

# Bainswood House Rest Home Limited - Bainswood House Rest Home

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## Introduction

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

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Bainswood House Rest Home Limited
<b>Premises audited:</b>	Bainswood House Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 9 July 2018      End date: 10 July 2018
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	34



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

## General overview of the audit

Bainswood House Rest Home is part of the Arvida aged care residential group. The service provides rest home level of care for up to 26 residents in the care facility and up to 14 rest home level of care residents in studio apartments. On the day of the audit there were 34 residents, which included nine residents at rest home level in studio apartments. The residents, relatives and general practitioner commented positively on the care and services provided at Bainswood House.

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 resident and staff files, observations, and interviews with family, residents, management, staff and the general practitioner.

The facility is managed by an experienced village manager (non-clinical) who has been in the role 12 years, including the last four years under the Arvida group. He is supported by an experienced nurse manager/enrolled nurse and senior RN. There is organisational support provided from head office including the national quality manager and an experienced facility manager from a local Arvida facility.

## 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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Staff at Bainswood House Rest Home strive to 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's Code of Consumers' Rights (the Code). Residents' cultural needs are met. Policies are implemented to support residents' rights, communication and complaints management. Care plans accommodate the choices of residents and/or their family/whānau. 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.		Standards applicable to this service fully attained.
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Bainswood House Rest Home has a current strategic plan and a quality assurance and risk management programme that outlines objectives for the year. The quality process being implemented includes policy reviews. Aspects of quality information are reported at two monthly combined staff and monthly quality meetings. There is an annual internal audit calendar schedule. Residents and relatives are provided the opportunity to feedback on service delivery issues at six monthly resident meetings and via annual resident/relative satisfaction surveys. There is a reporting process being used to record and manage resident incidents. Incidents are collated monthly and reported to facility meetings. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The in-service education programme for 2017 has been completed and the plan for 2018 is being implemented. 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.		Standards applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurse assesses, plans and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans reviewed 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 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 provide and 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 of the residents.

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.
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There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are personalised with a mix of ensuites and communal facilities. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Documented systems are in place for essential, emergency and security services. There is a staff member on duty at all times with a current first aid certificate.

## 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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Bainswood House 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. On the days of the audit there were no residents with restraints or using an enabler. The nurse manager/enrolled nurse 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.

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is reviewed annually and meets the needs of the service. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. 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.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	45	0	0	0	0	0
<b>Criteria</b>	0	93	0	0	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure is implemented. Discussions with nine care staff (five caregivers, two registered nurses (RN), one cook and one diversional therapist) confirmed their familiarity with the Code. Interviews with six residents and three families confirmed the services being provided are in line with the Code. The Code is discussed at resident, staff and quality meetings. Staff receive training on the Code, last occurring in March 2018.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Informed consent processes were discussed with residents and families on admission. Written general consents are included in the admission as sighted in seven of seven resident's files reviewed (six rest home and one respite care). Signed outings and indemnity forms were sighted in all files. Consent forms are signed for any specific procedures.</p> <p>Caregivers interviewed confirmed consent is obtained when delivering cares. Advance directives also identified the resident resuscitation status and signed by the resident (if appropriate) and the general practitioner. The service acknowledges the resident is for resuscitation in the absence of a signed directive by the resident. Copies of enduring power of attorney (EPOA) were seen in the resident files as appropriate.</p> <p>Discussion with family members identifies that the service actively involves them in decisions that affect their</p>

		relative's lives. Six admission agreements were sighted for the long-term residents. One resident was on respite care.
<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	A policy describes access to advocacy services. Staff receive training on advocacy, last occurring in March 2018. Information about accessing advocacy services information is available in the entrance foyer. This includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family/whānau with advocacy information. Advocate support is available if requested. Interviews with staff and residents informed they are aware of advocacy and how to access an advocate.
<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	Residents are encouraged to be involved in community activities and maintain family and friends' networks. On interview, staff stated that residents are encouraged to build and maintain relationships. All residents and relatives interviewed confirmed that relative/family visiting could occur at any time.
<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	The service has a complaints policy and procedure in place and residents and their family/whānau are provided with information on the complaints process on admission via the information pack. Complaint forms are available at each entrance of the services. Staff are aware of the complaints process and to whom they should direct complaints. A complaints register is available. Five complaints have been received at Bainswood House Rest Home since the last audit, three made in 2017 and two received in 2018 year to date. The complaints reviewed have been managed appropriately with acknowledgement, investigations and responses recorded. Residents and family members advised that they are aware of the complaints procedure and how to access forms.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	There are posters of the Code on display throughout the facility and leaflets are available in the foyer of the facility. The service is able to provide information in different languages and/or in large print if requested. Information is also given to next of kin or enduring power of attorney (EPOA) to read with the resident and discuss. On entry to the service, the village manager, registered nurse, and enrolled nurse discusses the information pack with the resident and the family/whānau. The information pack includes a copy of the Code.

<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>The service has policies that align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were observed respecting residents' privacy and could describe how they manage maintaining privacy and respect of personal property. There is a policy that describes spiritual care. Church services are conducted regularly. Residents interviewed indicated that resident's spiritual needs are being met when required. Staff attend training on elder abuse and neglect.</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 established cultural policies to help meet the cultural needs of its residents. There is a Māori health plan. There were no residents that identified as Māori at the time of the audit. The service has established links with the local Iwi. Cultural and spiritual practice is supported and identified needs are incorporated into the care planning process. Discussions with staff confirmed that they are aware of the need to respond to cultural differences.</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 has established cultural policies aimed at helping meet the cultural needs of its residents. Residents interviewed reported that they were satisfied that their cultural and individual values were being met. Information gathered during assessment including resident's cultural beliefs and values, is used to develop a care plan, which the resident (if appropriate) and/or their family/whānau are asked to consult on.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion,</p>	FA	<p>The facility has a staff code of conduct which states there will be zero tolerance against any discrimination occurring. The abuse and neglect processes cover harassment and exploitation. All residents interviewed reported that the staff respected them. Job descriptions include responsibilities of the position, ethics, advocacy and legal issues. The orientation and employee agreement provided to staff on induction includes</p>

harassment, sexual, financial, or other exploitation.		standards of conduct.
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service has policies to guide practice that align with the health and disability services standards, for residents with aged care needs. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. Residents and families interviewed spoke positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the management team.</p> <p>Arvida is operationalising their vision 'to transform the ageing experience' within the care communities through the introduction of the household model. The household model focuses on the relationship between the care team and the resident as partners in the pursuit of a rich and meaningful life. The emphasis is on supporting each resident to live well and be actively engaged in their life the way they want it to be. Residents are encouraged and supported to create a comfortable living space suited to their particular needs and personal tastes.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</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. Fifteen incident/accidents forms reviewed for April, May and June 2018, had documented evidence of family notification or noted if family did not wish to be informed. Three relatives interviewed confirmed that they are notified of any changes in their family member's health status. Six residents interviewed stated that they were welcomed on entry and were given time and explanation about the services and procedures. Interpreter services are available as required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Bainswood House is owned and operated by the Arvida Group. Bainswood House provides rest home level of care for up to 40 residents including 26 rest home beds and up to 14 serviced apartments certified for rest home level of care. On the day of the audit, there were 34 residents in total, 25 residents in the rest home (including one resident on respite care) and nine residents in the certified studio apartments. All residents were admitted under the aged related residential care (ARRC) contract. There are three local Arvida Bainswood facilities (Bainswood House, Bainswood on Victoria and Bainlea House) owned by the Arvida group which share resources such as maintenance and education sessions.</p> <p>The village manager (non-clinical) is experienced in village management. He has been in the village manager role at Bainswood House for 12 years. He is supported by an enrolled nurse, who has been in the</p>

		<p>position for seven years and two registered nurses. There is also a quality coordinator/EN who works two days per month at the three Bainswood facilities and has been in the role for two years. The management team are also supported by the general manager operations, general manager wellness and care and a national quality manager. The national quality manager and village manager from Bainswood on Victoria and Bainlea House were present during the audit.</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 village 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 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>In the absence of the village manager, the village manager from Bainswood on Victoria and Bainlea House provides oversight, along with the nurse manager/enrolled nurse and the registered nurses.</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 plan that includes quality goals and risk management plans for Bainswood House Rest Home. Interviews with staff confirmed that there is discussion about quality data at various staff meetings. The village manager and quality coordinator are responsible for providing oversight of the quality programme on-site, which is also monitored at organisational level. The quality and risk management programme is designed to monitor contractual and standards compliance. Staff interviewed could describe the quality programme corrective action process. The site-specific service's policies are reviewed at least every two years across the group. Head office sends new/updated policies. Data is collected in relation to a variety of quality activities and an internal audit schedule has been completed. Areas of non-compliance identified through quality activities are actioned for improvement. The service has a health and safety management system that is regularly reviewed. Restraint and enabler use is reviewed at the monthly quality meeting.</p> <p>Health and safety goals are established and regularly reviewed at the village manager's monthly teleconference meeting. Risk management, hazard control and emergency policies and procedures are being implemented and are monitored at the monthly health and safety committee meeting. Hazard</p>

		<p>identification forms and an up-to-date hazard register (last reviewed 9 March 2018) are in place. Resident/family meetings occur monthly and the residents and family members interviewed confirmed this. Residents/relatives are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. The overall service result for the resident/relative satisfaction survey completed in March 2018 was at 92%. Corrective actions have been established in areas where improvements were identified. Corrective actions have been completed and signed off. 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><b>Standard 1.2.4: Adverse Event Reporting</b></p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an accidents and incidents reporting policy. The enrolled nurse investigates accidents and near misses and analysis of incident trends occurs. There is a discussion of incidents/accidents at staff meetings including actions to minimise recurrence. An RN conducts clinical follow-up of residents. Fifteen incident forms reviewed demonstrated that appropriate clinical follow-up and investigation occurred following incidents. Neurological observation forms were documented and completed for five unwitnessed falls with potential head injury. Discussions with the village manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There had been no section 31 incident notifications required since the last audit. An outbreak of norovirus was notified to public health in August 2017.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resource management policies in place. This includes that the recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. Six staff files were reviewed (one enrolled nurse, one RN, two caregivers, one diversional therapist and one cook). There is evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident in all staff files reviewed. A copy of practising certificates is kept. The service has an orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>Completed orientation is on files, and staff described the orientation programme. The in-service education programme for 2017 has been completed and the plan for 2018 is being implemented. The village manager, enrolled nurse and RNs are able to attend external training, including sessions provided by the local district health board (DHB). Discussions with the caregivers and the RNs confirmed that ongoing training is encouraged and supported by the service. Eight hours of staff development or in-service education has been provided annually. There are two RNs, and both have completed interRAI training.</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>Bainswood House Rest Home policy includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. The service has a total of 32 staff in various roles. Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The village manager and enrolled nurse work 40 hours per week from Monday to Friday and are available on call after hours. Interviews with staff, residents and family members confirmed there are sufficient staff to meet the needs of residents.</p> <p>At the time of the audit of the service, there were 34 residents in total, 25 rest home residents and nine rest home residents in the certified serviced apartments. There is one RN on duty on the morning shift. The RNs are supported by three caregivers rostered on the morning, three caregivers on the afternoon shift and two caregivers on night duty. In the serviced apartments and there is one caregiver servicing them on the morning and afternoon shifts. One of the caregivers in the rest home supervise the rest home level care residents in the serviced apartments on the night shift.</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>	<p>FA</p>	<p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being locked away in the nurses' stations. Other residents or members of the public cannot view sensitive resident information. Entries in records are legible, dated and signed by the relevant caregiver or RN.</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>	<p>FA</p>	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs on the services and rest home care are provided for families and residents prior to admission or on entry to the service. All admission agreements reviewed (for long-term residents) align with contractual requirements. Exclusions from the service are included in the admission agreement. The respite care resident had signed a short-stay admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were</p>

planned and coordinated transition, exit, discharge, or transfer from services.		involved for all exit or discharges to and from the service.
<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>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Registered nurses and senior caregivers who administer medications have been assessed for competency on an annual basis and attend annual medication education. All medication is checked on delivery against the medication chart and a medication verification form completed. All medications are stored safely. Medication fridges are maintained within the acceptable temperature range. All eye drops were dated on opening. Standing orders are not used. There were four residents self-medicating on the day of audit. Self-medication competencies had been completed and reviewed three monthly by the RN and GP. Medications were stored safely in the resident room and self-medication was monitored.</p> <p>Twelve paper-based medication charts reviewed met legislative requirements. All medication charts had photo identification and allergy status documented. Indications for 'as required' medication were documented on the medication charts. Homeopathic medications had been charted.</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>	FA	<p>All meals are prepared and cooked on-site by qualified cooks covering the seven-day week. The cooks are supported by morning and afternoon kitchenhands. Food services staff have attended food safety training. The food control plan has been verified June 2018. The four-weekly seasonal menu has been reviewed by a dietitian and provides two meal options for lunch and dinner. Resident dislikes are known and accommodated. The chef receives a resident dietary profile for new and respite care residents and is notified of any dietary changes. Special diets are accommodated including soft diet, thickened fluids and vegetarian diets. Meals are served from a bain marie.</p> <p>Fridge and freezer temperatures are taken and recorded daily. End cooked food temperatures are taken on all foods daily and recorded. Perishable foods sighted in the all fridges were dated. The dishwasher is checked regularly by the chemical supplier. A maintenance and cleaning schedule is maintained. Closing checks are completed at the end of the day. There is a day pantry that staff can access for additional snacks for residents as required.</p> <p>Resident meetings along with direct input from residents, provide resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</p>
Standard 1.3.2: Declining	FA	There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. Management communicate directly with the

<p>Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>		<p>referring agencies and family/whānau as appropriate if entry was declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The RN completes an initial assessment and care plan on admission, including relevant risk assessment tools. Risk assessments are completed six monthly or earlier due to health changes. InterRAI assessments were completed within 21 days of admission as sighted in two resident files admitted within the last year. One resident under respite care had an initial assessment and care plan completed but not required to have an interRAI assessment. Resident needs and supports are identified through available information such as discharge summaries, medical notes and in consultation with significant others, and included in the long-term care plans.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Resident care plans reviewed were resident-focused and individualised. Support needs as assessed, were included in the long-term care plans reviewed. Short-term care plans are used for changes to health status and sighted in resident files for example infections, weight loss and wounds and have either resolved or if ongoing, transferred to the long-term care plan. Long-term care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process. Relatives interviewed confirmed they were involved in the care planning process. Resident files demonstrate service integration.</p> <p>There was evidence of allied health care professionals involved in the care of the resident including physiotherapist as required, podiatrist, pharmacist, dietitian as required, clinical nurse specialist and services for the older person.</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</p>	<p>FA</p>	<p>When a resident's condition alters, the registered nurse initiates a review and if required, GP, nurse specialist consultation. There is documented evidence the family/whānau contact form in each resident file, 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. Discussions with families confirmed they are notified promptly of any changes to their relative's health. Changes to resident's health are monitored and identified through ongoing daily assessments. Changes to health are reported to the RN who informs the GP or other allied health specialists.</p>

<p>desired outcomes.</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 five residents with wounds including skin tears and lesions. There is access to a wound nurse specialist if required.</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, bowel charts, pain, behaviour charts, 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 service.</p>	<p>FA</p>	<p>The service employs a registered diversional therapist (DT) Monday to Thursday and an activity assistant, four days a week (includes Friday). The activity team provide individual and group activities that meets the abilities and preferences of the residents. The programme starts later in the morning to allow for the longer buffet breakfast time. Residents are kept informed of activities happening and visits and one-on-one time is spent with residents who prefer to stay in their rooms. Activities include (but not limited to); newspaper reading, health walks, word games, housie, target bowls, exercises, crafts, choir practice and high teas. Rest home residents in studio apartments attend (as desired) the activities in the rest home. Many residents are independent and encouraged to maintain their former links with the community. There are many community visitors involved in the activity programme including entertainers, pre-school children who visit for “mat time” and songs with the residents, fortnightly church services and inter-home cup challenges with other rest homes. There are weekly an outings and other outings to local table bowls, concerts, RSA ladies’ functions, cafés and lunches, friendship groups and other events in the community such as Kaiapoi “Mother’s Day”.</p> <p>A diversional therapy resident profile is completed on admission. Individual activity plans were seen in long-term 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 committee meetings (with one representative from each lane) and resident meetings. Residents and relatives interviewed were satisfied with all on-site and community activities.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a</p>	<p>FA</p>	<p>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 for four of the six files reviewed. One resident had not been at the service six months and one resident was respite care. Written evaluations reviewed identified if the resident goals had been met or unmet. Family are invited</p>

<p>comprehensive and timely manner.</p>		<p>to attend the care plan review and informed of any changes if unable to attend. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Referral to other health and disability services is evident in the resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets for chemicals are readily accessible for staff. Chemicals are stored in locked areas throughout the facility. There is a chemical dispenser for the refilling of bottles. All bottles have manufacturer labels. The chemical provider monitors the use of chemicals and provides training. Personal protective clothing is available for staff and seen to be worn by staff when carrying out their duties on the day of audit.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building has a current building warrant of fitness that expires 1 June 2019. The maintenance person covers three Arvida facilities in the area and on call for urgent matters. He has completed a site safety certificate since being employed 10 months ago and is on the health and safety committee. He is on-site at Bainswood Mondays and Fridays and available at other times as required. A maintenance book is used for repairs and maintenance on request. Essential contractors are available 24 hours. There is a monthly planned maintenance schedule that includes environmental maintenance and resident related equipment. Electrical equipment has been tested and tagged and resident related equipment has been calibrated annually. Hot water temperatures in resident areas are monitored monthly and have been maintained below</p>

		<p>45 degrees Celsius.</p> <p>The facility has wide corridors and sufficient space for residents to safely mobilise using mobility aids. There is safe access to the outdoor areas and gardens. Residents have been involved in the replanting of gardens. Seating and shade is provided.</p> <p>The caregivers and senior RN stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>All resident rooms in the rest home have either a shared toilet or full ensuite. All bedrooms have hand basins. The 14 studio apartments certified for rest home level of care all have a full ensuite. Ensuite toilets and shower facilities are of an appropriate design to meet the needs of the residents. There are communal shower facilities located near the bedrooms without a shower. There are privacy locks in place. There is a disabled toilet near the lounge with privacy locks. Residents interviewed confirmed care staff respect the resident's privacy when attending to their personal cares.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>There are 25 resident rooms, which includes one double room. All rooms are currently single occupancy. There is adequate room to safely manoeuvre using mobility aids. Residents and families are encouraged to personalise bedrooms. A tour of the facility evidenced personalised rooms including the residents own furnishing and adornments.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age</p>	FA	<p>The rest home has a large dining room and lounge with double sliding doors to close off the rooms as needed. The doors from the main lounge open out onto a courtyard and gardens. The rest home residents in studio apartments choose to dine in their rooms or the main dining room. There is a library area and seating alcoves appropriately placed within the facility. All communal areas are accessible to residents. Care staff assist to transfer residents to communal areas for dining and activities as required.</p>

appropriate, and accessible areas to meet 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 are policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. There are dedicated laundry staff and cleaners on duty seven days a week. The laundry and cleaning staff have completed chemical safety training and laundry processes. The laundry has an entry and exit door. The sluice area is located within the laundry. There is appropriate personal protective wear readily available.</p> <p>The cleaner's trolley is stored in the laundry when not in use. Cleaning schedules are maintained, and staff use colour coded cleaning cloths and mops for specific areas. Internal audits and the chemical provider monitor the effectiveness of the cleaning and laundry processes. Residents and staff are satisfied with laundry and cleaning services.</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>There are emergency and disaster management plans in place to ensure health, civil defence and other emergencies are included. Emergency/disaster training last occurred in July 2017. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 12 October 2011. Six monthly fire evacuation practice documentation was sighted, with the last fire evacuation drill occurring on 21 February 2018. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility.</p> <p>There is adequate water stored in the serviced apartment cylinders and from the regional reticulated water supply. There is adequate food supply, gas cooking (BBQ and gas hobs in the kitchen) and civil defence equipment available in the event of an emergency. The provider has an arrangement to hire a generator if required. Short-term backup power for emergency lighting is in place. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. The two RNs also hold a current first aid certificate. There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided</p>	FA	<p>Residents were provided with adequate natural light and safe ventilation. Wall heaters are used in the communal areas. A heat pump has been installed in the dining room for heating and ventilation. Resident rooms have ceiling heating that is controlled within the resident room. The residents and family interviewed confirmed temperatures were comfortable.</p>

with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.		
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The senior RN is the infection control coordinator with responsibility of overseeing infection control management for the facility. There is a job description outlining defined responsibilities of the role. The infection control coordinator reports monthly to the combined quality/infection control/health and safety. The infection control programme is reviewed annually by the committee last in February 2018.</p> <p>Visitors are asked not to visit if they are unwell. Hand sanitisers were appropriately placed throughout the facility. Residents and staff are offered the annual influenza vaccine.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control coordinator has attended external infection control education in April 2018 and on-site education with an external speaker (microbiologist) for all staff and management. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The infection control coordinator and infection control committee have good support from the Arvida Group head office, the infection control nurse specialist at the DHB, laboratory technician, GPs and public health.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are</p>	FA	<p>There are infection control policies and procedures appropriate to for the size and complexity of the service. The Arvida group infection control policies manual outlines a comprehensive range of policies, standards and guidelines and includes responsibilities of the infection control team and training and education of staff. The policies have been reviewed at head office.</p>

implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred annually and includes hand hygiene competencies and wound competencies (care staff). Infection prevention and control is part of the staff orientation process and ongoing annually.</p> <p>Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>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 against organisational key performance indicators. Committee meeting minutes and monthly infection analysis is displayed on the staff noticeboard. There has been one norovirus outbreak in August 2017. There is documented evidence of relevant authorities notified. Case logs were sighted. There has been an evaluation, staff debrief and education around outbreak management.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>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. At the time of the audit there were no residents with restraints or using an enabler. The service continues to remain a restraint-free environment. Restraint minimisation is overseen by a restraint coordinator. Staff education on restraint minimisation and management of challenging behaviour has been provided in January 2018.</p>

## Specific results for criterion where corrective actions are required

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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.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.