

Bainlea House (2013) Limited - Bainlea House

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: Bainlea House (2013) Limited

Premises audited: Bainlea House

Services audited: Dementia care

Dates of audit: Start date: 10 May 2023 End date: 10 May 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: 20

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

Bainlea House is part of Rangiora Lifecare who took ownership of three local care facilities in Rangiora in December 2021.

Bainlea House provides dementia level of care for up to 27 residents. There were 20 residents at the time of the audit.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora New Zealand – Waitaha Canterbury. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, staff, nurse practitioner and management.

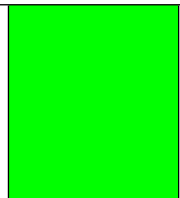
An experienced and appropriately qualified care home manager oversee the day-to-day operations of the facility. The care home manager is supported by a registered nurse, clinical manager, quality coordinator and an industry clinical advisor. Family/whānau interviewed spoke positively about the service provided.

The service continues with environmental upgrades and recently completed a full interior refurbishment of all rooms. A new electronic platform for the management of residents' information and the quality system has been implemented since the last audit.

There were no findings in relation to the previous certification audit.

This surveillance audit identified improvements required around the care plan interventions and implementation of infection prevention.

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.
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The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. The Board and management team are committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner’s Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential family/whānau. A Pacific health plan is documented.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

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.
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The business plan is supported by quality and risk management processes that take a risk-based approach. Internal audits are documented. Systems are in place for monitoring the services and regular reports are provided to the managing director. Services are planned, coordinated and are appropriate to the needs of the residents.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is coordinated and planned for new staff. An education and training plan is implemented. Policies and risk management plans are implemented to ensure safe measures in relation to roster cover.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The registered nurse is responsible for each stage of service provision. The care plans reviewed evidenced assessment, planning and review of residents' needs, outcomes, and goals with family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly.

All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the nurse practitioner.

An activities programme is implemented that meets the needs of the residents. Opportunities are created to facilitate te ao Māori. Residents are supported to maintain links with the community.

Residents' food preferences, dietary and cultural requirements are identified at admission and all meals are cooked at the sister facility.

Transfers and discharges occur in a coordinated manner to provide continuity of care.

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.
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The building has a current building warrant of fitness. The dementia unit is secure with a secure enclosed outdoor area and provides a safe and appropriate environment. There is a maintenance programme in place that includes monitoring of hot water temperatures. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

There is an approved fire evacuation scheme. Fire drills occur six-monthly. Security checks are performed at night.


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.		Some subsections applicable to this service partially attained and of low risk.
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A pandemic plan and outbreak management plan is in place. There are sufficient infection prevention resources including personal protective equipment available and readily accessible to support this plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There were no outbreaks since the previous audit.

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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There are policies documented around restraint. The restraint coordinator is the clinical manager. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. There were no residents using restraint at the time of the audit.

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	20	0	2	0	0	0
Criteria	0	56	0	2	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

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>On interview, the care home manager stated the organisation supports increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at Bainlea House.</p> <p>At the time of the audit, there were staff members who identify as Māori at Bainlea House. Three caregivers interviewed confirmed that the organisation welcomes the appointment of suitably qualified Māori staff. There is a Māori health plan, recruitment policy and the Diversity, Equity and Inclusiveness’ policy includes a commitment to a diverse workforce. Ethnicity data is gathered when staff are employed, and this data is analysed for the Board.</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>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Pacific health plan which is part of the Pacific Peoples Cultural and General Awareness policy. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing</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>		<p>family/whānau, and providing high quality care. The service and organisation have established links with Pacific organisations through their Pacific staff, to assist in the implementation of their Pacific health plan.</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>	<p>FA</p>	<p>Enduring power of attorney (EPOA), family/whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required. Staff have completed cultural training which includes Māori rights and health equity. Māori mana motuhake is recognised for all residents residing in the facility as far as possible, by encouraging residents to make choices around all aspects of their lives, as evidenced in care plans and supported by the Māori health plan.</p> <p>Interviews with staff (three caregivers, one registered nurse [RN], one activities coordinator, the care home manager and consultant quality coordinator) stated that the service's care philosophy is resident and family/whānau centred, as reviewed in the care plans.</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>Bainlea House annual training plan includes training that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi was provided in 2022 to support the provision of culturally inclusive care. The organisation's orientation booklet has a section where the staff member is required to read and understand the principles of Te Tiriti o Waitangi. Māori cultural days are celebrated (including Matariki and Waitangi Day).</p> <p>The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Policies and procedures are updated to ensure that te reo Māori and tikanga practices are incorporated in all activities undertaken. The service responds to residents' needs. Three family/whānau interviewed confirmed the rights of their whānau rights are respected.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Cultural diversity is acknowledged, and staff are educated to look for opportunities to support Māori. The Māori Health Strategy aligns with the vision of Mana Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi, to ensure wellbeing outcomes for Māori are prioritised.</p> <p>Specific cultural values and beliefs are documented in the resident's care plans. The holistic framework of Te Whare Tapa Whā is used in the Māori care plan and is central to Māori model of wellbeing.</p> <p>The Diversity, Equity and Inclusiveness policy documents a goal to understand the impact of institutional, interpersonal, and internalised racism on resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions. The staff survey results for 2022 evidence a good workplace culture and teamwork; this was confirmed during interviews with staff.</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. 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. 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>FA</p>	<p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy links to tikanga guidelines. The Māori health plan is available to guide on cultural responsiveness to Māori perspective of health. The care home manager and registered nurse interviewed demonstrated a good understanding of informed consent processes. Cultural awareness training includes best tikanga guidelines.</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</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. A complaints management policy includes information on access to advocacy and complaint</p>

<p>am taken seriously and receive a timely response. 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. 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>support systems. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, had been addressed promptly. The care home manager is responsible for the management of complaints and provides support to ensure an equitable complaints process. The complaints process links to the advocacy service.</p> <p>A complaints register is being maintained. There were two complaints lodged since the last audit. All but one complaint is documented as resolved to the satisfaction of the complainants. One complaint remains unresolved pending further investigation. Complaints have been resolved within the guidelines provided by the Health and Disability Commissioner (HDC).</p> <p>There was one complaint in January 2023 lodged through Health and Disability Commissioner (HDC) and the facility was assisted by an external consultant in providing a response. The registered nurse interviewed stated a corrective action plan was developed at the time and oral hygiene is a focus during personal cares and grooming. Staff completed education in mouth and oral cares. At the time of the audit, a dentist was visiting the facility and commented on the good mouth hygiene and hydration of the residents. There was no further communication from HDC since then; and the complaint remains open.</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. 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. As service providers: Our governance body is accountable for</p>	<p>FA</p>	<p>Bainlea House is part of Rangiora Lifecare who acquired ownership on 9 December 2021 of the three local care facilities in Rangiora, (Bainswood on Victoria, Bainlea House and Bainswood House).</p> <p>Bainlea House provides dementia level of care for up to 27 residents. There were 20 residents at the time of the audit. All residents were on the aged residential care contract (ARRC).</p> <p>The service refurbished the interior since the last audit. Two rooms were being temporary used for a staffroom and a storeroom.</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>The care home manager oversees the day-to-day operations of the facility and is supported by an experienced registered nurse, clinical manager, quality coordinator and industry clinical advisor to the Board that oversee clinical governance of the facility.</p> <p>The service is governed by a managing director and Board of five directors who regularly review strategic goals (statement of performance). The managing director is an experienced owner of a large number of aged care facilities. The directors have completed cultural competency. The Board is advised by their industry clinical advisor, also their Māori advisor on cultural matters. The care home manager meets weekly with the managing director and reports on key aspects of the service.</p> <p>A business plan (2022-2024) has been developed that includes a mission, vision, values, and measurable goals. The report to the managing director includes health and safety; staffing; infection; ethnicity data; quality trend and analysis; and restraint minimisation. The business plan describes annual goals and objectives that support outcomes to achieve equity for Māori and addressing barriers for Māori.</p> <p>The Māori health plan and business plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Cultural safety is embedded within the documented quality programme and staff training. The service has iwi affiliations and links with Tuahiwī marae. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. Tāngata whaikaha have meaningful representation through quarterly family/whānau meetings and annual satisfaction surveys.</p> <p>The care home manager (non-clinical) has been in the role since September 2022, and is an experienced manager in aged care and other disability services. The clinical manager has been in the role for more than nine years.</p> <p>The care home manager and clinical manager completed at least eight hours (in the last year) of professional development activities related to managing an aged care facility. Other training completed</p>
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		includes New Zealand Aged Care Association (NZACA) manager forums and training days, Mauri Ora training and workshops related to COVID-19 preparedness.
<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>Bainlea House has a documented quality and risk management programme. A quality coordinator is contracted for 16 hours per month to oversee and monitor contractual and standards compliance across the three local facilities (Bainswood on Victoria, Bainlea House and Bainswood House). The site-specific policies are reviewed regularly across the group. The service changed their electronic resident management system and implemented a new quality programme January 2022; the changes have since been embedded throughout the organisation.</p> <p>The care home manager advised that they are responsible for providing oversight of the quality programme across Bainlea House and Bainswood on Victoria, which is also monitored at an organisational level. Data is collected in relation to a variety of quality activities (staff and resident accident/incidents, hazards, near misses, infection control, complaints and compliments and internal audit outcomes). Areas of non-compliance identified through quality activities are actioned for improvement. All quality data is benchmarked and reported at regular intervals to staff.</p> <p>Meetings occurred as scheduled for 2022 and the schedule for 2023 is being implemented. Some meetings are combined between the two sites (Bainlea House and Bainswood on Victoria). There are monthly leadership/risk management meetings where operational management is discussed, including review of quality goals; organisational key performance indicators; trends and concerns; and audit outcomes. Other meetings include staff, RN/clinical, health and safety committee, and residents and family/whānau. Meeting minutes are made available to staff. Interviews with staff confirmed that there is discussion about quality data at the various staff meetings.</p> <p>An internal audit schedule continues to be implemented and all issues identified had corrective action plans and resolutions. The clinical manager and quality coordinator complete internal audits for</p>

	<p>Bainlea House. The quality coordinator completes an internal audit programme report that is discussed at the monthly leadership/risk management meeting.</p> <p>The managers review the results and feedback to identify barriers to care to improve outcomes for all residents. The governance and management team have an open and transparent decision management process that includes regular staff and residents' meetings. The September 2022 family/whānau satisfaction survey has been completed and indicates that residents have reported high levels of satisfaction with the service provided. Results of the survey have been collated and analysed, and a comprehensive report completed. Survey results were communicated to staff and family/whānau (meeting minutes sighted). Critical analysis of organisational processes includes annual reviews of the infection and quality programme; review of lodged complaints procedure; benchmarking; and analysis of feedback from family/whānau.</p> <p>Annual cultural training is provided to staff. Training includes a focus on supporting Māori and improved health outcomes. Staff interviewed explained how they are supported to learn te reo Māori. The Māori health plan includes objectives around establishing an environment that supports cultural safe care through learning and support.</p> <p>A health and safety management plan is in place. Health and safety meetings occurred as scheduled. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. The hazard register is current. Staff including agency staff and contractors are orientated to the facility's health and safety programme.</p> <p>Report forms are completed for each incident/accident, has a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed (witnessed and unwitnessed falls, behaviour that challenge and skin tears). Data are collated, trends are identified, and residents of concern are discussed at handover and RN/clinical meetings.</p> <p>Discussions with the managers evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. The service submitted four Section 31 notifications for</p>
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		RN shortages through 2022. There have been no outbreaks since the last audit.
<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>During the absence of the care home manager (non- clinical), the clinical manager is in charge of operations. The RN on-call roster is shared between the three sister facilities for after hour support. One registered nurse is on site and oversees the care at Bainlea House Monday- Fridays to 4.30 pm.</p> <p>When absent, the care is overseen by the clinical manager or registered nurse from the sister facility. The clinical manager is always on site on a Monday. The care home manager’s office is a short distance from the facility and is based at Bainswood on Victoria. The care home manager spends at least 10 hours per week on site, as confirmed during interviews.</p> <p>The rostering policy includes staff rationale and skill mix. Sufficient staff are rostered to safely manage the care requirements of the residents. The RN is aware they can request for more staff as acuity of residents’ change.</p> <p>The facility is built over one level and all areas are easily accessible. There are 27 beds and 20 were occupied at the time of the audit.</p> <p>There is a first aid trained staff member on duty 24/7. Own staff are available to help cover absences, but the service can call upon agency to support RN absences if required.</p> <p>In addition to the RN, a medication competent caregiver (level four) is allocated on each shift to assist with medication administration and senior caregiver tasks (morning and afternoon shift). In addition to the senior caregivers, there are sufficient number of caregivers allocated across the morning, afternoon, and night shift to look after the residents in a culturally and clinically safe manner. From 4 pm-11pm, caregivers can call upon the second RN (if rostered in the afternoon) to assist with post falls assessments if required.</p> <p>There are separate domestic staff who are responsible for cleaning and laundry services, seven days a week. Interviews with staff, residents and family/whānau identified that staffing is adequate to</p>

	<p>meet the needs of residents.</p> <p>Staff and family/whānau are informed when there are changes to staffing levels, as evidenced in staff interviews and resident meetings.</p> <p>The activity coordinators cover six days a week.</p> <p>An education policy is documented. There is an annual education and training schedule implemented for 2022 and 2023. The education and training schedule lists compulsory training which includes cultural awareness training. Cultural awareness training occurred in March 2023. External training opportunities for care staff and RNs include training through Te Whatu Ora Health New Zealand-Waitaha Canterbury.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. On interview, staff confirmed a knowledge of the Treaty of Waitangi and cultural practices relating to Māori. The service creates opportunities for the workforce to learn about and address inequities. Staff interviewed describe how they are supported to learn te reo Māori.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Seventeen caregivers are employed. Nine have achieved the required dementia standards. Four caregivers are in the process of completing the required dementia unit standards and are on track to complete within their 18 months of employment. Four new staff have not yet commenced their dementia required standards.</p> <p>All staff are required to complete competency assessments as part of their orientation. Competency assessments include (but are not limited to): restraint; moving and handling; hand hygiene; and donning and doffing of personal protective clothing. A selection of caregivers completed medication administration competencies. A record of completion is maintained on their file. The RN specific competencies include their interRAI assessment.</p> <p>The RN is encouraged to attend in-service training and complete training in: observation and reporting of the deteriorating resident;</p>
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		wound management; pain management; communication; diabetes management; complaints management; medication management; and training related to specific conditions medications, including medical conditions specific to the demographics of their residents.
<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 job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Five staff files reviewed (one RN, three caregivers, one cleaner) included a signed employment contract, job description, police check, induction documentation relevant to the role the staff member is in, application form and reference checks. There was evidence of completed orientation documentation on file.</p> <p>A register of RN practising certificates is maintained at the main office at Bainswood on Victoria. Both the clinical manager and the RN are comprehensive nurses with no limitation to their scope of practice. Practising certificates for other health practitioners are also retained to provide evidence of their registration. There is a schedule of when performance appraisals are due was current (sighted).</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice. The service demonstrates that the orientation programme supports RNs and caregivers to provide a clinically and culturally safe environment to Māori. Caregivers interviewed reported that the orientation process is adequate to prepare new staff for their role. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p> <p>Information held about staff is kept secure, and confidential in an electronic database and file system. Ethnicity and nationality data is identified during the employment application stage.</p>
Subsection 3.1: Entry and declining entry	FA	There is an implemented admission policy and procedures to safely guide service provision and entry to the service. The service collects

<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>		<p>ethnicity information at the time of admission from individual residents. The quality coordinator advised they keep records of how many prospective residents and family/whānau have viewed the facility and advised they are working on a method of collecting ethnicity on residents who are declined entry.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were Māori residents and staff members at the time of audit. Staff who identify as Māori provide support for residents and family/whānau where required.</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>PA Low</p>	<p>Five dementia care resident files were reviewed.</p> <p>The registered nurse is responsible for undertaking all aspects of assessments, care plan development and evaluations. The initial assessments and care plans have been completed on admission for all residents. Risk assessments are conducted on admission relating to falls, pressure injury, behaviour, continence, nutrition, skin, and pain. Outcomes of the assessments formulate the basis of the long-term care plan. Initial interRAI assessments and reassessments have been completed within expected timeframes. Long-term care plans have been developed for all residents; however, some care plans do not contain sufficient resident specific triggers and de-escalation techniques for behaviours that challenge, as well as interventions related to safe smoking habits for two residents.</p> <p>Written evaluations reviewed have been routinely completed at least six-monthly and identified if the resident goals had been met or unmet. Short-term care plans have been utilised for issues such as infections and wounds.</p> <p>The service supports Māori and family/whānau to identify their own pae ora outcomes in their care plan. Cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan.</p> <p>There is a contracted nurse practitioner (NP) who visits once a week</p>

	<p>and completes admission assessments, three-monthly reviews and sees all residents requiring medical review. The NP also provides out of hours cover. All residents have been assessed by the nurse practitioner (NP) within five working days of admission. The NP (interviewed) was complimentary regarding the standard of care, and that the RN was knowledgeable and reports resident's health changes in a timely manner. The NP documents their reviews, and a record is saved in the integrated resident electronic file.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A physiotherapist is available as needed. A podiatrist visits regularly and a dietitian, older persons mental health team, and wound care nurse are available as required. A dentist visited and assessed residents at the facility with good reports noted in the resident's records on the state of oral health of the residents reviewed.</p> <p>There is evidence of family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in progress notes, care plan conference reports and all communications. The progress notes reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, NP visit, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery; this was sighted on the day of audit. Progress notes are written daily and as necessary by caregivers and RNs. There was evidence that the RN added to the progress notes when there was an incident or changes in health status, or to complete regular RN reviews of the care provided.</p> <p>There were no wounds or pressure injuries in the facility at the time of the audit. There is a documented process of assessments and wound management plans, including wound measurements when there is a wound. There is access to wound expertise from wound care nurse specialist at Nurse Maude. Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention</p>
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		<p>resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid chart; turning charts; blood glucose levels; and toileting regime. Monitoring charts had been completed as applicable and as scheduled.</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>	FA	<p>There is a range of activities available to cater for all the residents' interests. Community visitors include entertainers, pastoral care, and church services visits. There are van outings such as coffees and lunches. Important days such as Matariki, Waitangi, and ANZAC day are celebrated with appropriate resources available. Family/whānau interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and resident review meetings. The service works with their Māori staff and Māori entertainer to promote and provide opportunities for Māori 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. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. All medications are stored safely. Registered nurses and caregivers' complete annual medication competencies and education. Medication reconciliation of monthly regular and 'as required' medication is checked by the registered nurse. Any errors are fed back to the pharmacy. Medication audits are completed.</p> <p>There were no residents self-administering medications in the facility. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eye drops, creams and sprays were dated on opening.</p> <p>The service uses an electronic medication system. Ten medication charts were reviewed and met prescribing requirements. All medication charts had photographs, allergies documented and had been reviewed at least three-monthly by the NP. Records demonstrated that regular medications were administered as</p>

		<p>prescribed. 'As required' medications had the indication for use documented. The effectiveness of 'as required' medications were recorded in the electronic medication system.</p> <p>There was documented evidence in the progress notes that family/whānau are updated around medication changes, including the reason for changing medications and side effects.</p> <p>Standing orders are not in use. All medications are charted either regular doses or as required. Over the counter medications and supplements are prescribed on the electronic medication system.</p> <p>Staff have attended training around medication management and pain management as part of their annual scheduled training programme.</p>
<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 menu is distributed to the residents weekly, allowing a choice of meals. The meals are cooked off site at Bainswood on Victoria by a contracted company. The chef manager advised that as part of cultural celebrations such as Matariki, there is choice of Māori foods. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, dislikes and any cultural considerations. Food safety training completed by caregivers includes cultural concepts such as tapu and noa, as evidence through interviews. The chef manager described they would provide menu options culturally specific to te ao Māori if requested.</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.</p>	FA	<p>Planned exits, discharges or transfers are coordinated in collaboration with the family/whānau to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The family/whānau were involved for all exits or discharges to and from the service. Discharge notes and summaries are integrated into the care plan.</p>

<p>We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</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 has a current warrant of fitness that expires 20 June 2023. The buildings, plant, and equipment are fit for purpose and comply with legislation relevant to the health and disability services being provided. The facility has recently been painted; lighting changed in communal areas, hallways, and bedrooms; flooring replaced; and replacement of vanities in some of the bedrooms. There was flowing soap in the staffroom, treatment room and communal toilets; however, there is no flowing soap at point of care (link 5.2.4).</p> <p>There is a maintenance person employed to address the planned and reactive maintenance programme. Essential contractors such as plumbers and electricians are available as required. The annual maintenance plan includes electrical testing and tagging; resident’s equipment checks; call bell checks; calibration of medical equipment; and monthly testing of hot water temperatures. All medical and electrical equipment was recently tested and tagged. Hot water temperatures are monitored and managed within the acceptable limits.</p> <p>The environment is inclusive of people’s cultures and supports cultural practice.</p> <p>There are plans for further refurbishments to enhance the environment and the facility will include local Māori elders to ensure aspirations and Māori identity are included.</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</p>	<p>FA</p>	<p>The facility has an approved fire evacuation plan and fire drills take place six-monthly. The last fire evacuation drill occurred recently in March 2023.</p> <p>The dementia unit is secure with entrance to the main reception, which is also secure at night. All keypads are functional. Staff advised that they conduct security checks inside at night and check locks.</p>

<p>safe way, including during an emergency or unexpected event.</p>		<p>All visitors and contractors are required to sign in and not to enter the facility if feeling unwell.</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>PA Low</p>	<p>There is an organisational pandemic and outbreak plan in place, and this is reviewed at regular intervals. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic plan if required. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information and resources throughout the facility in te reo Māori. The infection prevention committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</p> <p>There are encased hand sanitizers placed throughout the facility. There was not always flowing soap at the point of care.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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>FA</p>	<p>Surveillance of healthcare associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with all staff. The clinical manager reported that the NP is informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practiced. Family/whānau interviews stated they are informed of any progress on infections, prescribed medication and treatment provided.</p> <p>There have been no outbreaks since the previous audit. All outbreaks were managed effectively with support and advice from Te Whatu Ora New Zealand-Waitaha Canterbury and Public Health.</p> <p>The service is capturing and reporting ethnicity data in the</p>

		surveillance of healthcare-associated infections; these are reported to Board and to the staff in the leadership/risk management meetings, staff, and health and safety meetings.
<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>Restraint policy confirms that restraint consideration and application must be done in partnership with family/ whānau, and the choice of device must be always the least restrictive possible when restraint is considered. The service works in partnership with Māori, to promote and ensure services are mana enhancing. Bainlea House is committed to providing services to residents without the use of restraint. At the time of the audit, there were no residents using restraint. The Board is committed to remaining restraint free.</p> <p>The clinical manager is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. An interview with the restraint coordinator described the organisation's commitment to maintaining a restraint-free environment.</p> <p>Training for all staff occurs at orientation and annually. Staff working in the dementia unit can detect early warning signs and triggers for residents who exhibit challenging behaviours and appropriate de-escalation techniques implemented.</p>

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 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional</p>	PA Low	There are comprehensive policies in place related to assessment and support planning; however, not all resident files reviewed provided sufficient resident specific interventions to provide guidance to care staff for delivery of care services to the resident.	<p>Three of five care plans reviewed did not have sufficient interventions documented to manage all assessed needs and risks.</p> <p>(i). Two residents requiring specific support for behaviour did not have all triggers and de-escalation techniques documented.</p> <p>(ii) Two residents who smoke did not have interventions recorded to manage the habit</p>	<p>(i)-(ii) Ensure interventions are documented to support all assessed needs.</p> <p>90 days</p>

<p>healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>			safely.	
<p>Criterion 5.2.4</p> <p>Service providers shall ensure that there is a pandemic or infectious disease response plan in place, that it is tested at regular intervals, and that there are sufficient IP resources including personal protective equipment (PPE) available or readily accessible to support this plan if it is activated.</p>	PA Low	<p>The facility was recently refurbished, and all vanities and hand basins were replaced in the bedrooms. There were encased hand sanitizers placed in the hallways. Flowing soap was available in the staff room, staff toilet, four communal toilets and treatment room. Staff were observed washing hands within the bedrooms; however, there was not always flowing soap available. The practice was confirmed during interviews and staff explained that the residents use the communal toilets, and the flowing soap is not always accessible during cares.</p>	<p>There was not always flowing soap available for staff to use at the point of care.</p>	<p>Ensure there is flowing soap available and accessible for staff to use at point of care.</p> <p>60 days</p>

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

No data to display

End of the report.