stored in a locked room in the housekeeper cupboard/ laundries. All chemicals are labelled with manufacturer's labels. Residents and relatives expressed satisfaction with cleaning and laundry services. On a tour of the facility the carpets were noted to be clean and free from stains. All bedrooms, hallways and communal areas were clean and tidy in appearance. Bainlea House is currently updating flooring to address odour issues. Cleaning and laundry audits occurred in 2014.

Criterion 1.4.6.2 (HDS(C)S.2008:1.4.6.2)

The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness.

Attainment and Risk: FA
Evidence:
Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.6.3 (HDS(C)S.2008:1.4.6.3)

Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.7: Essential, Emergency, And Security Systems (HDS(C)S.2008:1.4.7)

Consumers receive an appropriate and timely response during emergency and security situations.

ARC D15.3e; D19.6 ARHSS D15.3i; D19.6

Attainment and Risk: FA

Evidence:

Fire evacuation practice documentation was sighted for each site. A contracted service provides checking of all facility equipment including fire equipment. Fire training, emergency evacuation and security situations are part of orientation of new staff and on-going training. Emergency equipment is available. Civil defence boxes are available at each site (sighted). The staff stated that they have spare blankets and alternative cooking methods if required. There is sufficient water stored at each site to ensure for three litres per day for three days per resident.

The staffing level provided adequate numbers of staff to facilitate safe care to rest home, dementia and hospital level residents. First aid training has been provided for staff and there is at least one staff member on duty at all times with a first aid certificate. The NZ Fire Service approved the evacuation scheme on 18 February 2002 for Victoria Wing at Bainswood on Victoria, on 25 February 2010 for Ivory wing at Bainswood on Victoria and on 12 May 2009 for Bainlea House.

There are call bells in all communal areas, toilets, bathrooms and residents rooms. Security policies and procedures are documented and implemented by staff. Visitors and contractors sign in when visiting the facility. There is a registered nurse on site available and /or on call to all residents 24 hours per day, seven days per week.

D19.6: There are emergency management plans in place to ensure health, civil defence and other emergencies are included.

Criterion 1.4.7.1 (HDS(C)S.2008:1.4.7.1)

Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.4.7.3 (HDS(C)S.2008:1.4.7.3)

Where required by legislation there is an approved evacuation plan.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.4.7.4 (HDS(C)S.2008:1.4.7.4)

Alternative energy and utility sources are available in the event of the main supplies failing.

Attainment and Risk: FA
Evidence:

Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.4.7.5 (HDS(C)S.2008:1.4.7.5)

An appropriate 'call system' is available to summon assistance when required.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.4.7.6 (HDS(C)S.2008:1.4.7.6)

The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.4.8: Natural Light, Ventilation, And Heating (HDS(C)S.2008:1.4.8)

Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.

ARC D15.2f ARHSS D15.2g

Attainment and Risk: FA

Evidence:

Both facilities have ceiling heat that can be altered in each resident's room and hallways and communal areas. The temperature can be adjusted to suit individual resident temperature preference. Rooms are well ventilated and windows provide natural light. Facility temperatures are monitored. Seven residents interviewed at Bainswood on Victoria stated the temperature of the facility was comfortable.

Criterion 1.4.8.1 (HDS(C)S.2008:1.4.8.1)

Areas used by consumers and service providers are ventilated and heated appropriately.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.8.2 (HDS(C)S.2008:1.4.8.2)

All consumer-designated rooms (personal/living areas) have at least one external window of normal proportions to provide natural light.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

NZS 8134.2:2008: Health and Disability Services (Restraint Minimisation and Safe Practice) Standards

Outcome 2.1: Restraint Minimisation

Services demonstrate that the use of restraint is actively minimised.

Standard 2.1.1: Restraint minimisation (HDS(RMSP)S.2008:2.1.1)

Services demonstrate that the use of restraint is actively minimised.

ARC E4.4a ARHSS D16.6

Attainment and Risk: FA

Evidence:

There is a restraint policy and manual with associated procedures and templates. The policy states that the use of restraints is kept to a minimum and that care staff who may be involved in restraint and enabler use have sufficient knowledge and skill to be able to ensure resident safety. The restraint policy and procedure includes definitions such as use of restraint, types of restraint permitted, use of enablers, enablers permitted, client rights, assessment, discussion, restraint alternatives, monitoring and removal. There is a restraint/enabler assessment form, consent form and monitoring form. Bainswood on Victoria has six residents with restraints (three bed rails, three lap belts and two fall out chairs). Bainlea House is restraint free. The restraint policy requires that the service considers alternatives to restraint prior to any intervention. The policy also includes procedures for the use of restraint, cultural considerations, guidelines for restraint use and monitoring. On-going consultation with the resident and family/whanau is also identified. The service identifies enablers as items which are voluntarily used for safety. There is one resident with a bed rail enabler at Bainswood on Victoria. The restraints policy defines enablers as being voluntary use of equipment e.g. for safety for the resident. Restraint minimisation training was last delivered in February 2013. Challenging behaviour training last occurred in April 2014 and 17 staff attended (link 1.2.7.5). All 11 caregivers (eight from Bainswood on Victoria and three from Bainlea House) interviewed could describe processes around enabler, restraint and challenging behaviour practice. The service has clear documentation to guide staff in the use of restraint and enablers. There are clear guidelines in the policy to determine what a restraint is and what an enabler is.

E4.4a: The care plans reviewed focused on promotion of quality of life and minimised the need for restrictive practises through the management of challenging behaviour.

Criterion 2.1.1.4 (HDS(RMSP)S.2008:2.1.1.4)

The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Outcome 2.2: Safe Restraint Practice

Consumers receive services in a safe manner.

Standard 2.2.1: Restraint approval and processes (HDS(RMSP)S.2008:2.2.1)

Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.

ARC D5.4n ARHSS D5.4n, D16.6

Attainment and Risk: FA
Evidence: Only staff that have completed training are permitted to apply restraints. There are responsibilities and accountabilities determined in the restraint policy that includes responsibilities for key staff. Interview with the restraint coordinator and review of her signed job descriptions identified understanding of the role.

Criterion 2.2.1.1 (HDS(RMSP)S.2008:2.2.1.1)

The responsibility for restraint process and approval is clearly defined and there are clear lines of accountability for restraint use.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 2.2.2: Assessment (HDS(RMSP)S.2008:2.2.2)

Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.

ARC D5.4n ARHSS D5.4n, D16.6

Attainment and Risk: FA
Evidence: <p>Assessments are undertaken by suitably qualified and skilled staff in partnership with the resident and their family/whanau. The role of the restraint coordinator is held by the Bainswood on Victoria nurse manager who has been in the post since July 2013.</p> <p>Restraint assessments are based on information in the care plan, resident discussions and on observations of the staff. There is a restraint assessment tool and enabler assessment tool available and completed for the residents requiring bed rails, lap belts and fall out chairs. The care plans are up to date and include information on assessing the risks of safety and the need for restraint. On-going consultation with the resident (when able), and family/whanau is also identified. Falls risk assessments are completed six monthly. Challenging behaviour assessment/management plans are completed as required. A restraint assessment form is completed for those residents requiring restraint. Documentation for restraints was viewed for three hospital residents who have restraints. Files included completed assessments that considered those listed in 2.2.2.1 (a) - (h) and these were reviewed six monthly (written evaluation sighted).</p>

Criterion 2.2.2.1 (HDS(RMSP)S.2008:2.2.2.1)

In assessing whether restraint will be used, appropriate factors are taken into consideration by a suitably skilled service provider. This shall include but is not limited to:

- (a) Any risks related to the use of restraint;
- (b) Any underlying causes for the relevant behaviour or condition if known;
- (c) Existing advance directives the consumer may have made;
- (d) Whether the consumer has been restrained in the past and, if so, an evaluation of these episodes;
- (e) Any history of trauma or abuse, which may have involved the consumer being held against their will;

- (f) Maintaining culturally safe practice;
- (g) Desired outcome and criteria for ending restraint (which should be made explicit and, as much as practicable, made clear to the consumer);
- (h) Possible alternative intervention/strategies.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 2.2.3: Safe Restraint Use (HDS(RMSP)S.2008:2.2.3)

Services use restraint safely

ARC D5.4n ARHSS D5.4n, D16.6

Attainment and Risk: FA
Evidence: <p>The service has an approval process (as part of the restraint minimisation policy) that is applicable to the service. There are approved restraints documented in the policy. The restraint coordinator is responsible for completing all the documentation. The approval process includes ensuring the environment is appropriate and safe. Assessments/care plan identifies specific interventions or strategies to try (as appropriate) before use of restraint. Restraint authorisation is in consultation/partnership with the resident (as appropriate) or family/whanau and the facility restraint coordinator. Restraint use is reviewed at least monthly within the facility quality meeting and also as part of monthly restraint register reviews. Any restraint incidents/adverse events are discussed at this meeting and corrective actions initiated. Monitoring and observation process is included in the restraint policy. On interview the restraint coordinator stated that each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. This monitoring is documented and the use of restraint evaluated. This identifies the frequency of monitoring and is evidenced as being implemented.</p> <p>Care plans reviewed of three hospital residents with restraint identified observations and monitoring. All residents who have restraints are entered in the restraint register.</p>

Criterion 2.2.3.2 (HDS(RMSP)S.2008:2.2.3.2)

Approved restraint is only applied as a last resort, with the least amount of force, after alternative interventions have been considered or attempted and determined inadequate. The decision to approve restraint for a consumer should be made:

- (a) Only as a last resort to maintain the safety of consumers, service providers or others;
- (b) Following appropriate planning and preparation;

- (c) By the most appropriate health professional;
- (d) When the environment is appropriate and safe for successful initiation;
- (e) When adequate resources are assembled to ensure safe initiation.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 2.2.3.4 (HDS(RMSP)S.2008:2.2.3.4)

Each episode of restraint is documented in sufficient detail to provide an accurate account of the indication for use, intervention, duration, its outcome, and shall include but is not limited to:

- (a) Details of the reasons for initiating the restraint, including the desired outcome;
- (b) Details of alternative interventions (including de-escalation techniques where applicable) that were attempted or considered prior to the use of restraint;
- (c) Details of any advocacy/support offered, provided or facilitated;
- (d) The outcome of the restraint;
- (e) Any injury to any person as a result of the use of restraint;
- (f) Observations and monitoring of the consumer during the restraint;
- (g) Comments resulting from the evaluation of the restraint.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 2.2.3.5 (HDS(RMSP)S.2008:2.2.3.5)

A restraint register or equivalent process is established to record sufficient information to provide an auditable record of restraint use.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 2.2.4: Evaluation (HDS(RMSP)S.2008:2.2.4)

Services evaluate all episodes of restraint.

ARC D5.4n ARHSS D5.4n, D16.6

Attainment and Risk: FA
Evidence: <p>The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations have occurred at least six monthly as part of the on-going reassessment for the residents on the restraint register and as part of care plan review. Families are included as part of this review. A review of three hospital files with restraints identified that evaluations are up to date and have reviewed (but not limited to); a) whether the desired outcome was achieved, b) whether the restraint was the least restrictive option and c) the impact. Restraint is reviewed on a formal basis six monthly and monthly through restraint register review and at the quality meeting. Evaluation timeframes are determined by risk levels.</p>

Criterion 2.2.4.1 (HDS(RMSP)S.2008:2.2.4.1)

Each episode of restraint is evaluated in collaboration with the consumer and shall consider:

- (a) Future options to avoid the use of restraint;
- (b) Whether the consumer's service delivery plan (or crisis plan) was followed;
- (c) Any review or modification required to the consumer's service delivery plan (or crisis plan);
- (d) Whether the desired outcome was achieved;
- (e) Whether the restraint was the least restrictive option to achieve the desired outcome;
- (f) The duration of the restraint episode and whether this was for the least amount of time required;
- (g) The impact the restraint had on the consumer;
- (h) Whether appropriate advocacy/support was provided or facilitated;

- (i) Whether the observations and monitoring were adequate and maintained the safety of the consumer;
- (j) Whether the service's policies and procedures were followed;
- (k) Any suggested changes or additions required to the restraint education for service providers.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 2.2.4.2 (HDS(RMSP)S.2008:2.2.4.2)

Where an episode of restraint is ongoing the time intervals between evaluation processes should be determined by the nature and risk of the restraint being used and the needs of the consumers and/or family/whānau.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 2.2.5: Restraint Monitoring and Quality Review (HDS(RMSP)S.2008:2.2.5)

Services demonstrate the monitoring and quality review of their use of restraint.

ARC 5,4n ARHSS D5.4n, D16.6

Attainment and Risk: FA

Evidence:

Individuals approved restraint is reviewed at least six monthly with whanau involvement and monthly through the quality meeting. Restraint usage throughout the facility is analysed and information fed back to staff via all facility meetings.

Criterion 2.2.5.1 (HDS(RMSP)S.2008:2.2.5.1)

Services conduct comprehensive reviews regularly, of all restraint practice in order to determine:

- (a) The extent of restraint use and any trends;
- (b) The organisation's progress in reducing restraint;
- (c) Adverse outcomes;
- (d) Service provider compliance with policies and procedures;
- (e) Whether the approved restraint is necessary, safe, of an appropriate duration, and appropriate in light of consumer and service provider feedback, and current accepted practice;
- (f) If individual plans of care/support identified alternative techniques to restraint and demonstrate restraint evaluation;
- (g) Whether changes to policy, procedures, or guidelines are required; and
- (h) Whether there are additional education or training needs or changes required to existing education.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

NZS 8134.3:2008: Health and Disability Services (Infection Prevention and Control) Standards

Standard 3.1: Infection control management (HDS(IPC)S.2008:3.1)

There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.

ARC D5.4e ARHSS D5.4e

Attainment and Risk: FA

Evidence:

<p>The role of the infection control (IC) coordinator is held the nurse manager at each site, who is an RN. The IC coordinators can access external specialist advice from GP's, laboratories and DHB IC specialists when required. The IC programme is appropriate for the size and complexity of the services. The programme is approved and reviewed annually by the coordinator (noting that the new programme has only been operational at Bainlea House since September 2013 so has not yet been reviewed). IC is a standing agenda item at the monthly staff meetings at Bainswood on Victoria and quality meetings at each site (minutes viewed – link 1.2.3.6). Staff are informed about IC practises and reporting. They can contact the IC coordinator s24/7 if required and concerns can be written in progress notes and the communication books. Suspected infections are confirmed by laboratory tests and results are collated monthly by the IC coordinators and entered into the infection register at each site. There is a job description for the IC coordinator including the role and responsibilities of the position. IC is part of the audit schedule and is undertaken bi annually. There are policies and an infection control manual to guide staff to prevent the spread of infection. Staff and residents are encouraged to have the flu vaccine.</p>

Criterion 3.1.1 (HDS(IPC)S.2008:3.1.1)

The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters in the organisation leading to the governing body and/or senior management.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 3.1.3 (HDS(IPC)S.2008:3.1.3)

The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 3.1.9 (HDS(IPC)S.2008:3.1.9)

Service providers and/or consumers and visitors suffering from, or exposed to and susceptible to, infectious diseases should be prevented from exposing others while infectious.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 3.2: Implementing the infection control programme (HDS(IPC)S.2008:3.2)

There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.

ARC D5.4e ARHSS D5.4e

Attainment and Risk: FA
Evidence: The nurse manager at each site is the infection control (IC) coordinator. IC matters are taken to all staff and quality meetings (minutes reviewed – link 1.2.3.6). The IC coordinators can access external DHB, IC nurse specialist, laboratories, and GP's specialist advice when required. They have the main responsible for reviewing the IC programme annually. The coordinators comply with the objectives of the infection control policy and works with all staff to facilitate the programme. Staff complete annual infection control education (link 1.2.7.5). Access to specialists from the DHB, laboratories and GP's is available for additional training support. The coordinator has access to all relevant resident information to undertake surveillance, audits and investigations.

Criterion 3.2.1 (HDS(IPC)S.2008:3.2.1)

The infection control team/personnel and/or committee shall comprise, or have access to, persons with the range of skills, expertise, and resources necessary to achieve the requirements of this Standard.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 3.3: Policies and procedures (HDS(IPC)S.2008:3.3)

Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.

ARC D5.4e, D19.2a ARHSS D5.4e, D19.2a

Attainment and Risk: FA
Evidence: Bainswood on Victoria and Bainlea House have infection control policies and an infection control manual which reflect current practise. The IC programme defines roles

and responsibilities of the IC coordinators. The programme is appropriate for the size and complexity of the services. Implementation of infection control practice is the responsibility of the IC coordinators. The IC programme is reviewed annually by the IC coordinators who can access external specialist advice to do this.
D 19.2a: Infection control policies include outbreak management, antimicrobial usage, prevention and management of infections.

Criterion 3.3.1 (HDS(IPC)S.2008:3.3.1)

There are written policies and procedures for the prevention and control of infection which comply with relevant legislation and current accepted good practice.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 3.4: Education (HDS(IPC)S.2008:3.4)

The organisation provides relevant education on infection control to all service providers, support staff, and consumers.

ARC D5.4e ARHSS D5.4e

Attainment and Risk: FA
Evidence: The IC coordinators are nurse managers at each site and have undertaken specialist IC training. All new staff receive infection control education at orientation including hand washing and preventative measures. Annual infection control education occurs (link 1.2.7.5 re attendance). The training folder records the staff education and attendance. External resources including DHB, labs and GP's ensure the content of the education sessions are current and reflect best practice. Resident education occurs as part of care delivery. There is evidence of consumer and visitor education around influenza and encouragement to have the vaccine. There is an understanding of outbreak management where visitors are warned of any outbreak and advised to stay away until contained.

Criterion 3.4.1 (HDS(IPC)S.2008:3.4.1)

Infection control education is provided by a suitably qualified person who maintains their knowledge of current practice.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 3.4.5 (HDS(IPC)S.2008:3.4.5)

Consumer education occurs in a manner that recognises and meets the communication method, style, and preference of the consumer. Where applicable a record of this education should be kept.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 3.5: Surveillance (HDS(IPC)S.2008:3.5)

Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.

Attainment and Risk: FA

Evidence:

Infection monitoring is the responsibility of the IC coordinator at each site. The infection control policy describes routine monthly infection surveillance and reporting. This is completed separately for each site. Responsibilities and assignments are described and documented. The surveillance activities at the facilities are appropriate to the acuity, risk and needs of the residents.

The IC coordinators enter infections on to the infection register for each site and carries out a monthly analysis of the data for each site. The analysis is reported to the monthly quality meetings at Bainlea House (minutes viewed - link 1.2.3.6 around infection control data analysis at meetings at Bainswood on Victoria). IC coordinators use the information obtained through the surveillance of data to determine infection control education needs within the facilities.

Internal audit of infection control is included in the annual programme and occurs six monthly at each site. Definitions of infections are described in the infection control manual. Infection control policies are in place appropriate to the complexity of service provided. The surveillance policy describes the purpose and methodology for the surveillance of infections including risk factors and needs of the consumers and service providers. Communication between the facility primary and secondary services regarding infection control is reportedly responsive and effective. GP's are notified if there is any resistance to antimicrobial agents. There is evidence of GP involvement and laboratory reporting.

Criterion 3.5.1 (HDS(IPC)S.2008:3.5.1)

The organisation, through its infection control committee/infection control expert, determines the type of surveillance required and the frequency with which it is undertaken. This shall be appropriate to the size and complexity of the organisation.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 3.5.7 (HDS(IPC)S.2008:3.5.7)

Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>