

# 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 Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard 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: 13 October 2022	End date: 14 October 2022
<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>	35	



# 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 sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. 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 subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections 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 subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections 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 subsections applicable to this service unattained and of moderate or high risk

## General overview of the audit

Bainswood House Rest Home is owned by Rangiora Lifecare Limited. The service provides rest home level of care for up to 40 residents. On the day of the audit there were 35 residents, including 10 residents receiving rest home care in the serviced apartments. The residents commented positively on the care and services provided at Bainswood House Rest Home.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora – Health New Zealand Waitaha Canterbury. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, and staff.

The care home manager is an experienced registered nurse who has been in the position for 11 years. She is supported by a senior registered nurse and quality coordinator. There is a team of long-standing care staff. The management team are also supported by the company director from Rangiora Lifecare Limited.

This audit identified the service meets the intent of the standard.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Residents receive services in a manner that considers their dignity, privacy, and independence. Bainswood House provides services and support to people in a way that is inclusive and respects their identity and their experiences. There is a Māori and Pacific health plan in place that encompasses the needs of Māori and Pasifika. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented. Complaints and concerns are actively managed and well documented.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The business quality and risk management plan includes a mission statement and operational objectives. The service has quality and risk management systems documented in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Collation of data were all documented as taking place as scheduled, with corrective actions as indicated. A health and safety programme is implemented. Hazards are identified and managed. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme is implemented, and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The service's policies and procedures provide documented guidelines for access and entry to the service. All residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for all assessments, care planning, and evaluation of service delivery plans. Care plans are individualised and based on the residents' assessed needs and basic routines. Interventions developed are appropriate and evaluated within the recommended timeframes. The ongoing evaluation process ensures that assessments reflect the residents' status.

The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with nominated family member representatives, including all residents' activities of interest. In interviews, residents and family/whānau expressed satisfaction with how activities are conducted at the service and the activities programme in place.

There is a medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration have current medication competencies. Medications are stored securely.

The food service provides for specific dietary likes and dislikes of the residents. A current food control plan is in place. Nutritional requirements are met. Residents interviewed were happy with the food services.

All referrals and transfers are coordinated in collaboration between the service, the resident, and relatives.

## Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

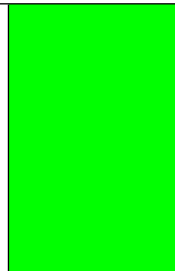


Subsections applicable to this service fully attained.

The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflect cultural preferences. External areas are safe and well maintained with shade and seating available. Fixtures, fittings, and flooring are appropriate, and toilets and shower facilities are constructed for ease of cleaning and conveniently located. Systems and supplies are in place for essential, emergency and security services. Testing, tagging, and calibration is completed as required. There is a current building warrant of fitness. Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system responded to in a timely manner. Hazards are identified with appropriate interventions implemented. Security is maintained.

## Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.



Subsections applicable to this service fully attained.

The implemented infection prevention and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention coordinator leads the programme. Specialist infection prevention advice is accessed when

needed. Staff demonstrated a good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There have been two infection outbreaks reported since the last audit that were managed effectively. There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service. Cleaning and laundry processes are monitored for effectiveness.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is the senior registered nurse. There are no restraints used at Bainswood House. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.



## Summary of attainment

The following table summarises the number of subsections 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)
Subsection	0	27	0	0	0	0	0
Criteria	0	159	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)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori and Pacific health plan and ethnicity awareness policy is in place. This policy acknowledges Te Tiriti o Waitangi as a founding document for Aotearoa New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori. During the admission process all residents state their ethnicity. Individual cultural beliefs are documented in each resident’s care plan and activities plan. At the time of the audit, there were no residents or staff who identified as Māori. Plans are underway to promote a Māori workforce. The care home manager described encouraging applicants who identify as Māori and supporting all applicants through the employment processes. The ethnicity awareness policy states that the service acknowledges the need to employ staff representative of the ethnic groupings of their residents to better meet their cultural needs.</p> <p>All residents (where able) and family/whānau are involved in providing input into the resident’s care planning, their activities, their cultural and dietary needs. This was confirmed in interviews with six</p>

		<p>residents and five family/whānau interviews. Thirteen staff interviewed (one quality coordinator, two registered nurses (RN), five caregivers, one activities coordinator, one cook, one housekeeper, one laundry and one maintenance person) described how care and services are based on the resident's individual values and beliefs.</p> <p>The service has a relationship in place with Tuahiwi Marae, who are available to provide any cultural advice and support as needed. The service has a whānau room where family/whānau are able to stay and use if needed.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>A Māori and Pacific health plan and ethnicity awareness policy is in place which includes achieving equity and efficient provision of health and disability services for Pacific peoples. During the admission process all residents state their ethnicity. Individual cultural beliefs are documented in each resident's care plan and activities plan. At the time of the audit there were no residents who identified as Pasifika. The service can access the Ministry of Health Pacific Health and Disability Action Plan for any cultural advice or support.</p> <p>The care home manager described how they would encourage and support any staff that identified as Pasifika through the employment process as described in the ethnicity awareness policy. At the time of the audit there were staff who identified as Pasifika. The service is in the process of forming a partnership with a Pasifika organisation or individual who identifies as Pasifika, to provide any cultural advice or guidance to ensure achieving equity and efficient provision of care for any Pacific residents.</p> <p>Interviews with staff and documentation reviewed identified that the service puts people using the services, family/whānau, and communities at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p>	FA	<p>Interviews and documentation confirmed service delivery is focused on the health, wellbeing, and cultural needs of its residents. Staff could describe client rights as per the Health and Disability Commissioner (HDC) Code of Health and Disability Services</p>

<p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>Consumers' Rights (the Code). Copies of the Code are given to all residents on admission and family/whānau. The Code is displayed in poster form in English and Māori in communal areas. Interviews with residents and family confirmed they understand the Code and know about their rights. Access to interpreters is available if required.</p> <p>The Nationwide Health and Disability Advocacy Service pamphlets are contained in the information pack provided and are accessible. Interviews with residents and family and observations during the audit demonstrated they are provided with adequate information and that communication is open. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana Motuhake through its Māori health plan and staff could describe how they would fully support the values and beliefs of any Māori residents. The residents and relatives felt they were encouraged to recognise Māori mana motuhake. Interactions observed between staff and residents were respectful.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers and RNs interviewed described how they support residents to choose what they want to do. Residents and family/whānau interviewed reported that during the assessment and planning processes they have opportunities to share what is important to them as part of that process. They also reported that staff respond in an affirming way to their identity expression and gave examples of staff supporting residents. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>Residents and family/whānau also stated that staff treat them with respect and dignity and support them in their right to be as independent as possible. Staff were observed to knock on residents' doors before entering, and speak to residents in a tone, and manner that is respectful. The annual training plan demonstrates training that</p>

		<p>is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Satisfaction surveys were last completed in September 2022 and confirmed that residents and families/whānau are treated with respect (92%).</p> <p>All staff address residents by their given name or preferred name. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are available and attended. A spirituality and counselling policy is in place. Spirituality staff training occurred in 2022. Management encourages staff to use te reo Māori and to use te reo Māori signs in a selection of locations throughout the facility. All staff completed cultural diversity training in 2022 through Altura.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The services current abuse and neglect policy is being implemented. Bainswood House policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The service's staff code of conduct and house rules are discussed during the new employee's induction. Staff complete education in orientation and annually around elder abuse which includes how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. Residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful. Family/whānau interviewed confirmed that the care provided to their family/whānau member is outstanding.</p> <p>Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of the orientation process. The service's abuse and neglect policy identify discrimination and exploitation and includes resident's finances and personal belongings. The service promotes a strengths-based holistic model of care to ensure wellbeing outcomes for all residents as evidenced in policy and care plans. Staff completed abuse and</p>

		neglect training in 2022 through Altura.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>The service has a current open disclosure policy and procedure. Communications between staff and residents take place in a range of formats. Residents and family/whānau interviewed reported that they receive communications that are effective, transparent, open and happen in ways that are useful for residents and meets their personal needs. Residents and family/whānau reported feeling valued and listened to, and that staff are friendly and warm in their interactions, with communications allowing sufficient time to make decisions. Family/whānau also reported that communications with staff are warm, clear, and effective. Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Information is available to residents and relatives in other languages including te reo.</p> <p>Staff reported the service communicates with other agencies that are involved with residents' care, as relevant. Communications were noted in the resident files. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English. They are supported by staff who speak their language. English is the main language used in the service. Staff are aware that they can access interpreters for sign language if this is required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p>	FA	<p>There are policies around informed consent. Six resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the</p>

<p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files, where required.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, on a complaint register. There have been no complaints received from external agencies since the previous audit. There has been one complaint made since the last audit. The complaint was recent, and documentation including an acknowledgement letter and follow-up meeting has occurred in accordance with guidelines set by the Health and Disability Commissioner (HDC). The care home manager interviewed could describe the management of complaints including expected timeframes of acknowledging the complaint, investigation, documentation and maintaining communication with the complainant.</p> <p>Complaints and compliments are an agenda item on meeting minutes sighted. Discussions with residents and family/whānau confirmed they were provided with information on complaints. Complaints forms are available at the entrance to the facility and in the resident and family/whānau information packs. Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori and English. The service uses their best efforts to verify that Māori and whānau understand their rights.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p>	<p>FA</p>	<p>Bainswood House Rest Home was purchased by Rangiora Lifecare Limited in December 2021. 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 35 residents in total: 25 residents in</p>

<p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>the rest home including two residents on respite and 10 rest home level residents in the serviced apartments. All residents are under the age-related residential care (ARRC) contract. Two other facilities in Rangiora, Bainswood on Victoria and Bainslea House are also owned by the Rangiora Lifecare Limited.</p> <p>The care home manager is an experienced enrolled nurse who has been in the position for 11 years. She is supported by a senior RN who has been at Bainswood House for eight years. There is also a quality coordinator (present on the day of the audit) who works two days per month at each of the three Rangiora Lifecare Limited facilities. There is a team of long-standing care staff. The management team are supported by the company director from Rangiora Lifecare Limited. The care home manager and senior RN report at the meetings with an overview of adverse events, health and safety, staffing, infection control and all aspects of the quality and risk management plan. Critical and significant events are reported monthly to the company director.</p> <p>There are five directors on the Board at Rangiora Lifecare Limited. None of the directors on the Board identify as Māori or Pasifika. The managing director has 15 years' experience in aged care at management and a governance level. There are three founding documents that provide the framework within which the board of directors operate being -company constitution, shareholder agreement and delegated authority policy.</p> <p>The executive director makes regular 1-2 monthly visits to Bainswood House. In addition there is a weekly call with the on-site management team and executive director to discuss operational issues. On a monthly basis the executive director received copies of the quality and health &amp; safety minutes. The directors completed education in cultural safety, Te Tiriti o Waitangi and understand the principles of equity. The service is working towards accessing Māori representation at a governance level.</p> <p>Rangiora Lifecare Limited has an overall business/strategic plan. The plan references commitment to the Ministry of Health's New Zealand Health Strategy. The organisation has a philosophy of care, which includes a vision and mission statement. Bainswood House has a business plan for 2022-2024. The business plan is regularly</p>
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		<p>reviewed. The company director meets with the site managers at Bainswood House, Bainswood on Victoria and Bainslea House weekly online and visits the facilities on a monthly basis. Meetings and satisfaction surveys are held for residents and relatives to have input into service provision.</p> <p>The service is working towards identifying and minimising barriers and assist with identifying solutions to achieve equity and improve outcomes for residents who identify as Māori and Pasifika, as well as residents with disabilities. Bainswood House is holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community, as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha. This is documented in the ethnicity awareness policy.</p> <p>The care home manager and senior RN have attended at least eight hours of professional development that relates to managing a rest home. There is a clinical advisor to the board and management who ensures current best practice across the organisation.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Bainswood House has a quality and risk management plan that is documented to guide practice. The care home manager, senior RN and quality coordinator are responsible for providing oversight of the quality and risk management programme on site, which is also monitored at organisational level. The quality and risk management programme is designed to monitor contractual and standards compliance. This includes: management of incidents; complaints; internal and external audit programme; restraint; resident and family satisfaction surveys; monitoring of outcomes; infection surveillance; and clinical incidents and accidents. Relevant corrective actions are developed and implemented to address any shortfalls. Interviews with staff confirmed that there is discussion about quality data at various staff meetings, including the infection control, health and safety committee, staff, and RN meetings. An internal audit schedule was being implemented for 2022 year to date. Areas of non-compliance are identified through quality activities and are actioned for any areas requiring improvement.</p>

		<p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by the external consultant and have been updated to meet the 2021 Standard. New policies or changes to policy are communicated to staff.</p> <p>Staff have completed online cultural diversity training.</p> <p>In interviews conducted, staff confirmed that they have access to policies and procedures as required. Resident/family/whānau satisfaction surveys are completed annually (last completed in September 2022) with evidence of this sighted. The survey results reviewed showed positive responses to care, communication, privacy, dignity, and respect. Results are analysed and utilised to make service improvements where required. A corrective action plan was being implemented at the time of the audit.</p> <p>The service has a health and safety management system that is regularly reviewed. Health and safety goals are established and regularly reviewed at the monthly leadership and risk management 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 identification forms and an up-to-date hazard register are in place. Resident/family meetings occur every two months.</p> <p>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. Staff document any adverse events and/or any near miss events. A sample of 12 incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Family/whānau members were informed where necessary.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one norovirus and one influenza outbreak in June 2002 which was notified to the Public Health unit.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Bainswood House 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. The care home manager and senior RN each work 40 hours per week from Monday to Friday. The senior RN is available on call after-hours for any clinical issues, during her absence the RN from Bainswood on Victoria is available. The care home manager is on call for any operational related issues. There are dedicated activities, housekeeping, and laundry staff. Interviews with staff, residents and family member confirmed there are sufficient staff to meet the needs of residents.</p> <p>At the time of the audit of the service, there were 35 residents in total: 25 residents in the rest home and 10 rest home residents in the certified serviced apartments. There are two RNs on duty on the morning shift. The senior RN works Monday to Friday from 7.00 am to 3.30 pm and the other RN works Tuesday to Saturday from 7.00 am to 3.30 pm. A senior caregiver works on Sunday from 7.00 am to 3.30 pm.</p> <p>The RNs are supported by three caregivers on the morning shift: one from 7.00 am to 3.30 pm and two from 7.00 am to 1.00 pm.</p> <p>The afternoon shift has two caregivers: one from 3.00 pm to 11.00 pm and one from 1.00 pm to 9.00 pm.</p> <p>There are two caregivers (one senior caregiver) on the nightshift from 10.45 pm to 7.15 am.</p> <p>In the serviced apartments, there is one caregiver on duty from 8.45 am to 12.00 midday and one caregiver from 4.30 pm to 11.00 pm.</p> <p>One of the senior caregivers in the rest home supervise the rest home level care residents in the serviced apartments on the night shift. There is always a minimum of one care staff trained in first aid on duty.</p> <p>An activities coordinator works Monday to Friday from 9.00 am to 4.30 pm, one laundry person from 8.30 am to 3.30 pm (seven days a week) and a cleaner across seven days. The in-service education</p>
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		<p>programme for 2021 has been completed and the plan for 2022 is being implemented. Discussions with the caregivers and RNs confirmed that in-house training through Altura (online) is available. The care home manager and RNs are able to attend external training, including sessions provided by Te Whatu Ora Waitaha Canterbury. 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.</p> <p>All staff are required to completed competency assessments as part of their orientation. All caregivers are required to complete annual competencies for: restraint; hand hygiene; correct use of personal protective equipment (PPE); medication administration (if medication competent); abuse and neglect; manual handling; Code of Rights; and privacy. There are two RNs; the senior RN has completed interRAI training and the other RN is in training. Out of a total of eighteen caregivers, eight staff have completed their level 4-unit standards qualifications, six have completed their level three qualifications, three have completed level two qualifications and one is at level one. Sharing of relevant information including quality data occurs at facility meetings including staff meetings. This information includes Māori health information where applicable. Support systems promote health care and support worker wellbeing, and a positive work environment was confirmed in staff interviews. The staff interviewed all agreed there was a good culture of teamwork within the staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and</p>	FA	<p>There are human resource management policies in place. The recruitment and staff selection process requires relevant checks to be completed to validate the individual's qualifications, experience, and veracity. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Six staff files were reviewed (one care home manager, one RN, three caregivers and one activities coordinator). There is evidence that reference checks were completed before employment was offered. Annual staff appraisals</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>were evident in all staff files reviewed.</p> <p>Both the registered nurses and enrolled nurse have current practising certificates. A file of allied health professional practising certificates is held to include the general practitioner (GP), nurse practitioner (NP), dietitian, pharmacist, physiotherapist, and podiatrist.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The service demonstrated that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential. Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy. Electronic information (e.g., policies and procedures, quality reports, meeting minutes) are backed-up and password protected. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely including staff signatures, designation, and dates. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a</p>	<p>FA</p>	<p>The documented entry criteria have been communicated to people, family/whānau, and where appropriate, to local communities and referral agencies. The admission agreement and service brochure have accurate information about the services provided and costs of accessing services. Family/whānau and residents are provided with written information about the service and the admission process.</p> <p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and</p>

<p>person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>Service Coordination (NASC). Signed admission agreements and consent forms were available in the records reviewed. Family members interviewed stated they were satisfied with the admission process and the information that was made available to them on admission.</p> <p>The service would only refuse entry if they are not able to provide the level of care required. If a resident is declined admission, the resident and family/whānau are informed of the reason for the decline and of other options or alternative services if required. The service maintains a record of enquiries and the residents declined entries, but not ethnicity of declined residents. The service has links with iwi and Māori organisations.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Six resident files were reviewed, including one respite resident's file. The RNs are responsible for conducting all assessments and for the development of care plans. There is evidence of whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes. The service had no residents who identified as Māori at the time of audit. The care home manager and RNs were able to discuss how they would support Māori residents and whānau to identify their own pae ora outcomes as part of care planning.</p> <p>The service uses a range of assessment tools in order to formulate an initial support plan, completed within 24 hours of admission. The assessments include falls, pressure area, skin, mini nutritional, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan.</p> <p>Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timescales for all residents. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. InterRAI assessments</p>

	<p>sampled had been reviewed six-monthly. The general practitioner (GP) reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations have been undertaken by the RNs as required. Short-term care plans are documented as needed. The nurse practitioner (NP) records their notes in the integrated resident file.</p> <p>All residents had been assessed by the GP or NP within five working days of admission. The NP service visits weekly and also provides out of hours cover. Residents are also seen by their own GP as needed. Both the NP and the GP praised the service, the clinical care, and the communication.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans.</p> <p>Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage are included in policy. The service utilises a physiotherapist as required, and a podiatrist visits regularly. Specialist services including dietitian, wound care and continence specialist nurse are available as required.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written each shift by caregivers. The RNs further add to the progress notes if there are any incidents or changes in health status.</p> <p>Family members interviewed reported the needs and expectations regarding their whānau were being met. When a resident's condition alters, the staff alert the RNs who then initiate a review with a NP or GP. Family have been notified of all changes to health including infections, accident/incidents, NP/GP visits, medication changes and any changes to health status.</p> <p>The service has comprehensive wound assessments which include photographs showing wound progress. A wound register and wound management plans are documented for the three minor wounds logged. There is access to the wound nurse specialist if required. Care staff interviewed stated there are adequate clinical supplies and</p>
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		<p>equipment provided including wound care supplies. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Caregivers and the RNs complete monitoring charts including vital signs, weight, food and fluid chart, blood sugar levels, and behaviour as required. Neurological observations are completed for unwitnessed falls, or where there is a head injury as per policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme is led by an activity coordinator. The activity coordinator has been in the role for eight years and is in the process of completing a diversional therapy qualification. She is involved with the Diversional Therapy Society and links to the local diversional therapy group in Christchurch.</p> <p>Activities are provided by the activity coordinator over five days a week. Saturdays and Sundays have caregivers facilitating activities that have been pre-prepared by the activity person. A monthly activities calendar is posted on the noticeboards located in each area and daily activities are published on a whiteboard. The activity coordinator also reminds residents on a daily basis around activities. Families are also kept informed of activities and upcoming events.</p> <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities and includes physical, cognitive, creative, and social activities. Residents who do not participate regularly in the group activities, are visited for one-on-one sessions. All interactions observed on the day of the audit evidenced engagement between residents and the activities staff/caregivers. The service provides a range of activities including exercises, crafts, happy hour, and bowls as examples. Residents enjoy weekly van trips to the community and some residents walk into the close town centre.</p> <p>Community visitors include entertainers, visits from other rest home residents, and local churches. Themed days such as Matariki, Waitangi, and Anzac Day are celebrated with appropriate resources available. The use of te reo Māori for everyday use is encouraged.</p>



		<p>Families/whānau and residents interviewed spoke positively of the activity programme. Residents stated that they have input into activities planned with the activity's coordinator changing activities if the residents ask. The resident survey (September 2022) evidenced that activities, choices, and respecting culture all scores over 80%.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. The RNs have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The RNs and caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' PRN medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication trolley in the secure nurse's office. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the GP/NP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. Standing orders are not used and no vaccines are kept on site. Three self-medicating residents all had a documented competency and a secure area to store their medications. A senior caregiver or the RN checks that medications have been taken according to the prescription each shift.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The</p>

		RN interviewed described working in partnership with residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The chef oversees the food service, and all meals are cooked on site by a contracted service. There is a seasonal menu, which has been reviewed by a dietitian. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by RNs. The kitchen is able to meet the needs of residents who require special diets. Meals are served directly from the kitchen to the dining room and a covered tray service is available for those residents preferring to eat in their rooms. Breakfast can be in the residents' room or buffet style in the dining room. Residents were observed enjoying breakfast from the buffet, staff were available to assist as needed. Lip plates and modified utensils are available as required. Supplements are provided to residents with identified weight loss issues. There is a food control plan in place, expiring January 2023. Kitchen staff are trained in safe food handling.</p> <p>Staff were observed to be wearing correct personal protective clothing. End cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers.</p> <p>Family/whānau meetings, and one to one interaction with care staff in the dining room allows the opportunity for feedback on the meals and food services generally. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa and the chef is able to provide meals specific to Māori and Pasifika residents as needed. The chef has access to a cultural adviser as needed through the contractor's organisation. Residents and family/whānau members interviewed indicated satisfaction with the food.</p>
Subsection 3.6: Transition, transfer, and discharge	FA	Planned exits, discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of

<p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>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 families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services, social support or kaupapa Māori agencies, where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current building warrant of fitness which expires 1 June 2023. There is a maintenance person available on site and as required. There are essential trades available after hours. There is a process for staff to request maintenance as needed. There is an annual maintenance plan that includes electrical testing and tagging, residents' equipment checks, call bell checks, calibration of medical equipment and testing of hot water temperatures. Testing and tagging of electrical equipment have been completed and medical equipment, hoists and scales are next due for checking and calibration in September 2023. Caregivers interviewed stated they have adequate equipment. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>All resident rooms in the rest home have either a shared toilet or full ensuite. All bedrooms have hand basins. The 14 serviced 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 mobility toilet near the lounge with privacy locks. Signage is in English and te reo Māori. Residents interviewed confirmed care staff respect the resident's privacy when attending to their personal cares. Should the service plan to change the environment, management inform that they will ensure consultation and co-design of the environments, to ensure that they reflect the</p>

		aspirations and identity of Māori.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies, including the pandemic plan, outlines specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. The plan includes procedures to guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (dated 17 October 2011). A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness, with the last drill taking place 26 May 2022. An emergency management plan provides clear instructions for staff. In the event of a power outage there is back-up power available and gas cooking (BBQ and gas cooking in the kitchen).</p> <p>Civil defence supplies are stored in an identified cupboard which are reviewed six-monthly. A hire generator is available from a nearby supplier. There are adequate water supplies in the event of an emergency, including 2310 litres in ceiling tanks to provide residents and staff with over the required three litres per day for a minimum of three days. A minimum of one person trained in first aid is available at all times. Call bells are in resident rooms and communal areas (e.g., toilets, showers), which are both audible and show on visual display panels located throughout the facility. The building is secure out of hours with a bell to summon assistance from staff. Staff perform a security round in the evening to lock the facility internally and externally.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring</p>	FA	<p>The service's senior RN oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control and antimicrobial stewardship programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system and is included as part of the overall quality plan.</p>

<p>the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>The infection control programme is reviewed annually by the senior RN and infection control audits are conducted. Infection data is presented and discussed at health and safety meetings. Infection control is part of the strategic and quality plans and is reported at leadership meetings. The service also has access to an infection prevention clinical nurse specialist from Te Whatu Ora – Waitaha Canterbury. The Board is notified of all outbreaks.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and all staff and 95% of residents are fully vaccinated against Covid-19.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection control coordinator is an RN and has completed training for the role. The infection control coordinator links into infection control meetings with Te Whatu Ora – Waitaha Canterbury and is a member of the infection control nurses group. During Covid-19 lockdown there were regular zoom meetings with Te Whatu Ora – Waitaha Canterbury which provided a forum for discussion and support related to the Covid response framework for aged residential care services. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There is good external support from the NP, laboratory, and Te Whatu Ora – Waitaha Canterbury infection control nurse specialist. There are outbreak kits readily available and a personal protective equipment cupboard and storeroom. There are supplies of extra personal protective equipment (PPE) as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed by the operations manager in consultation with an external consultant. Policies are available to staff. Caregivers and nurses ensure that their interactions with patients are safe from the infection prevention standpoint through handwashing and the use of aseptic techniques.</p> <p>There are policies and procedures in place around reusable and</p>

		<p>single use equipment and items which are closely followed. All shared equipment is appropriately disinfected between use. The service is actively working towards infection prevention and control policies acknowledging the importance of te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti o Waitangi. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service has included the new criteria in their cleaning and environmental audits to safely assess and evidence that these procedures are carried out. The infection control coordinator has input into the procurement of medical supplies. Infection control input into any new buildings or significant changes would involve the infection control coordinator, operations manager, and directors.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. Staff, residents, and families were informed of any changes by noticeboards, handovers, newsletters, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily care.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the health and safety meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's infection control</p>

<p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Infection control surveillance is discussed at health and safety meetings. The service is incorporating ethnicity data into surveillance methods. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>There has been concurrent outbreaks of norovirus and influenza (June 2022) which were appropriately managed and Public Health notified.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Safety datasheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice area with eye protection available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <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 sluice area is located within the laundry. There is appropriate personal protective wear readily available. The linen cupboards were well stocked.</p> <p>Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. The care staff interviewed were knowledgeable around the systems and processes.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The service's restraint minimisation policies and procedures include definitions and processes of restraint. Bainswood House led by the care home manager and senior RN are committed to providing services to residents without use of restraint. The directors are committed to supporting the management team on eliminating any restraint use. A restraint committee has been formed which meets six-monthly. At the time of the audit there were no restraints being used in the facility. The senior RN (restraint coordinator) interviewed described the focus on maintaining a restraint-free environment. Staff training is in place around restraint minimisations and the management of challenging behaviours, last completed in September 2022.</p>



## Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our 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 subsections, individual criterion within a subsection 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 subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our 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.