

Bainfield Park Residential Care Limited - Bainfield Park Residential Home

Introduction

This report records the results of a Surveillance 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:

Legal entity:	Bainfield Park Residential Care Limited
Premises audited:	Bainfield Park Residential Home
Services audited:	Residential disability services - Intellectual; Rest home care (excluding dementia care); Residential disability services - Physical; Residential disability services – Sensory
Dates of audit:	Start date: 20 March 2023 End date: 20 March 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	48

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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 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

Bainfield Park provides residential services for people with physical, intellectual, and sensory disabilities and residents requiring rest home level care for up to 57 residents. There were 48 residents and one boarder on the day of the audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Te Whatu Ora Health New Zealand – Southern. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, staff, the owners, manager, and the general practitioner.

The service is managed by an appropriately qualified and experienced general manager who is new to the service. There are quality systems and processes being implemented.

The previous shortfalls around the health and safety documentation, hot water temperatures, medication management, and holding of first aid certificates by care assistants in outings have been resolved.

This audit identified shortfalls relating to medication management.

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.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information packs given to new or potential residents and family/whānau. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner. There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent.

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 general manager provides oversight and support with the clinical nurse manager. The business plan includes mission, vision, and values statements with goals documented. These are reviewed annually.

The service has an effective and organisation-wide quality and risk management programme in place with systems that meet the needs of residents and their staff. Internal audits, staff and resident meetings, and collation of data were all documented as taking place as scheduled, with corrective actions completed and improvements to service noted.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme and regular staff education and training is in place. The service has a relatively low turnover of staff.

Ngā huarahi ki te ora | 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The service promotes equity of access to their facility through a documented entry and decline process. Residents and family/whānau interviewed expressed satisfaction with all areas of care delivery, including the activities programme and communication with them and their families/whānau. Rest home residents have interRAI assessments. Resident plans are individualised, goal orientated, up to date and reflect current service delivery requirements for each resident. Input from both the residents and family/whānau is evident in all areas of service delivery.

There are a range of planned activities to meet the residents' assessed needs and abilities and their personal goals. There is significant community engagement evident. Residents have the opportunity to participate in te ao Māori.

There is an implemented an electronic medication management system. There are medication management policies that direct staff in terms of their responsibilities in each stage of medication management. Competencies are completed.

Residents' nutritional needs are assessed on admission and individual dietary needs, including allergies, are identified and accommodated.

Resident transfers include collaboration with residents, families/whānau, and the receiving service.

Te aro ki te tangata me te taiao haumarū | 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 building has a current warrant of fitness which expires on 3 February 2024 and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of a fire or external disaster. Visitors and staff are clearly identifiable.

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.

There is a pandemic plan which includes Covid -19 management in place. Adequate supplies of personal protective equipment were sighted, and staff were knowledgeable around outbreak management procedures. Staff were observed to be practicing in a culturally safe manner in relation to infection control and had a good understanding of this. Surveillance data is undertaken, analysed, and reported appropriately.

There have been three outbreaks since the previous audit which were well managed.

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.

The service aims to achieve a restraint-free environment. This is supported by the Board, general manager, policies, and procedures. There was one resident using restraint at the time of audit. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses 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	19	0	0	1	0	0
Criteria	0	56	0	1	1	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

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>	FA	<p>The service supports increasing Māori capacity by employing more Māori staff members. The chairman of the Board and the general manager (GM) confirmed that the service supports a Māori workforce with the facility having staff identifying as Māori (or having whānau connections) at the time of the audit. The management team described encouraging applicants who identify as Māori and supporting all applicants through the employment processes. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role.</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</p>	Not Applicable	<p>The service has a Pacific peoples' culture and ethnicity awareness policy that commits to providing appropriate and equitable care for residents who identify as Pasifika specifically. Further to this, is a Diversity, Equity and Inclusiveness policy which provides information about being culturally safe. The organisation has links with Pacific providers to support care for residents who identify as Pasifika. Cultural</p>

<p>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>		<p>safety training has been provided to staff and further training is planned for the staff and Board in May 2023. The service has no residents who identify as Pasifika and some Pacific staff. The organisation is working towards the development of a Pacific health plan and policy which will ensure cultural safety for Pacific peoples .</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> <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>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Discussions relating to the Code are held during the six-monthly care plan review meetings and as part of the resident meetings.</p> <p>Five residents (two rest home, two physical disability one intellectual disability) were interviewed on the day of audit. All stated that they had been informed about The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and felt that their rights were upheld. Interactions observed on the days of audit between staff and residents were respectful. Enduring power of attorney (EPOA)/family/whānau/or representatives of choice are consulted in the assessment process to determine residents' wishes and support when required. The service is guided by the cultural policies and training sessions that outline cultural responsiveness to residents' who identify as Māori.</p> <p>Māori independence (mana motuhake) is recognised by staff through the cultural training programmes. The general and clinical nurse manager (CNM) stated Māori residents would be welcome as and when the opportunity arose, in alignment with the mission statement.</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>	FA	<p>Interviews with staff and management confirmed their understanding of tikanga best practice, with examples provided in relation to their role. Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand this language.</p> <p>Cultural training is included in the orientation programme for new staff. The staff noticeboards contain information on Māori tikanga practice. Staff interviewed (one activities coordinator, one cook, seven care assistants, one registered nurse, the general manager, the clinical</p>

		nurse manager and the Board Chair) demonstrated understanding of tikanga best practice in relation to their roles with examples provided. The management and staff work in partnership with residents (including tāngata whaikaha) and family/whānau to ensure residents who choose to, have the opportunity to participate in te ao Māori.
<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>	FA	<p>A staff code of conduct is discussed which includes prevention of any form of discrimination, coercion or harassment/bullying or any other form of exploitation during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. All staff are held responsible for creating a positive, inclusive and a safe working environment, including an awareness and safeguards against institutional and systemic racism.</p> <p>Residents interviewed expressed that they have not witnessed any abuse or neglect, they are treated fairly, and they feel safe and protected. There are monitoring systems in place, including (but not limited to) residents' survey and residents' meetings.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents including Māori. At the time of the audit, there were Māori residents. A section of the electronic care plans reviewed captures Māori health and cultural information for each resident. The care plans reviewed evidenced a resident centred approach.</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> <p>As service providers: We provide people using our services or</p>	FA	<p>Policies are in place around informed consent. The service follows the appropriate best practice tikanga guidelines in relation to consent. Residents and three family/whānau interviewed (two physical disabilities, one intellectual disability) could describe what informed consent was and knew the residents/family/whānau had the right to choose. There was evidence in the resident files reviewed that residents and family/whānau are involved in decision making and care planning processes.</p>

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>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>	FA	<p>The complaints procedure is an equitable process, provided to all residents and family/whānau on entry to the service. The GM maintains a record of all complaints, both verbal and written in a complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There have been no complaints in 2023 year to date, and three lodged in 2022 since the previous certification audit.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are located in a visible location at the entrance to the facility. Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including the resident meetings which family/whānau are welcome to attend.</p> <p>Interviews with the chairman of the Board and GM confirmed their understanding of the complaints process. Staff interviewed confirmed that they receive training on the complaints process, relative to their job role and responsibilities and in accordance with the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose.</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>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in</p>	FA	<p>Bainfield Park has a documented mission statement, philosophy and values that is focused on the provision of quality care where residents' independence is encouraged, and individual needs identified and met in order to enhance each resident's quality of life. The philosophy is about providing needs-based care. The business plan for 2022 provided specific aims, and ambitions to be achieved with this reviewed on an</p>

<p>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>annual basis.</p> <p>The service is certified to provide residential disabilities- intellectual, physical and sensory, and rest home level care for up to 57 residents. There are 16 rest home beds; four dedicated mental health beds funded by Te Whatu Ora- Southern and 37 residential disability beds funded by the Ministry of Health.</p> <p>On the day of the audit there were 48 residents: 7 rest home residents, 5 long term support- chronic health conditions LTS-CHC, 20 residents with intellectual disabilities, 9 with physical disabilities, 3 with Accident Compensation Corporation Contracts and 4 with a mental health contract. There was one long-term boarder and no residents with sensory disabilities.</p> <p>The service is in the process of building an extension of 10 resident bedrooms as part of a refurbishment plan. This was not included as part of this audit.</p> <p>The newly appointed general manager started in February 2023, and is supported by an experienced CNM (RN), who has been in the role for fifteen years. Both the general manager (in their previous role) and the CNM have completed more than eight hours of training related to managing a facility; this has included attendance at New Zealand Aged Care Association training days for managers and the New Zealand Infection Prevention and Control Conference. The general manager is able to contact the chairman of the Board at any time and stated that they are extremely responsive. Cultural training is accessible and available for all managers. Interviews with the chairman of the Board and general manager confirmed they are committed to supporting their Māori health plan. The chairman of the Board is able to collaborate with mana whenua through members of the Board in business planning and service development to improve outcomes and achieve equity for Māori; to ensure tāngata whaikaha have meaningful representation, and to identify and address barriers for residents to provide equitable service delivery. The service provides support for people with disabilities as part of the care provided and as per care plans.</p> <p>Education records and interviews with the chairman of the Board and the general manager confirmed staff have undertaken cultural safety and that further Tiriti o Waitangi training is planned as part of their</p>
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		commitment to support their Māori health plan.
<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>	FA	<p>Bainfield Park implements the organisation's established quality and risk management programme that is directed by the organisational framework. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation. A programme of internal audits and a process for identifying and addressing corrective actions is part of the quality management system.</p> <p>Internal audits and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. These were being consistently communicated to staff at monthly staff meetings, which provides an avenue for discussions in relation to: key performance indicators; quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. The GM, CNM and all staff interviewed stated that there had been good communication around data and other information through informal meetings, memos, emails, and staff meetings.</p> <p>The service surveys permanent and respite residents and family/whānau annually. Reports from the 2022 survey showed that residents and family/whānau were satisfied with the services offered. Results were similar in 2021. Corrective actions planned from surveys related to food and laundry were discussed at resident meetings.</p> <p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, as evidenced in the ten reports reviewed. Incident and accident data is collated monthly and analysed for trends. Results are discussed at the meetings. A health and safety system is in place with identified health and safety goals. Hazard identification forms, held in the staffroom, and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored through the staff meetings. Staff stated that they are kept informed on health and safety. Contractors' complete inductions and complete an acknowledgement they are aware of Bainfield Park's health and safety policies. The previous shortfall (HDSS:2008 criteria 1.2.3.9) has been addressed.</p> <p>Discussions with the management team evidenced awareness of their</p>

		<p>requirement to notify relevant authorities in relation to essential notifications. A Section 31 notification had been submitted regarding a change in management earlier in the year. There have been two Covid-19 outbreaks in 2022 with external authorities notified.</p> <p>The education planner includes training in cultural safety to ensure staff provide a high quality of care for Māori.</p> <p>The service is working towards improving health equity through critical analysis of organisational practices.</p>
<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>	FA	<p>There is a staffing policy and staff contingency shortfall plan that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The GM, CNM, registered and enrolled nurses, caregivers, and a selection of other staff hold current first aid certificates.</p> <p>Interviews with the registered nurses and staff confirmed that overall staffing is adequate to meet the needs of the residents. The CNM is available Monday to Friday each week and shares on call with a senior registered nurse. The CNM is trained to complete interRAI assessments. The clinical manager is supported by a RN rostered on morning shifts (seven days per week) in the Matai Wing. Further to this, the afternoon shifts in the Matai Wing has a rostered RN/EN. The other wing has a shift leader who is an EN or a level four carer on morning shift and afternoon shifts.</p> <p>Training is delivered from a mix of face to face and online training programmes. Training has been provided around caring for the specific types of conditions relevant to the current resident group. All training is focussed on the needs of the resident group which is largely younger people with disabilities. Training is provided for their specific care needs such as promoting community connections and consent. Cultural competencies are being completed as part of the training programme for RN/ENs and care assistants. Further to this, the service's cultural advisor is completing training with staff, Board, and management in May 2023. Medication competencies are completed by staff. A record of completion is maintained in each staff members files. The caregivers are encouraged to obtain a New Zealand Qualification Authority</p>

		<p>(NZQA) qualification (Careerforce). There are seven staff with a level four NZQA certificate in health and wellbeing with a further four currently completing this. There are four with level three NZQA Certificate in Health and Wellbeing.</p> <p>Training for the registered nurses is available through Te Whatu Ora – Southern in-services and online training. The GM encourages staff to attend monthly staff meetings. Feedback through surveys and quality data discussed at meetings ensure health information, including Māori health information, is shared with staff.</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace, including: manual handling; hoist training; chemical safety; emergency management, including (six-monthly) fire drills; and personal protective equipment (PPE) training. The staff have had extensive training around Covid - 19 policies and protocols.</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 culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, police vetting and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and updated at prescribed timeframes. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment to Māori and other ethnic groups.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is identified and collated.</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 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>	FA	<p>There are policies and procedures in place to guide management around admission and declining processes, including required documentation. The general manager (GM) keeps records of how many prospective residents and family/whānau who have been referred to the service, admissions and declined referrals. There have been two declined referrals since the previous audit, and these included ethnicity data.</p> <p>The service identifies links to Te Whatu Ora - Southern Health He hauora, he kuru pounamu Māori health services and has a relationship with Nga Kete Matauranga Pounamu Charitable Trust to benefit Māori individuals and whānau. This service provides access to traditional Māori traditional treatments and therapies.</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>	FA	<p>Six resident clinical files were reviewed: one rest home, one age related mental health, two intellectual disability and two physical disabilities. The care plans are developed by the CNM and RNs and document resident and family/whānau input (where appropriate). All residents admitted to the facility have a completed pre-entry risk assessment completed and on file.</p> <p>The care plans reviewed show at least six-monthly RN care plan evaluations. Care plans are updated as required and after every three-monthly general practitioner (GP) visit, to reflect ongoing changes as part of the review process. Allied health professionals (eg, the mental health team, wound care specialist) who are involved in the resident's care are linked to the care plan review. Activities assessments, plans and goals are reviewed six-monthly. A wound register is maintained. On the day of the audit there were two wounds (a skin tear and an abrasion) as well as two stage II pressure injuries and one unstageable pressure injury (there was a Section 31 sent). All wounds had assessments, plans and evaluations for each wound.</p> <p>Aged care: In the resident files sampled (one rest home level and one long-term chronic health condition) an interRAI assessment has been</p>

		<p>completed which aligns with the care plan. InterRAI reassessments are undertaken six-monthly when each resident file is reviewed.</p> <p>Care plans for residents with mental health conditions, and those with residential disabilities either physical and/or intellectual, files reviewed demonstrate strong community links. Comprehensive individualised care plans reflect allied health input and are reviewed at least six-monthly. Care plan evaluation include the resident's progression towards meeting goals.</p> <p>The care plans on the electronic resident management system were resident focused, individualised with goals and were all reviewed three-monthly. Residents interviewed confirmed that they participate in the care planning process and review. Residents and family/whānau interviewed confirmed they participated in care planning and decision making to ensure residents identified individual pae ora outcomes are included. The CNM and RN interviewed described working in partnership with the resident and family/whānau to develop initial and long-term care plans. Assessments overall reflected the resident's needs and supports, and these were documented in the resident's electronic care plans.</p> <p>The service works mainly with one general practitioner (GP) who provides medical services to residents. The majority of the residents attend the GP three-monthly with the CNM. The GP visits three-monthly and as required for those residents who are unable to attend the GP clinic. The GP (interviewed) stated he is notified in a timely manner for any residents with health concerns and was satisfied with the standard of care provided by the facility. Family/whānau are updated after every GP visit (confirmed by family/whānau interviewed). Allied health care professionals involved in the care of the resident included (but were not limited to), physiotherapist, neurologist, occupational therapist, wound nurse specialist, and psychiatrist. The full-time activities coordinator has a bachelor's degree in sport and recreation and works Monday to Friday. The activities coordinator provides exercise classes every day, does individual physical therapy sessions daily to support falls prevention, walker management and upper body strength for residents in wheelchairs. There were no barriers identified that prevent tāngata whaikaha from accessing information or services.</p> <p>Monitoring charts are in place where these are required and these</p>
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		<p>include: turning charts; behaviour monitoring charts; vital signs; and weight. Each event involving a resident reflected a clinical assessment and follow up by the registered nurse and neurological observations were always carried out according to policy.</p> <p>Residents interviewed reported their needs were being met. Family/whānau members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health, as evidenced in the electronic progress notes.</p> <p>The family/ whānau satisfaction survey completed in May 2022 shows a 76% satisfaction rate related to confidence in the nursing care received.</p> <p>The service is working with tāngata whaikaha to ensure tāngata whaikaha and whānau participate in service development.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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>	FA	<p>The majority of residents are in full or part time work. The busiest part of the Bainfield Park day is the evening and weekends. The activities coordinator has completed a level 3 certificate in tikanga, te reo Māori, Māori culture and has a general knowledge of Māori culture. The activities coordinator was able to describe how they incorporate this into the daily activities, including karakia before eating at the cooking club and having someone come in to teach flax craft. The service is actively working with staff to support community initiatives that meet the health needs and aspirations of Māori, by including weaving. The service ensures opportunities are facilitated for Māori residents to participate in te ao Māori.</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>	PA Moderate	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely and securely in medication rooms. The internal audit schedule includes medication management. Registered nurses, enrolled nurses and shift supervisors administer medications, and all have completed medication competencies annually. All medication packs are checked on delivery against the electronic medication charts.</p> <p>Policies and procedures for residents self-administering are in place</p>

		<p>and this includes ensuring residents are competent and have safe storage of the medications. The RNs could describe the processes and assessments to be undertaken should a resident wish to self-administer medications. There were no residents self-administering medications on the day of the audit. The previous shortfall (HDSS:2008 criteria 1.3.12.5) has been addressed.</p> <p>Over-the-counter medications were present that had not been prescribed by the GP. All medication errors are reported and collated with quality data.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. The previous finding (HDSS:2008 criteria 1.3.12.1) has now been resolved. All eye drops sighted in the medication trolleys were dated on opening; however, two eyedrops seen had been opened for longer than a month and were in use. All medications no longer required are returned to pharmacy. There were no expired drugs on site on the day of the audit.</p> <p>Twelve electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified; however, the GP had not reviewed all medication charts three-monthly. Medication charts included “as required” medications; however, not all medications had indications for use documented. Outcomes of ‘as required’ medications were documented in progress notes. The previous shortfall (HDSS:2008 criteria 1.3.12.1) has now been addressed. Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects. Standing orders are not in use.</p> <p>The registered nurses and management described working towards partnership with all residents, including future Māori residents, to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes. There were no barriers identified in relation to residents accessing medications.</p>
Subsection 3.5: Nutrition to support wellbeing	Not	Resident dietary profiles and likes and dislikes are known to kitchen staff and any changes are communicated to the kitchen via the shift

<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>	Applicable	<p>supervisors. The menu is advertised each day and residents let the kitchen know if they would prefer something different.</p> <p>Residents provide feedback on the meals and food services generally at the monthly residents' meeting. Residents interviewed indicated satisfaction with the food service. There is a kitchen in the activities area where residents can bake or cook if they wish or as part of the Cooking Club, which is run by the activities coordinator.</p> <p>The service is working towards providing specific cultural food for Māori residents. The cook advised that they had not received any requests for specific Māori food; however, they would work with residents if they requested this.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <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>	FA	<p>Exit, discharge, or transfer is managed in a planned and coordinated manner as per policy. In the RN interview, it was confirmed that follow-up contact with referral services would be made to ensure they receive the transfer documents and handover. At the time of transition, appropriate information is provided to the person/facility responsible for the ongoing management of the resident. All referrals are recorded in the progress notes. Residents and family/whānau are supported to access or seek referral to other health and/or disability service providers when required or if the need for other non-urgent services is 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</p>	FA	<p>The maintenance policy ensures the interior and exterior of the facility are maintained to a high standard, and all equipment is maintained, serviced and safe. The building has a current warrant of fitness which expires on 3 February 2024. There is a full-time maintenance person, who is available Monday to Friday and on call. There are essential contractors who can be contacted 24 hours a day. Maintenance requests are completed on a form and checked off once completed by the maintenance person.</p> <p>There is a preventative maintenance schedule which is maintained by the maintenance person. The planned maintenance schedule includes electrical testing and tagging, resident's equipment checks, calibrations</p>

of belonging, independence, interaction, and function.		<p>of weigh scales and clinical equipment and testing, which are all current. Weekly hot water tests are completed for resident areas and are below 45degrees Celsius. The previous finding (HDSS:2008 criteria 1.4.2.1) has been addressed.</p> <p>At present there is a new extension being built, as part of a refurbishment plan for resident rooms. There will be no extra beds available as a result of this. The final part of the development is yet to be started and when this occurs, there will be Māori iwi consultation to ensure they reflect aspirations and identity of Māori.</p>
<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>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Fire evacuation drills are held six-monthly. The building is secure after hours and staff complete security checks at night. The front door is set to close from 5 pm until 8 am. There is at least one member of staff with a current first aid certificate on each shift. The previous shortfall (HDSS:2008 criteria 1.4.7.1) has been addressed.</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.</p> <p>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.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A pandemic response which includes the Covid–19 plan, includes site specific procedures. Personal protective equipment (PPE) is ordered, and stock balance is maintained to support any outbreak. Adequate PPE stocks are maintained in a dedicated storage area.</p> <p>The service is working towards involving cultural kaitiaki representation on how te reo Māori can be incorporated into infection control information for Māori residents. The service has a working relationship with Nga Kete, a local Māori GP practice and health hub and the Māori health team at Te Whatu Ora- Southern and accesses information and resources from them. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</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>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on at the monthly staff meeting. This data is monitored and analysed for trends, monthly and annually. The infection control officers (CNM and RN) complete the monthly review, and this is reported to all staff and to the Board. The service is incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>There have been two Covid-19 outbreaks and a gastro outbreak since the previous audit. The outbreaks were documented with evidence of comprehensive management. The infection control officer interviewed described the daily update and debrief meeting that occurred, including an evaluation on what went well, what could have been done better, and discuss any learnings to promote system change and reduce risks.</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>	FA	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with residents and families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the CNM. The coordinator interviewed demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities. At the time of the audit, the facility had one resident with a physical disability utilising restraint (bedrail). Restraint documentation reviewed evidenced the resident and their family/whānau were involved in the review of restraint.</p> <p>The use of restraint is reported in the six-monthly restraint meeting with the GM and carried through to staff meetings. The restraint coordinator interviewed described the focus on restraint minimisation. The GM</p>

		<p>reports restraint used along with other clinical indicators, to the Board.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme. Staff regularly attend education and training in alternatives and the least restrictive methods, safe restraint practice, culturally appropriate interventions, and de-escalation techniques. Those interviewed demonstrated understanding about restraint procedures, risks when using restraint and monitoring requirements. The clinical nurse manager and the GM have a six-monthly restraint meeting. The service is working towards having resident or relatives and Māori representation on the restraint committee.</p>
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Specific results for criterion where corrective actions are required

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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Moderate	<p>The facility has an electronic medication management system. The 12 medication charts reviewed met the requirements, including allergies or ‘no known allergies’ recorded and photograph identification. All eye drops sighted in the medication trolleys were dated on opening; however, two eyedrops seen had been opened for longer than a month and were in use. Electronic medication charts reviewed met prescribing requirements. The GP had reviewed ten of the medication charts three-monthly. Eight medication charts contained ‘as required’ medications that had prescribed indications for use and were administered appropriately, with outcomes documented in progress notes.</p>	<p>i). All eye drops sighted in the medication trolleys were dated on opening but two eyedrops seen had been opened for longer than a month and were in use.</p> <p>ii). Four medication charts contained as required medication that did not have an indication for use.</p> <p>iii). Two medication charts had not been reviewed three-monthly by the GP.</p>	<p>i). Ensure all eye drops are discarded one month after opening.</p> <p>ii). Ensure all as required medication has a documented reason for use.</p> <p>iii). Ensure all medication charts are reviewed three-monthly.</p> <p>90 days</p>
Criterion 3.4.8	PA Low	Over the counter medications were available and in use on the day of the audit; however, not all had been	Over-the-counter medications were present	Ensure all over the counter medications

Over-the-counter medication and supplements shall be considered by the prescriber as part of the person's medication.		reviewed by the GP.	that had not been prescribed by the GP.	have been reviewed and prescribed by the GP. 90 days
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Specific results for criterion where a continuous improvement has been recorded

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, these 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.