

Bainswood House Rest Home Limited

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:

Legal entity:	Bainswood House Rest Home Limited
Premises audited:	Bainswood House Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 7 July 2015 End date: 8 July 2015
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	30

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six 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
	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
	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

Bainswood House rest home is now part of the Arvida group of facilities. The previous owners have been retained as managers. The service is certified to provide rest home level of care for up to 27 residents in the rest home. There are also 14 serviced apartments certified for rest home level of care. On the day of the audit there were 25 residents in the rest home and five rest home level residents in serviced apartments.

This certification audit was conducted against the Health and Disability Standards and the contract with the District Health Board. This audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management and staff.

The service has an implemented quality and risk management system. Residents, family/whanau and general practitioner interviewed commented positively on the standard of care and services provided at Bainswood rest home.

This certification audit identified an improvement required around documenting interventions 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.		Standards applicable to this service fully attained.
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Bainswood House provides care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. Policies are implemented to support individual rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Information about the Code and related services is readily available to residents and families/whanau. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified on-going involvement with community.

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.		Standards applicable to this service fully attained.
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The Arvida group purchased Bainswood in 2014. The previous owners have been retained as managers. They are supported by a full time nurse manager and a part-time registered nurse. Bainswood House has implemented a quality and risk management system that supports the provision of clinical care. Quality data is collated for accident/incidents, infections, internal audits, concerns and complaints and surveys. Incidents and accidents are appropriately managed. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an education programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

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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The facility information pack includes all relevant aspects of service, and this is provided to residents and/or family/whanau prior to entry. The registered nurse is responsible for the assessment, care plan development and evaluation of care in consultation with the resident/family/whanau. Residents and family interviewed confirmed that the care plans are consistent with meeting residents' needs. There is an integrated team approach to care with input from allied health professionals.

Planned activities are appropriate to the resident's assessed needs and abilities and residents expressed satisfaction with the activities programme.

Medication charts sighted evidence documentation of consumers' allergies/sensitivities and three monthly medication reviews completed by the general practitioners.

All food is cooked on site and kitchen staff have attained safe food handling certificates. Residents and families interviewed, all confirmed satisfaction with food services. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

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.		Standards applicable to this service fully attained.
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The building holds a current warrant of fitness. Rooms are individualised. External areas are safe and well maintained. The facility has a van available for transportation of residents. Those transporting residents hold a current first aid certificate. There are large spacious lounges and dining areas. 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 services are provided in house. 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. There is a first aider on duty at all times. Chemicals are stored securely. The temperature of the facility is comfortable and constant.

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 service has policies and procedures to appropriately guide staff around the use of enablers or restraints. The registered nurse is the restraint coordinator. There are no residents using enablers or restraints. Staff receive training in restraint and managing challenging behaviour.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control co-ordinator is a registered nurse. There is a suite of infection control policies and guidelines that meet infection control standards. The infection control programme is reviewed annually. Staff receive annual infection control education. Surveillance is used to determine quality assurance activities and education needs for the facility.

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)
Standards	0	43	0	1	1	0	0
Criteria	0	91	0	1	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)
Standards	0	0	0	0	0
Criteria	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>Bainswood House rest home has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Three caregivers and one registered nurse (RN) interviewed were able to describe how they incorporate resident choice into their activities of daily living.</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</p>	FA	<p>Informed consent and advanced directives were recorded as evidenced in six of six resident files reviewed. Family involvement occurs with the consent of the resident. Residents interviewed confirmed that information was provided to enable informed choices and that they are able to decline or withdraw their consent.</p> <p>D13.1: There were six admission agreements sighted.</p> <p>D3.1.d: Discussion with family (three) identify the service actively involves them in decisions that affect their relative's lives.</p> <p>The general consent forms part of the admission agreement.</p>

consent.		
<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>Residents are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlet on admission. Interviews with residents and family confirmed they were aware of their right to access advocacy. Advocacy pamphlets are displayed in the main foyer.</p> <p>D4.1d: Discussions with residents confirm that the service provides opportunities for the family/EPOA to be involved in decisions.</p> <p>D4.1e: The resident files include information on residents' family/whanau and chosen social networks.</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>D3.1h: Interview with residents confirms relatives and friends can visit at any time and are encouraged to be involved with the service and care. Residents are encouraged wherever possible to maintain former activities and interests in the community. They are supported to attend community events, clubs and interest groups in the community. D3.1.e: Interview with residents confirms the staff help them access community events and activities.</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>There is a complaints policy to guide practice, which aligns with Right 10 of the Code. The nurse manager leads the investigation of any concerns/complaints. Bainswood House has a compliments, suggestions and complaints brochure that is visibly displayed in the main entrance. There is a suggestions/complaints box. The service has responded appropriately to two resident complaints within the required timeframe and to the satisfaction of the complainant. The complaints register is up to date. Management operate an "open door" policy.</p> <p>D13.3h: A complaints procedure is provided to residents within the information pack at entry.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>There is a welcome pack that includes information about the Code and this is discussed during the admission process with the resident and family. Five residents and three family members interviewed confirmed they received all the relevant information during admission.</p> <p>D6.2 and D16.1b.iii: The information pack provided to residents on entry includes how to make a complaint, Code of Rights pamphlet, and advocacy and Health & Disability (H&D) Commission brochure.</p> <p>D16.1bii: The relative and residents are informed of the scope of services and any liability for payment for items</p>

		not included in the scope. This is included in the service agreement.
<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>There are policies in place to guide practice in respect of independence, privacy and respect. Staff were observed to be respectful of residents' personal privacy by knocking on doors prior to entering resident rooms during the audit. Residents interviewed confirmed staff respect their privacy, and support residents in making choice where able. Resident files are stored in a locked office.</p> <p>D3.1b, d, f, i: The service has a philosophy focused around promoting quality of life, involving residents in decisions about their care, respects their rights and maintains privacy and individuality. Resident preferences are identified during the admission and care planning process with resident/family involvement. The service actively encourages residents to have choices and this includes voluntary participation in daily activities.</p> <p>D4.1a: Resident files reviewed identified that cultural and/or spiritual values and individual preferences are identified on admission and integrated with the residents' care plan. Interviews with residents confirm their values and beliefs are considered.</p> <p>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.</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>Bainswood House has a Maori health plan that includes a description of how they will achieve the requirements set out in A3.1 (a) to (e). Activity assessments identify cultural beliefs and values for Maori.</p> <p>D20.1i: There is a cultural safety policy to guide practice including recognition of Maori values and beliefs and identify culturally safe practices for Maori. Staff interviewed were able to describe how they would ensure Maori values and beliefs are met. Staff attend cultural safety and awareness training two yearly. The service has access to a Maori advisor in response to resident requests or needs as required.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p>	FA	<p>The resident and family are invited to be involved in care planning and any beliefs or values are further discussed and incorporated into the care plan. Six resident care plans reviewed included the residents' social, spiritual, cultural and recreational needs. Six monthly reviews occur to assess if the residents needs are being met. Discussion with family and residents confirm values and beliefs are considered. Residents are supported to attend church services of their choice.</p>

<p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</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>Job descriptions include responsibilities of the position and signed copies of all employment documents are included in the seven staff files sampled. Staff comply with confidentiality and the code of conduct. Qualified staff and allied health professionals practice within their scope of practice. Staff meetings include discussions on professional boundaries and concerns/complaints as they arise (minutes sighted). Interviews with the nurse manager, RN and care staff confirmed an awareness of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Bainswood House policies and procedures meet the health and disability safety sector standards. New and reviewed policies and meeting minutes are made available in a reading folder sighted in the staff office. The education plan covers compulsory requirements and additional clinical in-services. External speakers are invited. The service has access to company consultants such as clinical and infection control persons. Arvida Group have their own contracted physiotherapist who is available for staff training and resident assessments. An environment of open discussion is promoted. Staff report that the managers, nurse manager and RN are approachable and supportive. Allied health professionals are available to provide input into resident care.</p> <p>A2.2: Services are provided at Bainswood House that adhere to the health & disability services standards.</p> <p>D17.7c: Staff complete relevant workplace competencies. Discussions with residents and family were positive about the care they receive.</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>There is a policy to guide staff on the process around open disclosure. Twelve of twelve incident forms reviewed for May 2015 identifies family were notified following a resident incident/accident. The nurse manager and RN confirm family are kept informed. The relatives interviewed confirmed they are notified promptly of any incidents/accidents. Resident meetings are held two monthly and encourage open discussion around the services provided (meeting minutes sighted). There is an active resident committee.</p> <p>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.</p> <p>D16.1b.ii: The residents and family are informed prior to entry of the scope of services and any items they have</p>

		<p>to pay that is not covered by the agreement.</p> <p>There is access to an interpreter service.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Bainswood House provides care for up to 27 rest home level of care residents in the rest home and up to 14 rest home residents in serviced apartments. On the day of audit there were 25 residents (including two respite and one long term chronic condition – under 65 years) in the rest home and five residents in serviced apartments receiving rest home level of care (four permanent and one respite care resident).</p> <p>The Arvida Group was formed In December 2014 and acquired Bainswood House rest home and retirement village at this time. The group comprises 19 facilities. The chief executive officer, financial officer and board members provide the governance structure for Arvida Group. There is clinical governance on the board. The previous owners of Bainswood House continue to manage and operate the facility under the new governance. Bainswood has a site specific four year strategic plan that aligns with the overarching business plan for the Arvida group. The plan identifies the purpose, goals and mission for the organisation. Bainswood management reviewed its 2014 business plan prior to the change in structure. Improvements for 2014 – 2015 have included ongoing refurbishment (carpets and drapes), the purchase of sensor mats, three electric hospital beds, air conditioning unit in the kitchen and streamlining of human resource files. Ongoing quality improvements include review of care plan formats for all residents, diversional therapist commencing physiotherapy training with a focus on improving the physical exercise programme for residents and encouraging care staff to attend external training opportunities.</p> <p>The general manager and assistant manager (previous owners) have considerable management experience in aged care. They have maintained eight hours of education per year including provider meetings and conferences. The nurse manager is an enrolled nurse with a current practicing certificate and has been at Bainswood House since 2012. She has attended education relating to managing an aged care facility including attendance at provider training days, conference, district health board study days and leadership training. The nurse manager is supported by a part time registered nurse who has been in the role since July 2014 and has previous aged care experience.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an</p>	FA	<p>The Arvida Group provide a support manager to cover the absence of the manager. There are two other local facilities under the Arvida Group. Registered nurses are accessed from the other facilities to cover for registered nurse annual leave at Bainswood House.</p> <p>D19.1a: A review of the documentation, policies and procedures and from discussion with staff, identified that the service has operational management strategies, quality assurance programme which includes culturally appropriate care, to minimise risk of unwanted events and enhance quality.</p>

<p>efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>		
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Bainswood House has embedded a quality and risk management system. The Arvida governance group is reviewing the quality/risk management system including policies and procedures. Their current Bainswood policies meet accepted good practice and adhere to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001.</p> <p>The three local facilities have combined regular management, nurse manager and DT meetings (minutes sighted). There are on-site facility meetings. Quality improvement committee meetings (health and safety and infection control), are held monthly and are open to all staff. Staff have access to quality data and meeting minutes. Staff confirm there is discussion around quality data such as accident/incident data, health and safety, infection control, audit outcomes, concerns and survey feedback at the staff meetings. There is an internal audit programme that covers all aspects of the service. Improvements are identified and acted upon.</p> <p>The annual family/whanau survey was conducted May 2015. Results have been collated and fed back to participants as evidenced in meeting minutes. Relatives commented positively on the services provided at Bainswood.</p> <p>D19.3: There is an implemented health and safety and risk management system in place, including policies to guide practice. There is a hazard register in place for each service. The nurse manager is the health and safety officer.</p> <p>D19.2g: Fall prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case by case basis to minimise future falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their</p>	<p>FA</p>	<p>Twelve accident/incident forms for the month of May 2015 were sampled. There has been RN notification and clinical assessment completed within a timely manner. Accidents/incidents were recorded in the resident progress notes. There is documented evidence the family/whanau had been notified promptly of accidents/incidents.</p> <p>D19.3c: The service collects incident and accident data and reports aggregated figures to the quality improvement and staff meetings. Staff interviewed confirms incident and accident data are discussed and information and graphs are made available.</p> <p>D19.3b: The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to management and staff so that improvements are made. Trending data (date, time, day of week,</p>

<p>family/whānau of choice in an open manner.</p>		<p>location, and type) is collated and analysed.</p> <p>Discussions with management confirm an awareness of the requirement to notify relevant authorities in relation to essential notifications.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. Seven staff files sampled contained all relevant employment documentation. Current practising certificates were sighted for the RN, enrolled nurses, DT and allied health professionals. Performance appraisals are up to date. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed believed new staff were adequately orientated to the service on employment. Staff also receives orientation to the facility when rotated between the facilities to cover shifts at Bainswood.</p> <p>The education planner in place covers the compulsory education requirements as well as additional clinical in service and external education. The registered nurse (RN) completed InterRAI training in April 2015. The service has an on-site aged care programme available for all staff. An approved workplace assessor is allocated one day per month to support staff progressing through the national standards.</p> <p>Clinical staff complete competencies relevant to their role including medication and safe manual handling.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. There is an RN on duty three days a week and on-call. There are two enrolled nurses (including the nurse manager). RN back up and support is accessed from one of the other Arvida group facilities in the area.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when</p>	<p>FA</p>	<p>The resident files are appropriate to the service type. All relevant initial information is recorded within required timeframes into the resident's individual record. Resident records containing personal information are kept confidential. Individual resident files demonstrate service integration.</p> <p>Entries were legible, dated and signed by the relevant caregiver or registered nurse, including designation. Policies contain service name.</p>

required.		
<p>Standard 1.3.1: Entry To Services</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>	FA	<p>Prior to entry to Bainswood House potential residents have a needs assessment completed by the needs assessment and co-ordination service 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>D13.3: The admission agreement reviewed aligns with a) -k) of the ARC contract. D14.1: Exclusions from the service are included in the admission agreement. D14.2: The information provided at entry includes examples of how services can be accessed that are not included in the agreement.</p>
<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>There are policies 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. Progress notes document regular communication with family/EPOA regarding the transfer and updates on residents' condition.</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>There are policies and procedures in place for safe medicine management that meet legislative requirements. The registered nurse and caregivers completed annual medication competencies and medication education. The registered nurse was able to describe her role in regard to medicine administration. The registered nurse was observed administering medications safely. There were no self-medicating patients at the time of the audit. Medications were securely and appropriately stored. The medication folders include a list of specimen signatures and competencies. Twelve medication charts were reviewed. Medication profiles were legible and charts evidenced photographs and allergies documented. Ten of 12 medication charts reviewed evidenced that the GP has reviewed the patient's medication three monthly. Two residents had not been at the service for three months. The service uses four weekly blister packs. Medications are checked on arrival by a registered nurse and any pharmacy errors recorded and fed back to the supplying pharmacy. All charts met legislative prescribing requirements for regular and as required medications. Medication charts have photo identification and allergy status.</p>

<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>	<p>FA</p>	<p>Bainswood House employs two cooks and kitchen hands who work rotating shifts. All food is cooked on site. All kitchen staff have completed food safety training. The dining room is located next to the kitchen so food is served directly from the kitchen. There is a four weekly rotating winter and summer menu, which has been reviewed 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. Temperatures are recorded for all fridges, freezers and hot food dishes. 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 cook. Special diets including pureed and soft diets are noted on the kitchen notice board which is able to be viewed only by kitchen staff. Residents report satisfaction with food choices, and 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>
<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>	<p>FA</p>	<p>The admission policy describes the declined entry to services process. Bainswood communicates the reason for this to residents/family/whanau and refers the resident/family/whanau back to the referral agency.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>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 and care plans are detailed. Assessment tools such as pressure area risk, falls risk, continence, nutritional assessments and pain assessments are completed on admission. The RN has completed InterRAI training but no files reviewed had had assessments completed with the InterRAI tool. There had been no new admissions since 1st July 2015. Three family and five residents interviewed are very satisfied with the support provided.</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>A review of six resident files identifies the use of short term and long term care plans. These reflect variances in resident health status. All six are current and include interventions relating to all identified areas of need. There is evidence of six monthly reviews which is signed by a registered nurse.</p> <p>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 care. This is supported by other allied health care professionals providing input such as GP and podiatrist.</p> <p>D16.3f: Residents and relatives interviewed confirm care delivery and support by staff is consistent with their expectations.</p> <p>D16.3k: Short term care plans are 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>There is documented evidence that the care plans were reviewed by the registered nurses and amended when current health changes. The care being provided is consistent with the needs of residents. This is evidenced by discussions with residents, families, care staff and registered nurses. A review of short term care plans, long term care plans, evaluations and progress notes demonstrates integration. There is evidence of a GP reviews for residents of concern. Care delivery is recorded in progress notes.</p> <p>A review of files identified inconsistent documentation of interventions to meet the resident's needs for challenging behaviour and pain monitoring.</p> <p>D18.3 and 4: Dressing supplies are available. Wound assessment and wound management plans are in place for five residents with wounds including one skin tear. All of the five wounds have been reviewed within the stated timeframe.</p> <p>The registered nurse interviewed described the referral process and related form for referral to a wound specialist or continence nurse. 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.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their</p>	<p>FA</p>	<p>A diversional therapist is responsible for the planning of the activities programme and is assisted with the delivery of the programme by an activities assistant. Activities are provided in the lounge, gardens (when weather permits) and one on one input in resident's rooms when required. On the day of audit residents were observed being actively involved with a variety of activities. The programme is developed monthly. Residents have an initial assessment completed over the first few weeks after admission, obtaining a complete history of past and present interests and life events. The programme includes residents being involved within the community with social clubs, churches and other facilities. On or soon after admission, a social history is taken</p>

needs, age, culture, and the setting of the service.		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. Bainswood House has its own van for transportation. Residents interviewed were very complimentary of the activities provided. The diversional therapist has a current first aid certificate. D16.5d: Resident files reviewed identified that the individual activity plan is reviewed six monthly as part of the care plan review/evaluation.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	There is at least a three monthly review by the medical practitioner. D16.4a: Care plans are reviewed and evaluated by the registered nurse six monthly, or when changes to care occur as sighted in five of six care plans sampled. One resident has not yet been at the service for six months. There are short term care plans (STCP) to focus on acute and short-term issues. STCP's reviewed evidence evaluation and are signed and dated by the registered nurses when issues have been resolved. Examples of STCP's in use included; infections, weight loss, and wounds. Care staff 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. ARC D16.3c: All initial nursing assessment/care plans were evaluated by an RN within three weeks of admission.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	The registered nurse described the referral process to other medical and non-medical services. Referral documentation is maintained on resident files. Examples of referrals sighted were to the needs assessment team. 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 nurse and nurse manager identified that the service has access to wound care nurse specialists, incontinence specialists, podiatrist and a physiotherapist.
Standard 1.4.1: Management Of Waste	FA	The waste management policy and procedure outlines processes. Staff were observed wearing appropriate protective clothing. All chemicals sighted were appropriately stored in locked areas and fully labelled. There is

<p>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>		<p>an incident reporting system that is in use. A comprehensive emergency plan is available to staff which includes hazardous substances.</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>	FA	<p>The service displays a current building warrant of fitness, which expires on 1 June 2016. The facility is maintained in good order with regular maintenance. There is a comprehensive checking system of the building and equipment, which is carried out by the maintenance person and the owner/manager. Electrical appliances are checked annually by a contracted service.</p> <p>The lounge areas are designed so that space and seating arrangements provide for individual and group activities. The facility has sufficient space for residents to mobilise using mobility aids. The external areas are well maintained. Residents have access to safely designed external areas that have shade. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident 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>There are an adequate number of toilets and shower/bathing areas for residents and separate toilets for staff and visitors. A number of bedrooms have ensuites. Toilets and showers have privacy systems in place. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p>
<p>Standard 1.4.4: Personal</p>	FA	<p>All residents' rooms are of an appropriate size to allow for care to be provided and for the safe use and</p>

<p>Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>		<p>manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms.</p>
<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>	<p>FA</p>	<p>The communal areas include the lounge and dining room. The communal areas are easily and safely accessible for residents.</p>
<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>	<p>FA</p>	<p>The facility is cleaned by dedicated cleaning staff. They have access to a range of chemicals, cleaning equipment and protective clothing. The standard of cleanliness is monitored through the internal audit programme. Residents and relatives interviewed were satisfied with the standard of cleanliness in the facility.</p> <p>All laundry is done on site. Residents and relatives interviewed were satisfied with the laundry service.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security</p>	<p>FA</p>	<p>The service has an approved evacuation plan dated 17 October 2011 and six monthly fire drills are conducted. Staff receive training in emergency management. There is at least one first aider on duty at all times. The service has emergency plans and disaster preparedness policies and procedures. There is adequate water stored in the serviced apartment cylinders and from the regional reticulated water supply. There is adequate food supply, gas cooking and civil defence equipment available in the event of an emergency. The provider has an arrangement to hire a generator if required. The call bell system is available in all bedrooms, bathrooms and communal areas. The facility is secure after hours with call bell access.</p>

situations.		
<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 temperature.</p>	FA	<p>General living areas and resident rooms are appropriately heated and ventilated. All rooms have external windows that open allowing plenty of natural sunlight.</p>
<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>The registered nurse is the infection control coordinator. The infection control coordinator has a job description. Infection control committee meetings are held monthly. Infection control matters and infection rates are discussed with management, staff and the Arvida Group infection control consultant. The infection control programme has been reviewed in June 2015. Visitors are asked not to visit if they have been unwell. There are hand sanitizers throughout the facility and adequate supplies of personal protective equipment. Residents and staff are offered influenza vaccines. There have been no outbreaks.</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>Infection control is managed by the infection control coordinator who was appointed in July 2014. The infection control coordinator has attended external education with the Arvida group infection control consultant. The infection control committee representatives attend annual infection control education. The infection control coordinator has access to infection control personnel within the district health board, laboratory services and GP service.</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>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes the infection control programme, responsibilities and oversight, training and education of staff. The policies have been purchased from an infection control specialist in June 2015 and reflect relevant legislation and accepted good practice.</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>	<p>FA</p>	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. Infection control education is provided annually and includes wound care, hand hygiene and food safety.</p> <p>Resident education is expected to occur as part of providing daily cares and discussed at resident meetings as appropriate. Recent resident meeting minutes recorded resident education regarding cough etiquette.</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>There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place appropriate to the complexity of service provided.</p> <p>Systems in place are appropriate to the size and complexity of the facility. The infection control coordinator collects the infection rates each month. The data is analysed to identify trends and determine infection control quality initiatives and education within the facility. Residents identified with chronic urinary tract infections have been commenced on alternative therapies and currently being monitored for effectiveness. Infection control data is communicated to staff and management through meetings. Care staff interviewed were knowledgeable about infection control practice.</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>There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. The policy includes restraint procedures. The policy identifies that restraint is used as a last resort. There were no enablers or restraints in use. The nurse manager is the restraint coordinator. Training in restraint and challenging behaviour has been provided.</p>
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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 1.3.12.1</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>	<p>PA Moderate</p>	<p>Twelve medication charts were sampled. All charts met legislative prescribing requirements for regular and as required medications. Medication charts have photo identification and allergy status.</p>	<p>(i) Two eye drops in use had not been dated on opening. (ii) On review of medications, it was identified that there were five expired medications and six creams no longer in use. (iii) There was no evidence of signing for the administration of four of six topical medications, and one insulin dosage that had been prescribed.</p>	<p>(i) Ensure all eye drops are dated on opening. (ii) Ensure expired and no longer in use items are returned to pharmacy. (iii) Ensure there is evidence that all prescribed medications are administered and signed for.</p> <p>30 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute</p>	<p>PA Low</p>	<p>Interview with the registered nurse and caregivers demonstrated an understanding of the</p>	<p>(i) There are no documented interventions for one resident with recent altered behaviours as per a behaviour monitoring form. (ii) Interview with the registered nurse and caregivers demonstrated an understanding of the requirement to record the</p>	<p>(i) Ensure there are documented interventions for the management of altered behaviours. (ii) Ensure</p>

<p>to, meeting the consumers' assessed needs, and desired outcomes.</p>		<p>requirement to record the outcome of as required medication in the residents' progress notes.</p>	<p>outcome of as required medication in the residents' progress notes. However, there is inconsistent monitoring of the effectiveness of as required pain relief for four of six residents with as required analgesia medication.</p>	<p>there is consistent monitoring of the effectiveness of as required pain relief.</p> <p>60 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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.

No data to display

End of the report.