

# Bainfield Park Residential Care Limited

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## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of 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).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Bainfield Park Residential Care Limited
<b>Premises audited:</b>	Bainfield Park Residential Home
<b>Services audited:</b>	Residential disability services - Intellectual; Rest home care (excluding dementia care); Residential disability services - Physical; Residential disability services – Sensory
<b>Dates of audit:</b>	Start date: 25 May 2015    End date: 26 May 2015
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	48

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All 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

Indicator	Description	Definition
Yellow	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
Red	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

## General overview of the audit

Bainfield Park provides residential services for people with physical, intellectual and sensory disabilities and residents requiring rest home level care. Forty eight of a potential 56 beds were occupied on the day of the audit. The service is managed by a general manager who has been in the position for many years. The audit was conducted against the relevant Health and Disability standards and the contract with the District Health Board. The audit process included a review of policies and procedures; the review of resident's and staff files, observations and interviews with residents, relatives, staff and management.

A quality and risk management system is implemented which monitors service performance.

Residents and family interviewed praised the service for the support provided.

Improvements are required around not for resuscitation orders, annual performance appraisals, admission agreements, weight management, family involvement in goal planning, calibration of medical equipment, electrical testing and tagging and aspects of medication management.

## Consumer rights

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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The staff at Bainfield Park ensures that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and services is easily accessible to residents and families. Information on informed consent is provided and discussed with residents and relatives. Staff interviewed were familiar with processes around informed consent. Complaints policies and procedures meet requirements and residents and families interviewed were aware of the complaints process.

## Organisational management

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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The board provides a governance role and there is a general manager who has extensive knowledge and skills in management and in health, including aged care and disability. She is supported by a long serving clinical nurse manager and registered and enrolled nurses (shift supervisors).

Organisational performance is monitored through a number of processes to ensure it aligns with the identified values, scope and strategic direction. The business plan has goals documented. There are policies and procedures that guide staff around support for residents with physical, intellectual and sensory disability and rest home level needs and an implemented documented quality and risk management programme.

Staff receive on-going training and there is a training plan developed and commenced for 2015. Rosters include sufficient skilled staff to meet current residents' needs.

## Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Residents who enter Bainfield Park have an assessment by the needs assessment agency that serves as the basis for planning. Rest home residents have InterRAI assessments. Resident plans are individualised, up-to-date and reflect current service delivery requirements for each resident. Residents receive well planned and co-ordinated services with evidence that they are supported to achieve personal goals. Personal goals are evaluated at least six monthly and care plans at least six monthly.

All residents have a medication chart that is completed by the GP. Medication is stored according to current guidelines and legislation. Staff who administer medications have their competency tested annually.

Residents are involved in a range of personal interest, education, spiritual and cultural activities provided by activities coordinators over seven days. There is significant community engagement.

Resident nutritional needs are assessed on admission and likes, dislikes and allergies are communicated to the kitchen staff. Menus are reviewed by a dietitian and residents and family spoke positively about the meals provided.

## Safe and appropriate environment

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.		Some standards applicable to this service partially attained and of low risk.
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Bainfield Park has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. There are sufficient communal areas within the facility including lounge and dining areas, and small seating areas. There is a designated laundry. The service has implemented policies and procedures for civil defence and other emergencies and six monthly fire drills are conducted. External garden areas are available with suitable pathways, seating and shade provided.

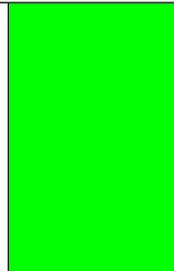
## Restraint minimisation and safe practice

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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The organisation actively minimises the use of restraint. All staff receive training on restraint minimisation and management of behaviours that challenge. There are six residents using enablers and no residents using restraint. Enabler use is voluntary. Restraint and enabler audits are undertaken monthly.

## Infection prevention and control

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.

Infections are reported by staff and residents and monitored through the infection control surveillance programme by the infection control officer. There are infection prevention and control policies, procedures and a monitoring system in place. Training of staff and information to residents is delivered regularly. Infections are monitored and evaluated for trends and discussed at staff meetings.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	38	0	6	1	0	0
<b>Criteria</b>	0	86	0	6	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Discussions with staff (two care assistants, two supervisors (enrolled nurses), one activities coordinator, one clinical nurse manager, the general manager and an activities coordinator) confirmed their familiarity with the Code. The residents (four rest home level, three with physical disabilities and three with intellectual disabilities) and five families (one rest home, two physical disability and two intellectual disability) interviewed by the consumer auditor confirmed the services being provided are in line with the Code.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	PA Low	<p>Bainfield Park staff advised that family involvement occurs with the consent of the resident. Residents and families interviewed confirmed that information was provided to enable informed choices and that they were able to decline or withdraw their consent. Seven resident files sampled (two aged care, two physical disability and three intellectual disability) have appropriate consents signed. Five of seven files sampled had a valid resuscitation order in the file.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>All residents have a named advocate if they cannot self-advocate. Contact numbers for advocacy services are included in the policy, in the resident information folder and in advocacy pamphlets that are available in each lounge. Residents' meetings include actions taken (if any) before addressing new items. Discussions with relatives identified that the service provides opportunities for the family/EPOA to be involved in decisions.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents and relatives confirmed that visiting can occur at any time. Key people involved in the resident's life have been documented in the care and activity goal plans. Residents and relatives verified that they have been supported and encouraged to remain involved in the community including several who are employed outside the service. Entertainers have been invited to perform at the facility.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>A complaints policy and procedures have been implemented and residents and their family/whānau are provided with information on admission. Complaint forms are available at the key points throughout the service and folders around the facility which are easy to find. The residents and families interviewed were aware of the complaints process and to whom they should direct complaints. A complaints folder has been maintained. One complaint was referred to the Health and Disability Commissioner and remains open. Complaints reviewed for 2014 and 2015 demonstrated that systems and processes are in place to ensure that any complaint received is managed and resolved appropriately. Residents and family members advised that they are aware of the complaints procedure and how to access forms.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The service provides information to residents that include the Code, complaints and advocacy including in formats suitable for people with intellectual disabilities. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the</p>

		resident. Residents and relatives interviewed identified they are well-informed about the Code. Resident meetings and family surveys provide the opportunity to raise concerns. Advocacy and code of rights information is included in the information pack and is available at the service. .
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, resident's privacy and dignity. House rules are signed by staff at commencement of employment. Bainfield Park has a relationship with a local parish and Bainfield Park residents run an annual service there. Residents are supported to attend other churches if they wish. Residents and relatives interviewed reported that residents are able to choose to engage in activities and access community resources. There is an abuse and neglect policy and staff education and training on abuse and neglect is booked for September 2015 (email confirmation sighted).</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>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.</p>	FA	<p>The service has a Maori health policy and an individual's values and beliefs policy which includes cultural safety and awareness. There are three residents that identify as Maori. Discussions with staff confirmed their understanding of the different cultural needs of residents and their whanau. The service has established links with local Maori and staff confirmed they are aware of the need to respond appropriately to maintain cultural safety. Staff have had recent training around cultural safety.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Care planning and activities goal setting includes consideration of spiritual, psychological and social needs. Residents interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Relatives reported that they feel they are consulted and kept informed and family involvement is encouraged (link 1.3.3.4).</p>

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>The staff employment process includes the signing of house rules. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on dignity and privacy and boundaries. Registered nurses have completed training around professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The service meets the individualised needs of residents with needs relating to aged care, physical disabilities, sensory disabilities and intellectual disabilities. The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment, and the requirement to attend orientation and on-going in-service training. The health and safety officer (an enrolled nurse) is responsible for coordinating the internal audit programme. Staff meetings and residents meetings are conducted. Residents and relatives interviewed spoke very positively about the care and support provided. Staff have a sound understanding of principles of aged care and disability support and state that they feel supported by the general manager. Care staff complete competencies relevant to their practice.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Residents and family members interviewed stated they are informed of changes in health status and incidents/accidents. This is confirmed on incident forms reviewed. Residents and family members also stated they were welcomed on entry and were given time and explanation about services and procedures. Resident/relative meetings occur monthly and the general manager has an open-door policy. Aged care residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. Aged care and non-aged care (as appropriate) publications relating to long term residential care from the Ministry of Health are included in the information pack. The service has policies and procedures available for access to interpreter services for residents (and their family). If residents or family/whanau have difficulty with written or</p>

		spoken English the interpreter services are made available. Information meets the needs of those with intellectual, physical and sensory disabilities.
<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Bainfield Park provides residential services for people with physical, intellectual and sensory disabilities and residents requiring rest home level care. Forty eight of a potential 56 beds were occupied on the day of the audit. This included 10 rest home level resident's, eight with physical disabilities (including four on short term respite care), 23 with intellectual disabilities, three under mental health contracts, one on individual funding and three funded by ACC. There were no residents under the sensory aspect of the certificate at the time of the audit. The organisation is led by a general manager who is a registered nurse and has managed the service for 20 years. She is supported by a long serving clinical nurse manager and a team of registered and enrolled nurses (shift supervisors). The manager provides two monthly reports to the board.</p> <p>The goals and direction of the service is well documented in the business plan and the strategic direction is discussed at board level.</p> <p>The manager and clinical coordinator have maintained at least eight hours annually of professional development activities related to managing a rest home.</p>
<p><b>Standard 1.2.2: Service Management</b></p> <p>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.</p>	FA	<p>The general manager reported that in the event of her temporary absence the long serving clinical nurse manager fills her role.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The general manager facilitates the quality programme and the health and safety coordinator ensures the internal audit schedules are implemented by relevant staff. The internal audit schedule is implemented. Corrective action plans are developed, implemented and signed off when service shortfalls are identified.</p>

		<p>Quality improvement processes are in place to capture and manage non-compliances. They include internal audits, hazard management, risk management, incident and accident and infection control data collection and complaints management. Reports are tabled and discussed at bi monthly staff meetings.</p> <p>There are policies and procedures that are relevant to the various service types offered and are reviewed two yearly.</p> <p>There is a current risk management plan. Hazards are identified and managed and documented on the hazard register.</p> <p>There are resident and family surveys conducted and analysed with corrective action plans developed when required.</p> <p>Falls prevention strategies are in place for individual residents.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></p> <p>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.</p>	<p>FA</p>	<p>The accident/incident process includes documentation of the incident and analysis against categories of risk and separation of resident and staff incidents and accidents. Ten incidents sampled for January to April 2015 demonstrated appropriate documentation and clinical follow up. Accidents and incidents are analysed monthly and graphed with results discussed at staff meetings. There is also an annual review.</p> <p>The management team are aware of situations that require statutory reporting.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>Seven staff files sampled show appropriate employment practices and documentation. Current annual practicing certificates are kept on file.</p> <p>The orientation package provides information and skills around working with residents with aged care, intellectual and physical disability related needs and was completed in five of seven staff files sampled. The other two staff have been employed in excess of 20 years.</p> <p>There is an annual training plan in place and implemented and this includes core topics. Four of seven staff files sampled contained a</p>

		<p>current annual performance appraisal.</p> <p>Residents and families state that staff are knowledgeable and skilled.</p>
<p><b>Standard 1.2.8: Service Provider Availability</b></p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a documented rationale for staffing the services. Staffing rosters were sighted and staff on duty to match needs of different shifts and needs of different individual residents. There is an on call system with a registered nurse (the general manager or clinical manager) available at all times. Every shift has a shift supervisor on duty who is a registered or an enrolled nurse.</p> <p>Staff, residents and family interviewed confirmed that staffing levels are adequate.</p>
<p><b>Standard 1.2.9: Consumer Information Management Systems</b></p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The service retains relevant and appropriate information to identify residents and track records. Files and relevant resident care and support information can be accessed in a timely manner.</p> <p>All resident files are in hard copy and stored where they cannot be accessed by people not authorised to do so.</p> <p>Individual resident files demonstrate service integration. Medication charts are in a separate folder with medication and this is appropriate to the service.</p> <p>Entries are legible, dated and signed by the relevant staff member including designation.</p>
<p><b>Standard 1.3.1: Entry To Services</b></p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	PA Low	<p>The clinical nurse manager works with referrers, families and potential residents to ensure that residents enter the service appropriately. All potential residents have a needs assessment completed by the service coordinators and they and their family (where able) visit the service for a look around and then for a meal.</p> <p>Exclusions from the service are included in the admission agreement. The information provided at entry includes examples of how services can be accessed that are not included in the agreement. One of two</p>

		aged care files and two of three intellectual disability files sampled have a signed contract.
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Policy describes the transition/exit process. Residents are typically long term but from time to time transfer to other disability services or aged care services. A transition process is supported prior to discharge and discharge is documented in the progress notes. Appropriate documentation and information is provided when transfer to the public hospital is made including liaison with the hospital and follow up with families.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Moderate	<p>Medications are checked against the doctor's medication profile on arrival from the pharmacy by an RN. Any mistakes by the pharmacy are regarded as an incident.</p> <p>Staff that assess medication have a competency assessment and have had recent training. A shift supervisor was observed safely and correctly administering medications.</p> <p>Resident medication charts are identified with demographic details and photographs. The fridges that medications are kept in have weekly temperature checks. All 16 medication charts had allergies (or nil known), documented.</p> <p>All medications are stored appropriately.</p> <p>There was one resident who self-administers lunch time medication when not at the facility. A competency assessment has been completed.</p> <p>Fourteen of 14 medication charts reviewed identified that the GP had seen the resident three monthly and the medication chart was signed. All sixteen medication charts indicate medication is being administered as prescribed. Administration documentation does not always include the dose where a variable dose is prescribed. Eleven of 14 medication charts document the indication for giving the PRN medication and medications are not always signed as discontinued by the doctor when</p>

		they are stopped. All eye drops were dated on opening.
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals at Bainfield Park are prepared and cooked on site. There is a four weekly winter and summer menu which has been reviewed by a dietitian. Kitchen staff are trained in safe food handling and food safety procedures are adhered to. Staff were observed assisting residents with their lunch time meals and drinks. Diets are modified as required. Resident dietary profiles and likes and dislikes are known to kitchen staff and any changes are communicated to the kitchen via the shift supervisors. Meals meet the needs of residents with varying ages and disabilities. Supplements are provided to residents with identified weight loss issues. Resident meetings allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food service. There is also a dual kitchen in the activities area where residents can bake or cook if they wish.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>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.</p>	FA	<p>When a referral is not suitable or there is not a suitable bed available the service works alongside referrers to ensure that the referred client is aware of other options.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>All disability residents have at least a bi annual assessment completed by the needs assessment agency and goals from this assessment are included in the personal care or activities goal plans. Rest home level resident files sampled have a current InterRAI assessment and needs identified in assessments have corresponding interventions in the care plan.</p> <p>Residents and relatives interviewed confirmed that they are part of the assessment process and the assessment is clearly related to the plans.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Care plans are completed when the person enters the service. This is reviewed at least six monthly. The care plan is developed in partnership with the resident and their family and files reviewed indicate that there is on-going review as planned. The care plans include goals and interventions for all identified area of need.</p> <p>Each resident also has an activities goal plan which includes activities goals including vocational and recreational goals outside the facility. These are developed with the activities coordinator and the resident (link 1.3.3.4).</p> <p>All resident personal care and activity goal plans reviewed on the days of the audit were individualised, resident focussed and promoted continuity of care.</p> <p>Staff interviewed reported that they are familiar with the plans and find them easy to follow and that they reflect the resident wishes.</p> <p>Residents and family members state they are involved at an appropriate level in the planning and management of their care) noting families are not involved in activity goal planning (link 1.3.3.4).</p> <p>Short term care plans were in use for changes in health status.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Low</p>	<p>Service provision and interventions meet the needs of the residents with aged care, physical disability and intellectual disability needs as described in personal care and activity goal plans. The care and support witnessed to be provided meets the individualised needs of residents and at all times was seen to be respectful. Residents and relatives spoken to were happy with the support provided to them. The service facilitates access to other services (medical and non-medical) including the services of wound and continence specialists. Dietitians are funded by the service for aged care residents and the DHB for disability residents. The service has available equipment required to meet the needs of residents. Continence issues are documented and managed.</p> <p>Dressing supplies are available and a treatment room is stocked for use. There were two residents with wounds at the time of the audit</p>

		and both had an assessment, plan and appropriate review documented.
<p><b>Standard 1.3.7: Planned Activities</b></p> <p>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.</p>	FA	<p>Two activities coordinators provide an activities programme over seven days each week. The programme is planned monthly and developed for each individual resident based on assessed needs and identified goals. Residents are encouraged to join in activities that are appropriate and meaningful and are encouraged to participate in community activities. Several residents attend work or community groups and activities. The service has a van that is used for resident outings. Residents were observed participating in a variety of activities on the days of audit. Resident meetings provided a forum for feedback relating to activities. Residents and family members interviewed discussed enjoyment in the programme and the diversity offered to all residents. There were ample activities witnessed during the audit, including those in house and the resident's choice of activities away from the home. All residents have an activities goal plan with individual recreational, employment and social goals that are developed by the activities coordinator and the resident (link 1.3.3.4).</p>
<p><b>Standard 1.3.8: Evaluation</b></p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All care plans reviewed were evaluated at least six monthly and activities goal plans were reviewed at least six monthly.</p> <p>Where progress is different from expected, the service, in partnership with the resident and their family, changes the care plans according to the needs of the residents and this was confirmed by the staff interviewed and sighted on four of seven care plans reviewed.</p>
<p><b>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</b></p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Residents and families are given choices and advice regarding their options and confirm they have the opportunity to choose regarding access to other external services. Any referral is documented in the resident notes with follow up documented in the progress notes and in the plan of care. Files reviewed documented appropriate referrals to other services.</p>

<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>All chemicals are labelled with manufacturer labels. There are designated areas for storage of cleaning/laundry chemicals and chemicals are stored securely. The chemicals are locked when not in use. Product use charts are available and the hazard register identifies hazardous substances. Gloves, aprons, and goggles are available for staff. The one cleaner interviewed stated that they have been trained in safe handling of chemicals.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>The service displays a current building warrant of fitness which expires on 3 February 2016. Hot water temperatures are checked monthly. Medical equipment and electrical appliances have not been tested and tagged and calibrated. Other regular and reactive maintenance occurs. Residents were observed to mobilise safely within the facility including with aids and motorised wheelchairs. There are sufficient seating areas throughout the facility. The exterior has been well maintained with outdoor shaded seating, lawn and gardens. Care assistants interviewed confirmed there was adequate equipment to carry out the cares according to the resident needs as identified in the care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>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.</p>	FA	<p>All residents at Bainfield Park have single rooms and some have ensuite while other residents share communal toilets and showers. There are sufficient numbers of resident toilets and showers in close proximity to resident rooms and communal areas. Visitor toilet facilities are available. Residents interviewed stated their privacy and dignity is maintained while attending to their personal cares and hygiene.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>The resident rooms are spacious enough to meet the assessed resident needs including those with age related needs and physical and intellectual disability care needs. Residents and staff are able to manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. Care assistants</p>

		interviewed reported that rooms have sufficient room to allow cares to take place. The bedrooms are personalised.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	There is a large lounge and two dining rooms, and smaller lounges around the facility. The dining rooms are spacious and one is located directly off the kitchen/server area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer groups. Residents interviewed, report they are able to move around the facility and staff assisted them when required. Activities take place in the large activities centre.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	Bainfield Park monitors the effectiveness and compliance of cleaning and laundry policies and procedures. There is a separate laundry area where all linen and personal clothing is laundered by care assistants. Staff have attended infection control education and there is appropriate protective clothing available. Manufacturer's data safety charts are available. Residents and family interviewed reported satisfaction with the laundry service and cleanliness of the room/facility.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	The service has a fire and emergency procedures manual. The fire evacuation scheme was approved in 2009. There is a staff member with a first aid certificate on each shift. Fire safety training has been provided. A call bell alarm and panels in each wing alert staff to the area in which residents require assistance. Fire drills have been conducted six monthly. Civil defence and first aid resources are available. Sufficient water is stored for emergency use and alternative heating and cooking facilities are available. Emergency lighting is installed.
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable</p>	FA	All communal area and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents and family interviewed

temperature.		stated the environment was warm and comfortable.
<p>Standard 3.1: Infection control management</p> <p>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.</p>	FA	<p>Bainfield Park has an established infection control (IC) programme. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. The clinical nurse manager is the designated infection control person with support from the registered and enrolled nurses. Infection control matters are discussed at all staff meetings. Education has been provided for staff. The infection control programme has been reviewed annually.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>There are adequate resources to implement the infection control programme at Bainfield Park. The infection control (IC) person has maintained her practice by attending external updates. The infection control team is all staff through the staff meeting. External resources and support are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</p> <p>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.</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities, procedures, the infection control team and training and education of staff. The policies are reviewed and updated as required, at least two yearly.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The staff orientation programme includes infection control education. The infection control person has completed external updates in 2015 and provides staff in-service education which has occurred in 2015. Education is provided to residents in the course of daily support with all residents interviewed able to describe infection prevention practice that is safe and suitable for the setting.</p>

<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Infection surveillance and monitoring is an integral part of the infection control programme and is described in policy. The clinical nurse manager is the designated infection control person. Monthly infection data is collected for all infections based on signs and symptoms of infection. Surveillance of all infections is entered on to a monthly summary and then analysed and graphed and reported to staff meetings.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service philosophy includes that restraint is only used as a last resort. There were no residents at the time of the audit using restraint. There were six residents using enablers including six lap belts and one bed rails. The restraint policy includes a definition of enablers as voluntarily using equipment to maintain independence such as a lap belt in a wheelchair. The two files sampled for residents with enablers have an enabler consent form signed by the resident to demonstrate consent.</p>

## Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.1.10.7</p> <p>Advance directives that are made available to service providers are acted on where valid.</p>	PA Low	Each resident has a documented advance directive that states whether the resident wishes to be resuscitated in the event of an emergency. These are countersigned by the general practitioner (GP). In five (two aged care and three intellectual disability) files sampled these were signed by the resident.	Two of seven resident files sampled (both physical disability) have 'not for resuscitation orders' signed by the resident's family.	<p>Ensure all advanced directives are valid.</p> <p>90 days</p>
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services</p>	PA Low	There is a performance review process which includes reviews every two years. Registered staff have their performance reviewed by peers.	Three of seven staff files sampled did not contain an annual performance review.	<p>Ensure all staff have an annual performance review.</p> <p>180 days</p>

to consumers.				
<p>Criterion 1.3.1.4</p> <p>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.</p>	PA Low	<p>Most residents have been at the service many years (some in excess of 20 years) and both rest home level files sampled were for residents who previously received other levels of service. The version of the contract currently in use is relevant for all service levels and meets the requirements of the aged care contract.</p>	<p>One of two aged care files sampled one of three intellectual disabilities and two of two physical disability files sampled did not have a signed admission/service agreement.</p>	<p>Ensure all residents have an admission/service agreement that is signed.</p> <p>180 days</p>
<p>Criterion 1.3.12.1</p> <p>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.</p>	PA Moderate	<p>Shift supervisors (enrolled and registered nurses) administer medication from the blister packs as prescribed on the GP written medication charts. Where a variable dose of medication has been prescribed the person administering the medication is expected to document the dose on the administration sheet (this has occurred inconsistently for one resident with a variable dose of panadol and another with a variable dose of laxol. Pharmacy generated medication charts (which are not the chart signed by the GP) document generic indications for use for medications.</p>	<p>(i) On nine of 14 medication files sampled the GP has not signed and dated when medications are discontinued. (ii) Three of 14 medication charts sampled have 'as required' medications prescribed that do not have an indication for use for the individual resident documented. (iii) For two medication administration records where a variable dose is charted, the dose administered was not consistently recorded.</p>	<p>(i) Ensure the GP signs and dates when medications are discontinued. (ii) Ensure that indications for use are documented by the prescribed for all as required medications. (iii) Ensure the actual dose is documented on administration records when a variable dose of medication is prescribed.</p> <p>60 days</p>
<p>Criterion 1.3.3.1</p> <p>Each stage of service</p>	PA Low	<p>There is evidence of resident and family (where appropriate) in the</p>	<p>There was no evidence of family input in seven of seven activities goal</p>	<p>Ensure that family (where appropriate) have input into goal</p>

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.		care plans which are completed by registered nurses. The individual activities goal plans are completed by the activities coordinator with the resident.	plans.	planning and review of goals.  90 days
Criterion 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.	PA Low	Residents are routinely weighed monthly (more often if an issue is identified). Weights are recorded in the residents file.	Three of seven resident files sampled (two rest home and one intellectual disability resident) have lost weight according to the monthly weight recordings. There is evidence to demonstrate that recorded weights for these residents are incorrect but the residents have not been re-weighed.	Ensure that an accurate weight is taken and recorded for each resident monthly.  90 days
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	All disability residents who use hoists or electric beds have these provided following assessments by an external company who is responsible for the regular servicing of these. The maintenance person reported they are regularly serviced.	Medical equipment and electrical appliances have not been tested and tagged and calibrated.	Ensure that medical equipment and electrical appliances are tested and tagged and calibrated.  90 days

## Specific results for criterion where a continuous improvement has been recorded

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

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

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

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End of the report.