

Bainswood House Rest Home Limited

Introduction

This report records the results of a Surveillance 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: 11 January 2017	End date: 12 January 2017
Proposed changes to current services (if any):		
Total beds occupied across all premises included in the audit on the first day of the audit:	28	

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
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

Bainswood rest home is part of the Arvida aged care residential group. The service provides rest home level of care for up to 27 residents in the care facility and up to 14 rest home level of care in studio apartments. On the day of the audit there were 28 residents which included six residents at rest home level in studio apartments. The residents commented positively on the care and services provided at Bainswood rest home.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents.

The general manager (non-clinical) and manager (enrolled nurse) both have experience in aged care management. They are supported by the Arvida organisational management group and an on-site part-time registered nurse and enrolled nurse.

The service has addressed the two previous certification findings relating to care plan interventions and aspects of medicine management.

This surveillance audit identified areas for improvement around performance appraisal and InterRAI assessments.

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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Policies are implemented to support residents' rights, communication and complaints management. Regular resident committee meetings are held. Resident/relative surveys provide an opportunity for feedback on the services. Open communication is encouraged and management operate an open-door policy. Complaints and concerns have been managed and a complaints register is maintained.

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 quality and risk management programme includes service philosophy, goals and a quality/business plan. An internal audit programme identifies corrective actions and areas for improvement which have been implemented. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and followed up. A comprehensive education and training programme has been implemented with a current training plan in place. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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The registered nurse is responsible for each stage of service provision. She is supported by two enrolled nurses. The registered nurse assesses, plans and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration and were evaluated at least six monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurse, enrolled nurses and senior caregivers responsible for administration of medicines complete annual education and medication competencies. The medicine charts reviewed met legislative prescribing requirements and were reviewed at least three monthly by the general practitioner.

The diversional therapist and activity assistant coordinate/implement an interesting and varied activity programme. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences of each resident group.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in-line with recognised nutritional guidelines and additional requirements/modified needs were being met.

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.

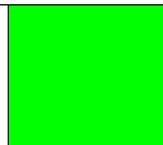


Standards applicable to this service fully attained.

The building holds a current warrant of fitness.

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.

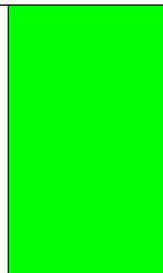


Standards applicable to this service fully attained.

Bainswood rest home has restraint minimisation and safe practice policies and procedures in place. Staff receive training around restraint minimisation and the management of challenging behaviour. During the audit, there were no residents using restraints or requiring enablers. The manager is the designated restraint coordinator.

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.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner. There have been no outbreaks.

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	14	0	2	0	0	0
Criteria	0	37	0	2	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of complaints process. Complaint forms and a suggestion box are available at the entrance of the facility. Information about complaints is provided on admission. Interview with residents demonstrated an understanding of the complaints process. All staff interviewed were able to describe the process around reporting complaints. There is a complaint register. The one written complaint for 2016 had been investigated within the required timeframe and to the satisfaction of the complainant.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</p>	FA	<p>Residents interviewed stated they were welcomed on entry and given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Incident/accidents forms reviewed had documented evidence of family notification or noted if family did not wish to be informed.</p> <p>Resident committee meetings are held two monthly. Any issues raised from these meetings have been addressed by the manager as documented in meeting minutes. Interpreter services are available as required.</p>

communication.		
<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 rest home is owned and operated by the Arvida Group. Bainswood provides rest home level of care for up to 41 residents including rest home level care across 14 studio apartments. On the day of the audit, there were 22 residents in the rest home and six residents in studio apartments. All long-term residents were under the aged related residential care contact (ARRC).</p> <p>The manager has been in the role for six years and is an enrolled nurse with a current practising certificate. She is supported by an experienced general manager who was the previous owner of Bainswood. The three local Bainswood facilities owned by the Arvida group share resources such as education sessions. The general manager at Bainswood reports to the Arvida General Manager of Wellness. Other support is provided by a systems implementation coordinator and project manager.</p> <p>Arvida has an overall business/strategic plan. Bainswood has a facility quality and risk management plan and business goals for 2016 to 2018. The business plan is regularly reviewed. The organisation has a philosophy of care, which includes a mission statement.</p> <p>The manager has attended at least eight hours of professional development that relates to managing a rest home including DHB study days, provider forums and a two day Arvida conference.</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>	FA	<p>There is a business/strategic plan that includes quality goals and risk management plans for Bainswood rest home. The manager advised that she is responsible for providing oversight of the quality programme on site, which is also monitored at an organisational level. The quality and risk management programme is designed to monitor contractual and standards compliance. The site-specific service's policies are gradually being transitioned over to the Arvida Group policies, which will be reviewed at least every two years across the group. Staff are informed of any new/updated policies.</p> <p>Data is collected in relation to a variety of quality activities, including complaints, accidents/incidents, falls and infection control. Information is displayed on the staff noticeboard and meeting minutes' evidence discussion around trends and corrective action. All areas of non-compliance identified through quality activities are actioned for improvement. The internal audit programme continues to be implemented and all issues identified had corrective action plans and resolutions.</p> <p>Residents/relatives are surveyed in May and October each year to gather feedback on the service provided. Results are fed back to staff and participants.</p> <p>There are implemented risk management, and health and safety policies (reviewed April 2016) and procedures in place including accident and hazard management. The service is transitioning to the Arvida hazard register. The health and safety officer (manager) interviewed has attended health and safety in-service on the legislative changes to health and safety. A health and safety committee has been formed in April 2016 with representatives</p>

		<p>across the services. A health and safety board in the staff office keeps staff informed on health and safety matters and displays the committee meeting minutes. Falls prevention strategies are in place that includes 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 family/whānau of choice in an open manner.</p>	FA	<p>There is an accidents and incidents reporting policy. The registered nurse and manager investigate accidents and near misses and analysis of incident trends occur. The registered nurse completes clinical follow-up of residents. Eight incident forms reviewed demonstrated that appropriate clinical follow-up and investigation occurred following incidents. Corrective actions had been identified and implemented including the use of sensor mats. Discussions with the manager and general manager confirmed that there is 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>	PA Low	<p>There are human resource management policies in place. Recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. Five staff files were reviewed (one manager, one registered nurse, one EN and two caregivers) and there is evidence that reference checks have been completed before employment was offered. Annual staff appraisals were evident in four of five staff files reviewed. All files reviewed evidenced signed job descriptions. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service.</p> <p>The in-service education programme for 2016 has been completed and the plan for 2017 is in place. A 2017 goal is for all new staff to commence Careerforce education within six months of employment. Interview with staff confirmed a range of education was provided and there are opportunities to attend education sessions at the Bainswood rest home and hospital complex. The registered nurse, enrolled nurse and manager attend external training, including sessions provided by the local DHB. Eight hours of staff development or in-service education has been provided annually. The registered nurse is InterRAI competent.</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>Staff rostering and skill mix policy is in place. Sufficient staff are rostered on to manage the care requirements for residents in the rest home beds and residents in the studio apartments at rest home level care. The general manager and manager (enrolled nurse) are on-site Monday to Friday. The registered nurse (RN) works three days a week and the enrolled nurse four days a week. The RN and management are available on call.</p> <p>Staff on duty can contact the RN on duty at another Arvida facility (Bainswood rest home and hospital) for phone advice if required. There are four caregivers on the morning shift and three on the afternoon shift. Shifts finish at staggered times. There are two caregivers on the night shift with one responsible for completing laundry duties. The studio apartments are located within the facility on the same level and have one caregiver per shift allocated to the rest home residents in studio apartments. Interviews with caregivers and residents confirm that staffing is adequate to meet the needs of residents. There is at least one staff member with a current first aid certificate on duty at all times.</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>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Clinical staff who administer medications (RN, enrolled nurses and caregivers) have been assessed for competency on an annual basis and attend annual medication education. All medication is checked on delivery against the medication chart. 'As required' medication blister packs are checked monthly for supply and expiry dates. All other pharmaceuticals are checked weekly for expiry dates. The previous finding around expired medications has been addressed. All medications are stored safely. The medication fridge temperature is monitored weekly. All eye drops and ointments reviewed had been dated on opening. The previous finding around eye drops has been addressed. Standing orders are not used. There were three residents self-medicating on the day of audit. All self-medicating residents had self-medication assessments that had been reviewed three monthly.</p> <p>Ten medication charts reviewed met legislative requirements and had been reviewed three monthly by the GP. All signing administration sheets corresponded with the medication charts. The previous finding around administration of medications has been addressed.</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</p>	<p>FA</p>	<p>All meals are prepared and cooked on site by a qualified cook. The cooks are supported by a morning and afternoon kitchenhand. The evening meal is the main meal with a lighter midday meal. Food services staff have attended food safety training. The four-weekly summer menu has been reviewed by a dietitian. The chef receives a resident dietary requirements profile for new residents and is notified of any dietary changes. Likes and dislikes are known. Special diets are accommodated including pureed meats. Meals are served from a bain-marie to ensure meals are of an acceptable serving temperature.</p> <p>Fridge and freezer temperatures are taken and recorded daily. End cooked food temperatures are recorded daily. Perishable foods sighted in the all fridges were dated. All dry goods and decanted foods were date labelled. A</p>

<p>service is a component of service delivery.</p>		<p>maintenance and cleaning schedule is maintained.</p> <p>Resident meetings along with direct input from residents, provide resident feedback on the meals and food services generally. Residents interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</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>FA</p>	<p>Changes to resident's health are monitored and identified through ongoing daily assessments. When a resident's condition alters, the registered nurse initiates a review and if required, GP, nurse specialist consultation. There is documented evidence in the resident files that evidences family were notified of any changes to their relative's health including (but not limited to) accident/incidents, behaviours, infections, health professional visits, referrals and changes in medications. Changes to care, interventions and required supports have been documented in short-term care plans. The previous finding around documented interventions has been addressed.</p> <p>Adequate dressing supplies were sighted. Wound management policies and procedures are in place. Wound assessment and treatment forms, ongoing evaluation form and evaluation notes were in place for four residents with wounds including skin tears and one unstageable pressure injury (facility acquired). There is evidence of a wound nurse specialist involvement in wound management for the resident with a pressure injury of the toe.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified</p> <p>Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission identifying resident nutritional status and preferences. Monitoring forms are used for weight, vital signs, blood sugar levels, pain monitoring, challenging behaviour, food and fluid charts.</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 needs, age, culture, and the setting of the</p>	<p>FA</p>	<p>The service employs a qualified diversional therapist (DT) and activity assistant to provide the Monday to Friday activity programme. The DTs from the three Bainswood facilities have regular meetings and coordinate combined events/outings for the residents. The facility has a van for outings. Both activities persons have a current first aid certificate.</p> <p>The activity team provides individual and group activities that meets the abilities and preferences of the residents that includes (but not limited to); newspaper reading, word games, skittles, bowls and daily health walks (indoors and outdoors) and crafts. The DT assistant has received training in balance and strengthening exercises which are held three times a week. Community visitors include entertainers and church services. Community outings include inter-home visits and competitions, RSA concerts, attending community markets and events. Themes, birthdays and events are celebrated.</p>

service.		A diversional therapy resident profile is completed on admission. Individual activity plans were seen in resident files. The DT is involved in the six-monthly review with the RN. The service receives feedback and suggestions for the programme through resident meetings.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	All initial care plans for long-term residents were evaluated by the RN within three weeks of admission. Long-term care plans have been evaluated by the RN six monthly or earlier for any health changes in five of five files reviewed. Written evaluations reviewed identified if the resident goals had been met or unmet. Family and/or resident are invited to participate in the annual multidisciplinary review and six monthly care plan review. Changes to care are made to the care plans. The GP reviews the residents at least three monthly or earlier if required.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The building has a current building warrant of fitness that expires 1 June 2017. Environmental improvements include ongoing refurbishment of resident rooms. There are 23 single rooms and two double rooms. Two resident rooms have been renovated to include full ensuite facilities. The Arvida property manager has applied for a certificate for public use to occupy the two rooms.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	Infection surveillance is an integral part of the infection control programme and is described in the Arvida group infection control manual. Monthly infection data is collected for all infections based on signs, symptoms and definition of infection. Short-term care plans are used for infections. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and analysed for trends monthly and annually. An infection analysis and infection control/quality improvement meeting minutes are displayed on the staff noticeboard. Benchmarking occurs within the Arvida group. There have been no outbreaks.
Standard 2.1.1: Restraint minimisation	FA	The service has documented systems in place to ensure the use of restraint is actively minimised. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. During

Services demonstrate that the use of restraint is actively minimised.		the audit, there were no residents using restraints or requiring enablers. Restraint minimisation is overseen by a restraint coordinator who is the manager. Staff receive education on restraint minimisation and managing challenging behaviour.
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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 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	PA Low	Five staff files were reviewed. Four staff files evidenced annual performance appraisals. The registered nurse has not had an annual performance appraisal.	The registered nurse has been employed since July 2014. There is no documented evidence of an annual performance appraisal.	<p>Ensure the registered nurse has an annual performance appraisal.</p> <p>90 days</p>
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	PA Low	Five of five long-term care plans reviewed had been evaluated six monthly. Routine InterRAI assessments had not been utilised in conjunction with the six-monthly evaluation in all files reviewed.	The InterRAI assessment had not been utilised since January 2016 in three of five resident files reviewed.	<p>Ensure InterRAI assessments are utilised six monthly as part of the six-monthly evaluation of care plans.</p> <p>90 days</p>

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.