

Bainfield Park Residential Care Limited - Bainfield Park Residential Home

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: Bainfield Park Residential Care Limited

Premises audited: Bainfield Park Residential Home

Services audited: Residential disability services - Intellectual; Rest home care (excluding dementia care); Residential disability services - Physical; Residential disability services – Sensory

Dates of audit: Start date: 30 May 2018 End date: 31 May 2018

Proposed changes to current services (if any): An additional six beds have been verified as part of this audit for transfer from residential disability care to aged care raising the total number of beds in the facility dedicated to aged care from ten to sixteen. Overall bed numbers are not changing. Aged care residents are concentrated in one wing of the facility.

Total beds occupied across all premises included in the audit on the first day of the audit: 47

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

Bainfield Park provides residential services for people with physical, intellectual and sensory disabilities and residents requiring rest home level care for up to 57 residents. There were 47 residents during the audit.

This certification audit was conducted against 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, interviews with residents, management, staff and a general practitioner. No families were available.

The service is managed by an appropriately qualified and experienced general manager who has been in the role since September 2017. She is supported by a clinical nurse manager. There are quality systems and processes being implemented. Feedback from residents was very positive about the care and service provided.

This certification audit identified that one improvement is required around reviewing respite care plans.

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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The staff at Bainfield Park ensure 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 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.		Standards applicable to this service fully attained.
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The board provides a governance role. Services are planned, coordinated and are appropriate to the needs of the residents. A general manager and clinical nurse manager are responsible for day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme are embedded in practice. Corrective actions are implemented and evaluated where opportunities for improvements are identified.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is being implemented and includes in-service education and competency assessments.

There is a roster in place. The integrated residents' files are appropriate to the service type.

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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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 coordinated 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.

The service has implemented an electronic medication management system. All medication charts are fully completed and have been reviewed three-monthly. Medication is stored according to current guidelines and legislation. Staff who administer medications complete annual medication competencies.

Residents are involved in a range of personal interest, education, spiritual and cultural activities provided by activities coordinators over five 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 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.		Standards applicable to this service fully attained.
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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.

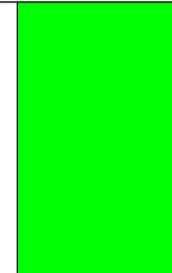
Restraint minimisation and safe practice

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 were two residents using enablers and no residents using restraint. Enabler use is voluntary.

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)
Standards	0	44	0	1	0	0	0
Criteria	0	92	0	1	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights (the Code) policy and procedure is implemented. Discussions with the general manager (GM), clinical nurse manager/RN (CNM), and six care staff (two care assistants, one registered nurse (RN), two enrolled nurses (ENs), one activities coordinator) confirmed their familiarity with the Code. Interviews with ten residents (four residential disability (one physical disability, three intellectual disability), one long term chronic conditions, one age-related rest home level of care, two ACC - traumatic brain injuries (TBI), one resident under a mental health contract, and one respite resident confirmed that the services being provided are in line with the Code. No families were available for interviewing during the audit. Aspects of the Code are discussed at staff and resident meetings.</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</p>	FA	<p>Bainfield Park staff advised that family involvement occurs with the consent of the resident. Residents 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 (one aged care, one physical disability, one ACC, one mental health, one respite, one long-term chronic health and one intellectual disability) have appropriate consents signed. All files sampled had a valid resuscitation order in the file. All long-term resident files reviewed had signed resident agreements.</p>

informed 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>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. External advocacy services (e.g., age concern, citizens advice bureau) are utilised.</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 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 verified that they have been supported and encouraged to remain involved in the community. Eight residents are involved in meaningful work in an environment that they are compensated for. Examples provided included work at a recycling factory, and at the Bainfield gardens (planting and weeding activities). Some residents attend courses at the local tertiary provider. A selection of residents choose to attend Rotary Club, Salvation Army and the Blind Foundation meetings and social activities.</p> <p>A family survey conducted in June 2017 identified that families wanted to be more involved in decisions affecting residents. Corrective actions that were implemented included the GM meeting more regularly with families, the implementation of a newsletter that is sent to families, families are sent copies of residents' goals (with consent of the resident), and families attended a function in December 2017. A relative survey is scheduled to be repeated in 2018 to monitor results.</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 around the facility. The residents interviewed were aware of the complaints process.</p> <p>A complaints register is maintained. Two complaints have been lodged (one formal and one informal) since the previous audit. Both complaints were addressed in a timely fashion and were documented as resolved. Residents 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. A variety of communication options are available for those residents with limited reading skills that include verbal, audio-tapes and braille (for sight impaired), illustrations and interpreters. Information is also given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident.</p>

		Residents interviewed identified they are well-informed about the Code. Regular resident meetings and surveys provide the opportunity to raise concerns. Advocacy services are based on residents' needs. A list of advocacy agencies and their contact details are posted in visible locations in the lounges with examples provided (e.g., age concern, citizens' advice bureau).
<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 agreed to by staff at commencement of employment.</p> <p>A worship service is held weekly that is available to residents of faith. Several residents attend community bible studies and church services. Residents interviewed reported that they are able to choose to engage in activities and access numerous community resources (e.g., mobility transport services at discounted rates, gym, library, cafés, Salvation Army).</p> <p>There is an abuse and neglect policy and staff education and training on abuse and neglect is upheld.</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 Māori health policy and an individual's values and beliefs policy which includes cultural safety and awareness. There are two residents that are Māori, but they have not identified any specific cultural needs.</p> <p>Discussions with staff confirmed their understanding of the different cultural needs of residents and their whānau. The service has established links with the Māori health directorate from the DHB for advice and support. Staff confirmed they are aware of the need to respond appropriately to maintain cultural safety. Staff attend cultural training as part of the regular in-service training programme.</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>The service recognises that every resident is an individual and as such has different needs in relation to ethnicity, spirituality, disability, gender, sexual orientation, social status and age. On assessment, each resident has their values and beliefs identified in collaboration with their family/whānau. This is recorded in the resident's care plan. Any links with the community or special interest groups that the resident wishes to maintain or develop are also recorded.</p> <p>The residents' needs are accommodated, evidenced through interviews with residents. In-house spiritual meetings are held in a room away from the main lounge area so that residents have the right to choose whether or not they attend.</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 cover responsibilities of the position and ethics, advocacy and legal issues. A code of conduct and disciplinary action policies and procedures have recently been reviewed and updated (November 2017). A policy and procedure is implemented to address bullying, harassment and discrimination. The orientation programme provided to staff on induction includes an emphasis on dignity, privacy and boundaries. Nursing staff (RNs and ENs) 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>Bainfield Park is a unique residential facility that caters for residents with a range of disabilities. Evidence-based practice is evident, promoting and encouraging good practice. The service strives to provide for the range of residents' needs. Residents are treated as individuals and the service encourages normalisation and programmes that focus on maintaining the residents' independence and choice. There is a strong relationship and connection to the Invercargill community.</p> <p>Nursing and care assistant staff are experienced with either an RN or an EN on-site 24 hours a day, seven days a week. Care assistants are encouraged to complete Careerforce education and training programmes to upskill, with seven staff currently enrolled at various stages of the programme.</p> <p>A recent move to electronic information technology (IT) systems has resulted in the implementation of Medimap medication management, electronic progress notes and storing all policies and procedures electronically for ease of staff access. An e-learning platform is currently being rolled out for all staff.</p> <p>Residents interviewed spoke very positively about the care and support provided. Communication with families has been enhanced through a range of initiatives implemented by the GM. Staff have a sound understanding of principles of aged care and disability support and state that they feel supported by the GM and CNM.</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 interviewed stated they were welcomed on entry and were given time and explanation about services and procedures. Three monthly residents' meetings provide a venue for communication. Residents interviewed confirmed that they are kept informed of changes in their health status and of any adverse events involving them. The GM reported that she has an open-door policy.</p> <p>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.</p> <p>The service has policies and procedures available for access to interpreter services for residents (and</p>

		<p>their family). If residents or family/whānau have difficulty with written or spoken English, the interpreter services are made available. Information provided meets the needs of those with intellectual, physical and sensory disabilities. Communication needs are documented in the residents' care plans. Specialised communication equipment is available for residents requiring assistance (e.g., Braille reading device).</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>Bainfield Park provides residential services for people with physical, intellectual and sensory disabilities; and residential services for older persons requiring rest home level care. The service is governed by a Trust with a board of directors that oversee the Trust.</p> <p>On the day of the audit 47 of the 57 available beds were occupied. This included 11 rest home level residents (7 aged related care, 4 long term chronic conditions), 28 residential disability residents (5 with physical disabilities, 22 with intellectual disabilities , one respite (carer support with physical disability)), 4 residents funded under mental health contracts with the DHB and 4 residents funded by ACC for TBI.</p> <p>An additional six beds have been verified as part of this audit for transfer from residential disability care to aged care raising the total number of beds in the facility dedicated to aged care from ten to sixteen. Bed numbers overall in the facility remain the same. Aged care residents are concentrated in one wing of the facility. Interviews with the residents and their families confirmed that the older persons enjoy living with younger persons and vice versa. This was also confirmed when interviewing the care staff.</p> <p>The organisation is led by a GM who is a registered nurse. She has been in this role since September 2017. Previous experience includes a senior management role with the Southern District Health Board with a portfolio that included district nursing services and older persons health. She is supported by a long-serving clinical nurse manager and a team of RNs and ENs.</p> <p>The goals and direction of the service are documented in the business plan and the strategic direction is discussed at board level. The GM provides regular reports to the board. Goals are regularly reviewed both at a governance level and at an operational level.</p> <p>The GM and CNM have maintained at least eight hours annually of professional development activities related to their roles at this facility.</p>
<p>Standard 1.2.2: Service Management</p>	FA	<p>The GM reported that in the event of her temporary absence the CNM fills her role.</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>		
<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>A business plan (2016-2018) has been implemented, which is complimented by a quality improvement plan (2018). Quality portfolios have been developed and delegated to the shift supervisors (RNs and ENs) with the overall quality programme overseen by the GM.</p> <p>A system for document control is being implemented. Policies and procedures are in an electronic format and are reviewed two yearly at a minimum.</p> <p>Quality improvement processes capture and manage areas identified for improvements. This includes (but is not limited to) an internal auditing programme, health and safety, adverse event and infection control data collection and management, satisfaction survey results and complaints management. Findings are discussed in the applicable meetings (e.g., monthly staff meetings, monthly clinical (RN/EN) meetings, three monthly residents' meetings, quarterly health and safety meetings). Corrective action plans are developed, implemented and signed off when service shortfalls are identified with examples provided. The most recent initiative included employing dedicated laundry staff to improve laundry systems.</p> <p>There is a dedicated health and safety officer who leads the health and safety programme. All staff complete an annual health and safety competency questionnaire. Contractors are provided with a site induction relevant to health and safety. The hazard register is monitored to ensure controls are in place.</p> <p>Resident and family surveys are conducted electronically using survey monkey. Data is collated, analysed and used for service improvements. Results are minuted as being discussed in staff meetings. Corrective actions are implemented where improvements are identified with examples provided. A current initiative underway that has come about from survey feedback is around enhancing the meal experience for residents.</p> <p>Initiatives are in place around managing residents with challenging behaviours. Falls prevention strategies are also being implemented for residents.</p>
<p>Standard 1.2.4: Adverse Event Reporting</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 incident forms reviewed</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>demonstrated appropriate documentation and clinical follow-up. Accidents and incidents are analysed monthly and graphed with results discussed at staff meetings.</p> <p>The GM is aware of situations that require statutory reporting with four examples sighted (three around challenging behaviours/assault and one coroner's inquest). Comprehensive corrective action plans using root cause analyses were developed and implemented for each Section 31 report that was filed as a critical incident.</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>Human resource management policies include the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity. A register of current practising certificates is maintained. Seven staff files reviewed (three care assistants, two RNs, one EN and one housekeeper) evidenced that reference checks are completed before employment is offered. Also sighted were signed employment agreements and job descriptions.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice. Care staff complete a comprehensive two-week orientation programme prior to working independently with the residents. Staff education and training includes regular in-services and annual competency assessments around a range of skills including (but not limited to) medication management, manual handling, observations and recordings, health and safety, infection control, restraint minimisation and managing challenging behaviours. Education provided covers topics relevant to young people with physical disabilities.</p> <p>Kitchen staff have completed their food safety training on-site. Chemical safety training is included in staff orientation and as a regular in-service topic. One RN (CNM) has completed her interRAI training. All ENs, RNs and activities staff hold current first aid/CPR certificates.</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>There is a documented rationale for staffing the services. Every shift has a shift supervisor on duty who is either an RN or an EN. There is also an on-call roster with a registered nurse (staff RN or clinical nurse manager) available at all times.</p> <p>Maitai wing, with 25 residents (11 rest home, 4 mental health, 1 ACC, 9 intellectual disability) is staffed with one shift supervisor and one care assistant on the AM shift. The PM shift is staffed with two care assistants (one full shift and one short shift 4.00 pm – 8.30 pm) and one shift supervisor who splits their time between Maitai wing and Kiwi wing.</p> <p>Kiwi wing, with 20 residents (1 respite, 12 intellectual disability, 5 physical disability, 2 on ACC) is staffed with one shift supervisor and a short shift care assistant (7.00 am – 1.00 pm). The PM shift is staffed</p>

		<p>with one care assistant and a shift supervisor who is also covering Maitai wing.</p> <p>There are two residents in two separate flats that are located adjacent to the facility (one ID and one ACC). Staff in the Kiwi wing are rostered to cover residents in the flats if needed. These two residents have been assessed as safe to live in a flatting environment.</p> <p>The night shift is staffed with one shift supervisor and two care assistants. There are separate cleaning and laundry staff rostered seven days a week. Laundry staff are an addition to the roster (implemented May 2018) and as a result, care assistant staffing was reduced (approximately 2.5 hours per day) to accommodate this change. This roster alteration is currently being evaluated.</p> <p>Activities staff are rostered Monday – Friday from 9.00 am – 4.30 pm with an additional volunteer assisting with men's activities one day a week.</p> <p>Staff, residents and family interviewed confirmed that staffing levels are adequate. Residents confirmed that their call bell is answered in a timely manner.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</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 is readily accessible.</p> <p>Hard copy resident files are stored where they cannot be accessed by people not authorised to do so. Resident files reflect service integration. Back-ups are undertaken using cloud-based technology.</p> <p>Entries are legible, dated and signed by the relevant staff member including their designation.</p>
<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>The GM and CNM work 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.</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. All long-term resident files reviewed had signed admission agreements.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated</p>	FA	<p>Policy describes the transition/exit process. Residents are typically long-term but from time-to-time they 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</p>

<p>transition, exit, discharge, or transfer from services.</p>		<p>and follow-up with families. One file reviewed of a resident transferred to hospital, demonstrated a seamless process of communication between the facility, relative, GP and hospital staff, with verbal and written handovers and adequate documentation accompanying the resident on admission to hospital and on discharge back to Bainfield Park. The process was well documented in the progress notes.</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>The facility has implemented an electronic medication management system. Medications are checked against the doctor's medication profile on arrival from the pharmacy by an RN. Any errors by the pharmacy are regarded as an incident. Staff that administer medication have a competency assessment and have had recent training. A shift supervisor was observed safely and correctly administering medications.</p> <p>All 14 medication charts were charted correctly according to legislation. All residents have been reviewed three-monthly by the GP. All 'as required' medications are charted and have indications for use documented. Efficacy is recorded in the progress notes. There were no self-medicating residents on the day of the audit. All medication charts had allergies recorded and photograph identification. The fridges that medications are kept in have weekly temperature checks. All 14 medication charts had allergies (or nil known), documented. All medications are stored appropriately. There were no expired medications on-site. Eye drops were dated when opened.</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>A food control plan is approved and dated 21 May 2018. All meals at Bainfield Park are prepared and cooked on-site. The kitchen supervisor is supported by a cook and three kitchenhands. All kitchen staff are suitably qualified and food safety procedures are adhered to. There is a four-weekly winter and summer menu, which has been reviewed by a dietitian. The menu audit was completed on 10 May 2018. Staff were observed assisting residents with their lunchtime 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 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</p>	<p>FA</p>	<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>

service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.		
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	PA Low	<p>All disability residents have at least a six-monthly assessment completed by the needs assessment agency and goals from this assessment are included in the personal care or activities goal plans. The rest home level resident file sampled had a current interRAI assessment and needs identified in assessments have corresponding interventions in the care plan. The respite resident has assessments and a care plan in place; however, these were not always reviewed at each respite admission.</p> <p>Residents 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>	FA	<p>Care plans are completed when the person enters the service and are reviewed at least six-monthly. The care plan is developed in partnership with the resident and their family. Files reviewed indicate that there is an ongoing review as planned. The care plans include goals and interventions for all identified assessed need. Short-term care plans are in place for acute needs. These are either resolved or carried on to the long-term care plan if not resolved within expected timeframes.</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. Families receive a letter informing them of the activities plan for the residents.</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 state they are involved at an appropriate level in the planning and management of their care.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order</p>	FA	<p>Service provision and interventions meet the needs of the residents and consider varying needs such as aged care, physical disability and intellectual disability. Individualised needs are described in personal care and activity goal plans. The care and support observed and reinforced through interview with staff, and residents confirmed care provided met the individualised needs of residents and was seen to be respectful. Residents interviewed were happy with the support provided to them. The service facilitates</p>

<p>to meet their assessed needs and desired outcomes.</p>		<p>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 three residents with wounds on the day of the audit (one chronic ulcer, one resident with oozing legs caused by oedema, and a small skin split). All wounds had an assessment, plan and ongoing evaluations documented. Monitoring forms currently in use include (but are not limited to) vital signs and weight, seizure charts, neurological 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 service.</p>	<p>FA</p>	<p>One activities coordinator provides an activities programme across five days each week. The programme is planned monthly and developed for each individual resident, based on assessed needs and identified goals to reflect 'normal' daily life. All residents have an activities goal plan with individual recreational, employment and social goals that are developed by the activities coordinator and the residents. Residents are encouraged to join in activities that are appropriate and meaningful and are encouraged to participate in community activities.</p> <p>The activity plans reviewed were based on people's goals. The activities coordinator interviewed stated the aim is to work with these goals to try to provide activities to suit all needs and abilities. The activities programme is based around promoting and maintaining independence and reflective of activities they would be achieved if the residents were living in the community. Activities such as making beds, baking, keeping their rooms tidy, as well as assisting and encouraging residents to be independent in the community for example going to the movies, and maintaining their community interests.</p> <p>Volunteers are utilised in the activities programme, one volunteer has an interest in music, and has started a resident choir, as well as participating in one-on-one time with the men, and other residents who prefer one-on-one activities.</p> <p>There are four residents in full time work, another four residents in part time work, and another four residents who remain independent i.e.: getting to the shops, and other activities of daily living.</p> <p>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. There were ample activities witnessed during the audit, including those in-house and the resident's choice of activities away from the home. Bainfield Park invite other facilities to participate in their activities or join residents for a meal out, and outings. Resident meetings are held three monthly and provide a forum for feedback relating to activities. Families are sent letters updating them of events and news at Bainfield Park including updates on their resident activities plan. Residents interviewed discussed enjoyment in the programme and the diversity</p>

		offered to all residents.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	All care plans reviewed were evaluated at least six-monthly and activities goal plans were reviewed at least six-monthly. 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 in the six long-term care plans reviewed.
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	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.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	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 away when not in use. Product use charts are available in the laundry and the hazard register identifies hazardous substances. Gloves, aprons, and goggles are available for staff. One housekeeper interviewed confirmed that staff have been trained in the safe handling of chemicals. This training is provided to new staff and is repeated annually.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that	FA	The service displays a current building warrant of fitness, which expires on 3 February 2019. Hot water temperatures are checked monthly by maintenance staff. Medical equipment and electrical appliances are tested and tagged every year. Other regular and reactive maintenance occurs. Residents were observed to mobilise safely within the facility. Ample space is available to allow for mobility aids including motorised wheelchairs. There are sufficient seating areas throughout the facility.

<p>are fit for their purpose.</p>		<p>The exterior has been well maintained with outdoor shaded seating, lawn and gardens.</p> <p>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>An additional six beds have been verified as part of this audit for transfer from residential care to aged care, raising the total number of beds in the facility dedicated to aged care from ten to sixteen. Aged care residents are concentrated in one wing of the facility. Interviews with the residents and their families confirmed that the older persons enjoy living with younger persons and vice versa. This was also confirmed when interviewing the care staff. The rooms are appropriate for aged care and there are sufficient lounges and space available.</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>	<p>FA</p>	<p>All residents at Bainfield Park have single rooms. A selection of rooms have full ensuites, while other residents share toilets and showers. There are sufficient numbers of resident toilets and showers in close proximity to resident rooms and communal areas. Privacy signage is in place. Visitor toilet facilities are available.</p> <p>There are also two independent flats adjacent to the facility. Each flat includes toilet and shower facilities with call bell access.</p> <p>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>	<p>FA</p>	<p>The resident rooms are spacious enough to meet the assessed resident's 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 interviewed confirmed that residents' rooms have sufficient space. The bedrooms are personalised. Residents interviewed reported that they really enjoy 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</p>	<p>FA</p>	<p>There is a large lounge and two dining rooms with smaller lounges around the facility. The dining rooms are spacious with ample seating. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the residents using them. Residents interviewed reported that they are able to freely move around the facility and that staff assist them when required. Activities take place in a large purpose-built activities centre.</p>

their relaxation, activity, and dining needs.		
<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	<p>There is a separate laundry area where all linen and personal clothing is laundered by laundry staff. Staff regularly attend infection control education, which begins during their orientation to the service. There is appropriate protective clothing available. Dedicated laundry staff are scheduled for work from 9.00 am – 2.00 pm, seven days a week.</p> <p>Residents interviewed reported satisfaction with the laundry service and cleanliness of the room/facility. The GM reported that laundry processes have improved significantly since employing staff to complete laundry duties only.</p>
<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	<p>An approved fire evacuation plan is in place. Fire drills are conducted every six months at a minimum. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. A contracted service provides checking of all fire equipment. Fire training and security situations are part of orientation of new staff.</p> <p>There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times at the facility. There are call bells in all residents' rooms, toilets, showers. Staff also carry a call bell (pager) and can summon assistance if needed. Security systems are in place to ensure residents are safe.</p>
<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>All communal areas and residents' bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents interviewed stated the environment was warm and comfortable.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises</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 CNM oversees the programme with a registered nurse as the designated infection control person with support from the registered and enrolled nurses. Infection control matters are discussed at all staff meetings. Education</p>

the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.		has been provided for staff. The infection control programme has been reviewed annually.
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	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.
Standard 3.3: Policies and procedures 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.	FA	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.
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	The staff orientation programme includes infection control education. The infection control nurse has completed external infection control training. External training was also held around outbreak management in April 2018. Staff can access health learn online programme and training provided by the local DHB. There is annual refresher training in handwashing and standard precautions. 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>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. A registered nurse 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 onto a monthly summary and then analysed and graphed and reported to staff meetings. There have been two outbreaks since the last audit. Both outbreaks were well managed, Public Health was notified, policy and procedures were followed and guidance from Public Health and the DHB were followed. Staff interviewed felt well informed throughout the outbreaks.</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>Restraint is only used as a last resort. There were no residents at the time of the audit using restraint. There were two residents using enablers (safety belts).</p> <p>The restraint policy includes definitions of restraints and of enablers. Interviews with care assistants confirmed their understanding of restraints and enablers and could describe the differences.</p> <p>One file of a resident who was using an enabler was reviewed. An enabler consent form was signed by the resident to demonstrate consent for the safety belt.</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 1.3.4.2</p> <p>The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.</p>	PA Low	There are assessments in place for each long-term resident, which include (but not limited to) falls, challenging behaviour and pressure risks. Rest home level residents have interRAI assessments and risk assessments completed at least six-monthly. Care plans are developed using these assessments to determine goals of care. The respite resident has not had new assessments completed at each admission or the care plan updated.	The respite resident has assessments and a care plan in place; however, these were not always reviewed at each respite admission. The respite care plan on file has been reviewed on a two-yearly basis, last reviewed in 2016.	<p>Ensure respite care plans and risk assessments are reviewed and updated on each admission.</p> <p>60 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.