

Bainlea House (2013) Limited - Bainlea House

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 BSI Group New Zealand Ltd, 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: Bainlea House (2013) Limited

Premises audited: Bainlea House

Services audited: Dementia care

Dates of audit: Start date: 3 May 2021 End date: 3 May 2021

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 19

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

Bainlea House is part of the Arvida Group. The service is certified to provide dementia level care for up to 27 residents. On the day of the audit, there were 19 residents at Bainlea House.

This certification audit was conducted against the relevant Health and Disability Services Standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with relatives, staff and management.

The facility is managed by an experienced village manager who has been in the role for six years. She is supported by an experienced dementia care clinical manager who has been in the role since 2019.

The Arvida quality system is implemented.

This certification audit did not identify any areas for improvement.

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 Bainlea House 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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Bainlea House has a current business plan and quality and risk management plan that outlines goals for the year. Meetings are held to discuss quality and risk management processes. An internal audit programme identifies corrective actions and areas for improvement which have been implemented. Family meetings are held regularly, and relatives are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents are collated monthly and reported at facility meetings. Falls prevention strategies are in place that includes the analysis of falls incidents. There is an annual education and training programme in place. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. 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.

A comprehensive information booklet is available for residents/families at entry which includes information on the service philosophy, services provided and information about the secure dementia unit. Initial assessments are completed by a registered nurse, including interRAI assessments. The registered nurses complete care plans and evaluations.

Electronic care plans reviewed were based on the interRAI outcomes and other assessments. They were clearly written, and caregivers report they are easy to follow. Families interviewed confirmed they were involved in the care planning and review process. There is at least a three-monthly resident review by the medical practitioner.

There is a group activity programme and individual activity plans have also been developed in consultation with resident/family. The activity programme includes meaningful activities that meet the recreational needs and preferences of the residents.

Medicines are stored and managed appropriately in line with legislation and guidelines. General practitioners review residents at least three-monthly or more frequently if needed.

At Bainlea House, meals are prepared at another Arvida site and delivered. Resident's individual food preferences, dislikes and dietary requirements are met. Nutritional snacks are available over a 24-hour period in all areas.

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.

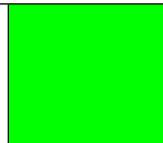
There is a current warrant of fitness. All rooms have hand basin facilities, and there is a combination of full ensuite rooms and toilet ensuite rooms. There are plenty of communal toilets and bathrooms. Residents personalise their rooms.

There is sufficient space to allow for the movement of residents using mobility aids. There is a spacious lounge and dining area. There is a safe, accessible and secure outdoor area for the dementia residents. Cleaning and maintenance staff are providing appropriate services. Staff have planned and implemented strategies for emergency management.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including COVID-19. There is always a staff member on duty with a current first aid certificate. The internal areas are able to be ventilated and heated.

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.

Bainlea House has restraint minimisation and safe practice policies and procedures in place. Staff receive training around restraint minimisation and the management of challenging behaviour. There were no residents using an enabler or with a restraint.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

The infection control programme is implemented and meets the needs of the services and provides information and resources to inform the service providers. 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 facility. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner. There have been no outbreaks since the previous audit.

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	45	0	0	0	0	0
Criteria	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)
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 Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure is implemented. Discussions with eight care staff, including six wellness partners (caregivers), one registered nurse (RN) and one wellness leader confirmed their familiarity with the Code. The Code is discussed at family/whānau and staff 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</p>	FA	<p>The service has in place a policy for informed consent and resuscitation and is committed to meeting the requirements of the Code of Health and Disability Services Consumers Rights. The residents' files sampled evidenced each resident had a designated EPOA and it had been enacted. The EPOA signs written consents. EPOA documents are kept on the resident's file. There is evidence of discussion with family, when the GP has completed a clinically indicated not for resuscitation order.</p> <p>Discussions with caregivers, and the clinical manager confirmed that they were familiar with the requirements to obtain informed consent for personal care and entering rooms. Discussion with relatives confirmed that the service</p>

to make informed choices and give informed consent.		actively involves them in decisions that affect their relative's lives.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	A policy describes access to advocacy services. Staff receive training on advocacy. Information about accessing advocacy services information is available at the entrance. 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 informed they are aware of advocacy and how to access an advocate.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	The service has open visiting hours. Family are actively encouraged to visit as observed on the day of audit. Relatives interviewed stated they could visit at any time and staff made them feel welcome when they visited.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	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 through the information pack. Complaint forms are available. Staff interviewed are aware of the complaints process and to whom they should direct complaints. There is a complaints' register in the electronic system. There were no complaints made in 2020 and one recent complaint received in 2021 year-to-date. The complaint reviewed is being currently investigated by the Arvida general manager wellness and care. Relatives interviewed advised that they are aware of the complaints procedure and how to access forms.
Standard 1.1.2: Consumer Rights	FA	There are posters of the Code on display throughout the facility and leaflets are available at reception. The information pack for new residents/families on entry includes information about the Code, complaints procedure and

<p>During Service Delivery</p> <p>Consumers are informed of their rights.</p>		<p>services provided including the safe environment for dementia residents. On entry to the service, the village manager or clinical manager discusses the information pack with the resident and the family/whānau. Discussion with seven family members (three by telephone) confirm the service discussed the Code with them.</p>
<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>	<p>FA</p>	<p>The service has policies that align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were observed respecting resident's privacy and could describe how they manage maintaining privacy and respect of the resident's personal property. Families interviewed confirmed they were treated with respect at all times. Personal belongings were not used for communal use. Staff receive training on abuse and neglect.</p> <p>Families interviewed confirmed they were treated with respect at all times. Personal belongings were not used for communal use.</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>	<p>FA</p>	<p>The service has established cultural policies to help meet the cultural needs of its residents. Discussions with staff confirmed their understanding of the different cultural needs of residents and their whānau. At the time of the audit there were no residents at Bainlea House that identified as Māori. The service has links with local Māori community members who provide advice and guidance on cultural matters.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture,</p>	<p>FA</p>	<p>The service has established cultural policies aimed at helping meet the cultural needs of its residents. Family members interviewed state the resident's individual culture, beliefs and values are met. Regular church services are held. Information gathered during assessment included residents' cultural beliefs and values in consultation with the family/whānau. Staff receive training on cultural safety/awareness.</p>

<p>Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	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. Job descriptions include responsibilities of the position, ethics, advocacy and legal issues. The orientation and employee agreement provided to staff on induction includes standards of conduct.</p>
<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 reference checks, the requirement to attend orientation and ongoing in-service training. There are clear ethical and professional standards and boundaries within job descriptions. The village manager and clinical manager attend external training sessions appropriate for their positions. Services are provided at the facility that adhere to the Health & Disability Services Standards. There is an implemented quality improvement programme that includes performance monitoring.</p> <p>Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the village manager and clinical manager. Care staff are also involved in resident activities. Families interviewed spoke positively about the care and support provided. Bainlea House is still embedding the Arvida Attitude of Living Well through the household model. The household model focuses on the relationship between the care team and the resident using the five pillars (eating well, moving well, resting well, thinking well, and engaging well).</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate</p>	FA	<p>There is an open disclosure policy. Incident forms are entered into the eCase system which generates a monthly report and evidence if the family have been informed of an accident/incident. Twelve incident forms reviewed for February and March 2021 identified family were notified following a resident incident. Relatives confirmed that they are notified of any changes in their family member's health status. Progress notes confirm discussions with family</p>

<p>effectively with consumers and provide an environment conducive to effective communication.</p>		<p>members. 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>	<p>FA</p>	<p>Bainlea House is part of the Arvida Group. The service is certified to provide dementia level care for up to 27 residents. There were 19 residents on the day of audit. All residents were admitted under the aged related residential care (ARRC) contract.</p> <p>The facility is managed by an experienced village manager who has been in the role for six years. The village manager oversees two Arvida facilities, Bainlea House (dementia care) and Bainswood on Victoria (rest home and hospital). The village manager is non-clinical and is on-site at Bainlea House as required. She is supported by an experienced dementia care clinical manager who has been in the role since 2019. The clinical manager also provides clinical oversight for the two facilities (Bainlea House and Bainswood on Victoria). The clinical manager is at Bainlea House every Wednesday. There is a senior RN on duty from Tuesday to Saturday.</p> <p>The village manager provides a monthly report to the Arvida Group Support Office on a variety of operational issues and progress towards meeting the service quality goals. There is also a monthly Arvida leadership zoom meeting. Arvida Group has an overall business/strategic plan. Bainlea House and Bainswood on Victoria have a business plan 2020/2021 and a quality and risk management plan.</p> <p>The village manager and clinical manager have completed in excess of eight hours of professional development in the past 12 months.</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</p>	<p>FA</p>	<p>In the absence of the village manager, the clinical manager is in charge. Support is provided by the head of wellness operations, the general manager wellness and care and the care staff.</p>

consumers.		
<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 quality plan that includes quality goals and risk management plans for Bainlea House. A quality coordinator is contracted for 16 hours per month to oversee and monitor contractual and standards compliance across the three local Arvida facilities (Bainlea House, Bainswood on Victoria and Bainswood House). The site-specific service's policies are reviewed at least every two years across the group. Arvida support office updates new/amended policies via the intranet. The village manager advised that she is responsible for providing oversight of the quality programme across both sites, which is also monitored at an organisational level. Data is collected in relation to a variety of quality activities (staff and resident accident/incidents, hazards, near misses, infection control, complaints and compliments and audit outcomes). Areas of non-compliance identified through quality activities are actioned for improvement.</p> <p>Some meetings are combined between the two sites (Bainlea House and Bainswood on Victoria). There are bi-monthly leadership/risk management meetings where operational management is discussed including review of quality goals, organisational key performance indicators, trends and concerns and audit outcomes. Other meetings include staff meeting, RN/clinical meeting, health and safety committee meeting and family/whānau meeting. Meeting minutes are made available to staff. Interviews with staff confirmed that there is discussion about quality data at the various staff meetings. An internal audit schedule continues to be implemented and all issues identified had corrective action plans and resolutions. The clinical manager completes internal audits for Bainlea House. The quality coordinator completes an internal audit programme report that is discussed at the bi-monthly leadership/risk management meeting. Residents/relatives are surveyed annually to gather feedback on the service provided. The overall service result for the 2020 satisfaction survey demonstrated an increase from the 2019 results for clinical care, first impressions, safety/security, activities, cleaning and food/meals. Corrective actions have been established around laundry and community spaces (a new sensory room has been introduced to allow families to sit with their relative. Relatives interviewed stated they were happy with the services provided at Bainlea House. The service has a health and safety management system and policies that are regularly reviewed by the health and safety committee. The health and safety committee meet monthly and is open to all staff to attend. Risk management, hazard control and emergency policies and procedures are in place. There is a up to date hazard register in place, last reviewed in March 2021. Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse,</p>	FA	<p>There is an incident management policy. All incidents are entered into the eCase system. The clinical manager investigates accidents and near misses and provides a detailed monthly analysis and trends of incident/accidents. There is a discussion of incidents/accidents at health and safety and staff meetings, including actions to minimise recurrence. The RN or clinical manager conducts clinical follow-up of residents. Twelve incident forms reviewed demonstrated that all appropriate clinical follow-up and investigation had occurred following incidents. Appropriate</p>

<p>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>care and support have been provided by caregivers and RNs post incident, including neurological observations completed in incidents for any unwitnessed falls.</p> <p>Discussions with the village manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There were no section 31 notifications completed since the last audit. There have been no outbreaks.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resource management policies in place. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. Five staff files were reviewed (one RN, two caregivers, one wellness leader and one cleaner). There is evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident. 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. Completed orientation, competencies and training were on files. The in-service education programme for 2020 has been completed and the plan for 2021 is being implemented. The Arvida online training programme (Altura) is available for all staff.</p> <p>Discussions with the caregivers and RNs confirmed that online training is readily available. More than eight hours of staff development or in-service education has been provided annually. Competencies completed by staff included medication, insulin, wound care, manual handling, hand hygiene, and restraint. Dementia education is provided, and staff are provided an opportunity to attend "walking in another's shoes" training. Sixteen of seventeen caregivers who work in the dementia care facility have completed the required dementia standards. One caregiver is in progress of completing the required dementia standards and has commenced work in the last 6 months. There is one RN excluding the clinical manager. The RN is interRAI trained.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled</p>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. The village manager and the clinical manager work full-time between the two Arvida facilities (Bainlea House and Bainswood on Victoria). The clinical manager and RN share the on-call 24/7 requirement. Staff also access the RN at Bainswood on Victoria for phone advice and authorisation of 'as required' medications.</p> <p>The service has 27 dementia care beds, at the time of the audit there were 19 residents. The clinical manager is at Bainlea House every Wednesday. There is a senior RN on duty from Tuesday to Saturday 8.00am to 4.30pm. A level four caregiver (medication competent) is on duty on Sunday and Monday and is supported by the clinical manager. There are three caregivers on the morning shift (two x 7.00am to 3.00pm) and one x 7.00am to 1.00pm).</p>

<p>and/or experienced service providers.</p>		<p>There are three caregivers on the afternoon shift (two x 2.45pm to 11.15pm and one x 3.00pm to 10.00pm). There are two caregivers on night shift.</p> <p>There is a wellness leader (DT) who works Tuesday to Saturday from 8.00am to 4.00pm and a housekeeper from 8.30am to 2.30pm daily.</p> <p>There is a kitchen hand from 7.00am to 1.00pm and 4.30pm to 7.00pm daily.</p> <p>Staff and family interviewed advised that there is sufficient staff on duty to provide the care and support required.</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>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' electronic files are protected from unauthorised access by password. Other residents or members of the public cannot view sensitive resident information. Entries in the electronic records are dated and identify 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. Information packs are provided for families and residents prior to admission and include specific information around secure dementia care. Admission agreements were reviewed and aligned with all contractual requirements. Exclusions from the service are included in the admission agreement. Admission agreements for long-term residents had been signed within the required timeframe.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or</p>	<p>FA</p>	<p>Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There are 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 are involved for all exit or discharges to</p>

<p>Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>		<p>and from the service.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Medications were stored safely in a secure medication room. Staff who administer medications (RN and senior caregivers) have been assessed for competency on an annual basis. Education around safe medication administration has been provided. A medication round observed evidenced good practice. The RN checks incoming medication packs against the electronic medication chart and signed off on the electronic medication chart. All medications were within the expiry dates. Eyedrops and sprays were dated on opening. Medication fridge and room temperatures have been monitored and recorded daily. As this is a dementia unit there are no residents self-medicating.</p> <p>Ten medication charts were reviewed on the electronic medication system. All GP prescribing met legislative requirements. The GP has reviewed the medication charts three-monthly. There are photographs, and allergy status identified on the medication charts. The effectiveness of 'as required' medications are recorded in the electronic medication system. Medication instructions included the best way to administer medication to individual residents (such as crushed, with yoghurt, on a spoon- as examples). There was minimal use of as needed sedation / antipsychotic medication. Where 'as required' medication had been administered, the reason and outcome was documented in progress notes.</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>The service receives meals from the central/commercial kitchen at Bainswood on Victoria. The service transports the light lunch and evening main meal in a food safety box to Bainlea House in a designated vehicle. The service employs a morning kitchen assistant from 0700 to 1330 to prepare breakfasts, do baking for morning and afternoon tea and serve the midday meals. There is an afternoon kitchen assistant from 1600 to 1900 to serve the evening meal and supper and complete cleaning duties.</p> <p>All staff have completed food safety hygiene and chemical safety. The residents' individual food, fluids and nutritional needs are met. Dislikes, food allergies and cultural requirements are accommodated. Specialised utensils and lip plates are available to assist residents with independence at mealtimes. Drinks and snacks are available at all times and staff were observed offering drinks and snacks as well as assisting residents with their meals.</p> <p>The chiller, fridge and freezer temperatures are taken and recorded daily. End-cooked food temperatures and</p>

		<p>serving temperatures are taken and recorded at each meal. The kitchen was observed to be clean, and all aspects of food procurement, production, preparation, storage, delivery and disposal complied with current legislation and guidelines with the Food Control Plan in place (expiring 30 June 2021).</p> <p>Relatives interviewed were very happy with the meals.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>There is an admission policy. The reasons for declining entry would be if the service is unable to provide the care required or there are no beds available. Management communicates directly with the 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>	FA	<p>The RN completes an initial assessment (in the electronic resident management system) on admission, including applicable risk assessment tools. Resident needs and supports are identified through the ongoing assessment process in consultation with the family and significant others. The long-term care plans in place reflected the outcome of the assessments including the interRAI assessment.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and</p>	FA	<p>The electronic initial care plan and ongoing assessments populates the long-term care plan which is updated by the RN within three weeks of admission. Resident care plans reviewed were resident focused and individualised. All identified support needs as assessed, were included in the care plans for all resident files reviewed. The outcomes of interRAI assessments link with the long-term care plan supports and interventions. Care plans evidenced family/whānau involvement in the care plan process. Relatives interviewed confirmed they were notified of an upcoming case review and were involved in the care planning process. Resident files demonstrated service</p>

<p>promote continuity of service delivery.</p>		<p>integration. There was evidence of allied health care professionals involved in the care of the resident including the GP, physiotherapist, dietitian and mental health for older persons.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>When a resident's condition alters, the registered nurse initiates a GP consultation. There was evidence that family members were notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications.</p> <p>On the day of audit staff were observed interacting with residents and joining in activities.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. There were no residents with a wound on the days of audit. The service has 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 occurs for weight, vital signs, blood glucose, pain, re-positioning, neurological observations food and fluid intake, bowel monitoring and behaviours of concern.</p> <p>Long-term care plans are updated for any changes in health status.</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>As part of the Arvida philosophy of care activities are led by a wellness leader in association with the caregivers (also called wellness partners). There is one activity coordinator (wellness partner) who provides activities over six days a week in association with caregivers and family volunteers. The activities person is a level four caregiver.</p> <p>The activity programme is published monthly and reflects meaningful activities such as (but not limited to), new paper reading, van outings music and exercises. Additional activities include themed events, the hair dresser, drawing, painting and colouring in. There is a two weekly cooked breakfast, all residents eagerly participate.</p> <p>The activity person described how activities change on a day-to-day basis depending on what the residents want, as the plan is used as a guide only.</p> <p>An activity assessment and activity plan are completed on admission in consultation with the family as appropriate and include a 24-hour activity plan. Activity plans in all files were evaluated six-monthly at the same time as the care plan at the MDT meetings with the family member.</p> <p>Families are able to provide feedback and suggestions for the programme through meetings, surveys and one-on-</p>

		<p>one feedback. Families interviewed on the day of audit commented positively on the activity programme.</p> <p>The service has a philosophy that includes a resident focus around, moving well, thinking well, and engaging well. During 2020 the service saw an opportunity to improve resident's wellbeing following a review of resident feedback. The service includes a cohort of resident who were described by the GP as 'the higher acuity end of dementia care' The service established a sensory room with an aim of providing a calming space, while giving the residents a supported opportunity to interact with their senses, enhance individual socialisation and reduce stimuli to behaviours that challenge.</p> <p>Since the creation of the sensory room the service has a reported lowering in behaviours that challenge. Staff interviewed (and observation of the day of audit) described a cosy room where resident felt comfortable. Staff said they felt at ease providing one on one interaction with residents in the room.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Long-term care plans have been evaluated at least six-monthly or earlier for any health changes against the resident goals.</p> <p>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, care plan and case conference report and it was evident that changes have been made to care plans as a result of evaluations. Family are invited to the case conference meetings and if unable to attend are informed of changes to the care plan. The care staff are asked for input into the evaluation of the care plan. There was evidence that the wider team (GP, mental health for older people, dietitian) have been involved in the care conferences.</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</p>	FA	<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. Residents requiring a higher level of care are referred to the needs assessment service for re-assessment.</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>

consumer choice/needs.		
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons and goggles are available, and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout both facilities. Safety datasheets are available.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building has a current building warrant of fitness, expiring 20 June 2021. There is a maintenance person employed to address the reactive and planned maintenance programme. All medical and electrical equipment was recently serviced and/or calibrated. Hot water temperatures are monitored and managed within 43-45 degrees Celsius.</p> <p>All rooms are single rooms. There are adequate communal toilets and showers close to the bedrooms and toilets are also located close to the dining room and lounge.</p> <p>The service has wide corridors and spacious rooms to allow for easy access and movement and promotes independence for residents with mobility aids. Handrails are appropriately placed in the corridors and communal areas. There are areas that allow for wandering.</p> <p>The exterior has been well maintained with a secure garden, outdoor shaded seating, lawn and gardens.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are</p>	FA	<p>There are an adequate number of toilets and shower/bathing areas for residents and separate toilets for staff and visitors at Bainlea House. All bedrooms are single with their own hand basins and some rooms have a toilet or a full ensuite. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p>

<p>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>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>All bedrooms are of an adequate size, appropriate to the level of care provided. The bedrooms allow for the resident to move about the room independently with the use of mobility aids. Residents and their families are encouraged to personalise the bedrooms as viewed. Relatives interviewed confirm their bedrooms are spacious and they can personalise them as desired.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>At Bainlea House, there is one main lounge, one main dining area and one small sunroom lounge. The lounges have seating placed appropriately to allow for group and individual activities to occur. Residents are observed safely moving between the communal areas with the use of their mobility aids.</p>

<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>There are dedicated cleaning staff that have access to a range of chemicals, cleaning equipment and protective clothing. The standard of cleanliness is monitored through the internal audit programme. Relatives interviewed were satisfied with the standard of cleanliness in the facility.</p> <p>At Bainlea House, the laundry is completed by the caregivers on-site who advised they have sufficient time to complete the laundry over the 24-hour period. Families interviewed were satisfied with the laundry service.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Fire evacuation practice documentation was sighted with six monthly fire evacuation drills. There is an approved fire evacuation scheme. A contracted service provides checking of all facility equipment including fire equipment. Fire training, emergency evacuation and security situations are part of orientation of new staff and ongoing training. Emergency equipment is available. Civil defence boxes are available (sighted). The staff stated that they have spare blankets and alternative cooking methods if required. There is sufficient water stored to ensure for three litres per day, for three days per resident. First aid training has been provided for staff and there is at least one staff member on duty at all times with a first aid certificate. There are call bells in all communal areas, toilets, bathrooms and residents' rooms. The facility is secure. Security policies and procedures are documented and implemented by staff. Visitors and contractors sign in when visiting the facility.</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>	<p>FA</p>	<p>There are ceiling heaters that can be altered in each resident's room, hallways and communal areas. The temperature can be adjusted to suit individual resident temperature preference. Rooms are well ventilated, and windows provide natural light. Facility temperatures are monitored, and the relatives interviewed advised the temperature was comfortable.</p>

<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>Bainlea House implements the Arvida infection control programme. The infection control programme has been reviewed for 2020. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system. The clinical manager is the infection control coordinator for the service. The infection control coordinator has support from all staff including the GP. Internal audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. Monthly infection control statistics are reported to monthly meetings and to the Arvida leadership group. There is an Arvida pandemic plan.</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>	<p>FA</p>	<p>There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC coordinator has good external support from the GP and clinical specialists at the DHB. Infection prevention and control is part of staff orientation. Hand washing facilities are available throughout the facility and hand sanitiser is freely available. The service has outbreak kits which include all equipment . PPE and instructions.</p> <p>The service maintains a large supply of PPE. There is a comprehensive covid management plan to ensure all staff are aware of procedures. The service undertook a post covid review after the most recent lock down and implemented changes where the service noted any shortfalls or areas for improvement.</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</p>	<p>FA</p>	<p>There are infection control policies and procedures appropriate for the size and complexity of the service. Policies are developed at support office and reviewed on a regular basis and up dated as needed.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes the infection control programme, responsibilities and oversight, training, and education of staff.</p>

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.		
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	The infection control coordinator is responsible for coordinating/providing education and training to staff and has completed on line training and is booked for the DHB training in infection control. Infection control education has been provided in the past year. Staff receive education on orientation and one-on-one training as required. Information is provided to residents and visitors that is appropriate to their needs.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	Infection surveillance is an integral part of the infection control programme and is described in the Arvida infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at quality meetings. If there is an emergent issue, it is acted upon in a timely manner. There have been no out breaks since the previous audit.
Standard 2.1.1: Restraint	FA	The service has documented systems in place to ensure the use of restraint is actively minimised. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.2. There

minimisation Services demonstrate that the use of restraint is actively minimised.		were no residents with restraints or using an enabler at the time of the audit. Staff education on restraint minimisation and management of challenging behaviour has been provided.
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

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.