

Bainfield Park Residential Care Limited - Bainfield Park Residential Home

Introduction

This report records the results of a Partial Provisional 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: 11 September 2023 End date: 11 September 2023

Proposed changes to current services (if any): Bainfield park has built a new purpose built 11 bed wing that is suitable for residents at rest home care and who have physical, sensory, and intellectual disabilities as phase one. The new building is currently closed off with a temporary wall where the new building will link to the existing facility. The new building has very large

single occupancy rooms all with ensuite. Two large storage areas (one for linen and one for charging power chairs and equipment) and a very large cathedral like whānau room with a kitchenette area. A corridor of 11 beds has been decommissioned. The total number of beds remain at 57.

Total beds occupied across all premises included in the audit on the first day of the audit: 52

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.

General overview of the audit

Bainfield Park is a purpose-built care facility in Invercargill and is certified to provide residential disabilities (physical, intellectual, and sensory) and rest home level of care for up to 57 residents.

The purpose of this partial provisional audit was to assess the preparedness of the organisation to open a new care wing. The audit verified that the staff roster, equipment requirements, documented systems and processes are appropriate for providing residential (physical, intellectual, and sensory) and rest home level of care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new wing.

Bainfield Park Residential Care operates under Bainfield Park Adventist Charitable Trust as a subsidiary company. The service is governed by two Boards of Directors who have experience in owning and building aged care facilities and villages. Bainfield Park has set a number of quality goals around the opening of the new wing, and these also link to the annual business plan.

There is an experienced management team. The general manager (non-clinical) has many years in managing aged care facilities and has been in the position since February 2023. The clinical manager is a registered nurse and has been in her role for many years.

The corrective actions required by the service are all related to the completion of furnishing, installation of a heater in the shared bathroom, the landscaping, fire evacuation approval, and certificate of public use.

Ō tatou motika | Our rights

Not Audited.

Hunga mahi me te hanganga | Workforce and structure

The business plan includes a mission statement, values, and operational objectives. There is a current quality plan and transition plan around transitioning residents to the new wing.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an established orientation programme that provides new staff with relevant information for safe work practice. There is an annual education schedule documented and includes all required topics around caring for residents with disabilities and at rest home level of care. A roster provides sufficient and appropriate coverage for the effective delivery of care and support and can be adjusted to support acuity level.

Ngā huarahi ki te ora | Pathways to wellbeing

Medication policies reflect legislative requirements and guidelines. Bainfield Park utilises an electronic medication system. There are two secure medication rooms in the existing facility. Registered nurses and healthcare assistants responsible for administration of medicines complete education and have current medication competencies.

The kitchen is centrally located in the existing facility adjacent to the main dining room. There is a current food control plan in place. All staff have completed food safety training and can cater for all nutritional needs of the residents and consider all cultural and religious dietary needs.

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

Medical equipment and electrical appliances are tested and tagged every year. Preventative and reactive maintenance occurs with evidence of regular monitoring and completion of internal maintenance audits. All equipment required is already in place. There are outdoor areas in the existing facility that are well maintained and provide seating and shade.

All resident rooms in the new wing are very large with large bay windows and provide space for residents mobility aids and equipment. There is one shared wet area shower room suitable for a shower bed. There are two large storage areas and a large whānau room in the centre of the new wing. There is a smooth concrete path into the new wing. The new wing joins onto the existing facility.

A fire evacuation plan has been lodged for approval with the New Zealand Fire Service. A list of civil defence supplies are easily accessible.

Appropriate training, information, and equipment for responding to emergencies is to be provided at induction and is included as part of the annual training programme. A trial evacuation in the new wing has been held with staff.

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

The infection control programme and its content and detail is appropriate for the size, complexity, and degree of risk associated with the service. There is a suite of infection control policies and procedures. There is a job description for the infection control coordinator and clearly defined guidelines. The infection control coordinator is a registered nurse who is supported by the clinical manager. The infection control programme is designed to link to the quality and risk management system. The programme is reviewed annually. Infection control is included in the monthly quality committee meeting. There is a pandemic plan and a good supply of personal protective equipment (PPE).

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances at induction and as part of the annual training programme.

There is a dedicated laundry for the safe management of dirty and clean laundry. There are documented cleaning and laundry services policies and procedures and appropriate monitoring systems in place to evaluate the effectiveness of these services. There is dedicated laundry staff.

Here taratahi | Restraint and seclusion

Not Audited.

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	10	0	2	0	0	0
Criteria	0	84	0	3	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 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 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>	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 annual business plan for 2022 provided specific aims, and ambitions to be achieved with this reviewed on an 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 Whaikaha – Ministry of Disabled People.</p> <p>On the day of the audit there were 52 residents: 12 rest home residents, including five residents on the long-term support- chronic health conditions (LTS-CHC), 21 residents with intellectual disabilities, 10 with physical disabilities, three residents are funded by Accident Compensation Corporation (ACC) Contracts and four residents are on a</p>

		<p>mental health contract. There was one long-term boarder and one resident on long-term respite. There were no residents with sensory disabilities.</p> <p>The purpose of this partial provisional audit was to assess the preparedness of a new 11 bed purpose-built wing. The audit verified that the staff roster, equipment requirements, documented systems and processes are appropriate for providing residential disability (intellectual, physical, and sensory) and rest home level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new wing. The chairman of the boards is the project manager. A transition plan is documented around having discussions with residents and relatives and transitioning residents to the new wing. This includes (but is not limited to) obtaining all required compliance certificates, orientation of staff to the new building, and rostering and staffing requirements.</p> <p>Bainfield Park Residential care is governed by Bainfield Adventist Charitable Trust. There is a board of eight members on the Bainfield Park Charitable Trust board who meet three times a year. The charitable trust own the property and provides overall governance. There is a separate board of four (including the general manager) on the Bainfield Park Residential Care board, who meet two monthly and provide governance of service provision. There is one chairman for both boards. The chairman (interviewed) has been involved with Bainfield Park in governing roles for more than 40 years. There are terms of reference, position descriptions and an orientation to the role is completed for each board member.</p> <p>The general manager started in February 2023, and is supported by an experienced clinical nurse manager (registered nurse), who has been in the role for more than 15 years. Both the general manager (in their previous role) and the clinical nurse manager (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.</p> <p>Cultural training including Te Tiriti o Waitangi has been completed by</p>
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		<p>board members and the management team. Interviews with the chairman of the Boards and general manager confirmed they are committed to supporting their Māori health plan. The chairman of the Boards reported they have Māori and Pasifika representation at Board level who are involved 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>There is collaboration with the community through participation in age residential care (ARC) committees and the general manager is chair of the local ARC group. The service is re-engaging with community groups post Covid-19 and is in contact with the disability service. Feedback from residents is received through meetings and surveys, any corrective actions in relation to resident feedback is discussed with the chairman of the Boards, who reports this at both Board meetings, and there is resident representation in the health and safety committee. Clinical governance is provided through the general manager and clinical nurse manager.</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 general manager, clinical nurse manager, registered nurses (RNs) and enrolled nurses (ENs), healthcare assistants (HCAs), and a selection of other staff hold current first aid certificates to ensure there is at least one member of staff on duty and on outings at all times with a current certificate.</p> <p>There is adequate RN, EN and HCA cover across all shifts Interviews with the registered nurses and staff confirmed that overall staffing is adequate to meet the needs of the residents. The clinical nurse manager is available Monday to Friday each week and shares on call with a senior registered nurse. The clinical nurse manager is trained to complete interRAI assessments.</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 mainly 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 healthcare assistants. Medication competencies are completed by staff. A record of completion is maintained in each staff members files. The healthcare assistants are encouraged to obtain a New Zealand Qualification Authority (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 management team encourages staff to attend monthly staff meetings, there are memos advertising meetings and training displayed in the staff room. 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 (but not limited to): 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. Information supporting the employee assistance programme (EAP) is provided to staff on employment. All staff complete code of conduct training to ensure a positive supportive workplace.</p> <p>There are no changes required to staffing and education plans with addition of the new wing.</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</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,</p>

<p>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>		<p>employment contracts, police vetting, completed orientation programmes and appraisals. Due to the change in management, appraisals have not been held according to schedule; however the general manager and clinical manager have a catch-up plan in place and were implementing this at the time of this audit.</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 during the employment process. The service has policies related to a debriefing process following incidents. There are staff wellbeing support programmes in place.</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>	FA	<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 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 was one resident self-administering medications on the day of the audit. A competency was in place and medications were stored appropriately.</p>

		<p>Over-the-counter medications have 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. All eye drops sighted in the medication trolleys were dated on opening. The previous shortfall (3.4.1) has been addressed. All medications no longer required are returned to pharmacy. There were no expired drugs on site on the day of the audit.</p> <p>Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status was documented. the medication charts have been reviewed within the last three months. The previous shortfall (3.4.1) has been addressed. Medication charts included “as required” medications and had indications for use documented. The previous shortfall (3.4.1) has been addressed. Outcomes of ‘as required’ medications were documented in the electronic medication system. The clinical nurse manager 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 management team 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> <p>Residents medications to the new wing will be administered from a trolley, which will be located in the nearby existing medication room.</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</p>	FA	<p>All meals at Bainfield Park are prepared and cooked on site. Many of the residents take a packed lunch for daily work and have the lunch time meal saved and reheated for their evening meal. Meals meet the needs of residents with varying ages and disabilities. Supplements are provided to residents with identified weight loss issues. Diets are modified as required and all cultural and religious requirements are accommodated. A food control plan is approved and expires August 2024. All food fridge</p>

<p>hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>and freezer temperatures are maintained and are within safe ranges.</p> <p>The cook is supported by kitchenhands. All kitchen staff are suitably qualified and food safety procedures are adhered to. There is a four-weekly winter and summer menu, which has been reviewed by a dietitian. Residents provide feedback through surveys, meetings, and verbal feedback.</p> <p>There are no changes required to food services or dining room with the addition of the new wing.</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>PA Low</p>	<p>There is a current building warrant of fitness displayed for the existing facility.</p> <p>The new building is almost complete with all fixtures and fittings completed. All electrical plugs are in place and WiFi has been installed and wall have been painted. The rooms are yet to be fitted with furniture, carpets, window coverings and wall hangings. A building code of compliance certificate is yet to be issued. The new wing is L shaped.</p> <p>The new wing is purpose built with 11 resident bedrooms, one shared shower/wet area bathroom two storage areas, and a large whānau room. All residents rooms are very large with large bay windows and full ensuite facilities with wet area showers. Two of the resident rooms have extra sound proofing. Soft furnishings and furniture including wardrobes and room numbers are yet to be installed.</p> <p>The ensuites are fitted with appropriately placed handrails, and privacy curtains are installed around the shower. Flowing soap dispensers and paper towel dispensers are in the rooms, ready to be installed in resident rooms and shared bathroom. The shared bathroom area is large and has plenty space for a shower bed, equipment, and power chairs. All fixtures and fittings in the ensuites and shared bathrooms are compliant with infection control standards; however, there is no heater in the shared bathroom.</p> <p>There is smooth ramp providing external access to the new wing. All corridors are wide, providing sufficient space for residents with mobility aids to pass safely. The new wing is currently closed off from the existing building with a temporary wall. The new carpet will flow from the new</p>

		<p>wing, through the corridor of the existing facility.</p> <p>Hot water temperatures have been tested and are recorded at 45 degrees Celsius. This is included in the maintenance plan. There is already adequate hoists and equipment to provide care for the residents in the new wing. All equipment has been tagged, tested, and calibrated annually as scheduled. The new wing is heated by radiators which can be individually adjusted to suit the preference of the resident.</p> <p>There are two large storage areas; one is planned for charging residents power chairs and equipment and has been fitted out with extra electric plugs. The second area is planned to be a linen cupboard and used for general storage.</p> <p>Landscaping is yet to be completed around the new wing. Phase two is planned where the decommissioned rooms will be demolished, and a new wing built with resident rooms and a treatment/ medication room. With the completion of the second wing, this will create an internal courtyard, which will be completed during phase two. This area currently has a decked area off of the main dining room. The deck is fenced and remains accessible to residents; however, the courtyard is not accessible to residents.</p> <p>There has been consultation with Māori through the Board and culturally appropriate decorations will be included in the decoration of the new wing. Plans are in place for a blessing ceremony to be held.</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>	PA Low	<p>The disaster management policy (includes the pandemic plan) outlines the specific emergency response and evacuation requirements and includes the duties/responsibilities of staff in the event of an emergency.</p> <p>A fire evacuation plan has been lodged for approval with the New Zealand Fire Service. All staff have been orientated to the new wing and a trial evacuation is planned to be completed. A list of civil defence supplies are centrally located to all wings of the facility including the new wing. There is adequate emergency supplies including food and water. Appropriate training, information, and equipment for responding to emergencies is provided at orientation and is included as part of the annual training programme. Key staff hold a first aid certificate.</p>

		<p>Smoke alarms, sprinkler system and exit signs are in place in the building. The facility has access to a generator in the event of a power failure, this was recently trialled for a planned power outage.</p> <p>Staff accompany residents to appointments and outings are held regularly.</p> <p>The panel electronic call bell system is active as sighted during the audit. Call bells are available in all resident areas, (i.e. bedrooms, ensuite toilet/showers, communal toilets, and the whānau room).</p> <p>There is a security policy in place. The facility is locked afterhours. Anyone is free to leave at any time from the inside during afterhours. Staff complete security checks during the night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the business plan and objectives of the quality and risk management plan.</p> <p>Infection control data is collated monthly and is reported to the quality meeting staff meetings and to the Boards. There is a clear pathway of reporting infection control and AMA issues through the clinical manager, the general manager to the chairman of the Boards. Internal benchmarking occurs through the electronic resident management system and results are discussed at all facility meetings and is included in reports to the Board.</p> <p>There are policies and procedures in place to manage significant IPC events. Any significant events are managed using a collaborative approach and involve the management team, the GP, and the public health team. The chairman of the Board is informed of any outbreaks.</p> <p>External resources and support are available through external specialists, microbiologist, the GP, wound nurse, and Te Whatu Ora Health New Zealand - Southern when required.</p> <p>A registered nurse is the infection control coordinator who is supported by the management team. There is a documented IPC role description. There are adequate resources to implement the infection control programme at Bainfield Park. No changes are required to the infection</p>

		control programme with the addition of the new wing.
<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>The service has a comprehensive pandemic plan, which includes the Covid-19 response plan. The plan includes preparation and planning for the management of lockdown, screening, transfers into the facility and Covid-19 positive tests. There are outbreak kits readily available and adequate supplies of personal protective equipment. Extra personal protective equipment (PPE) is available onsite as required.</p> <p>The infection control coordinator and clinical manager have completed in-house infection training and an infection control conference. There is good external support from the GP, laboratory, and Te Whatu Ora - Southern nurse specialist.</p> <p>The infection and prevention control manual includes a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff. Policies and procedures are reviewed by the external quality consultant, the infection control coordinator, clinical manager, and general manager (all are RNs). Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. Internal audit tools are in place to check these are being utilised and best practice standards are being met. The service has access to information and resources in te reo Māori around infection control for Māori residents from through Te Whatu Ora- Southern. Policies and training sessions guide staff around culturally safe practice and acknowledge the spirit of Te Tiriti o Waitangi. The infection prevention control coordinator, the clinical manager and the general manager are involved in the procurement of all equipment and consumables and have been involved in the planning of the new extension. There is dispensers for flowing soap and paper towels throughout the new wing that are yet to be installed (link 4.1.1).</p> <p>Bainfield Park is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training</p>

		<p>and education around Covid-19 and staff were informed of any changes by noticeboards and at handovers. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, and emails.</p> <p>There are no changes required to the implementation of the infection control programme with the addition of the new wing.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Bainfield Park has policies and procedures documented around antimicrobial stewardship. The service monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The policies are appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and discussed at all facility meetings and reported to the Board in the management reports. The prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The clinical manager interviewed reported the GP only prescribes antibiotics where required based on signs, symptoms, and microbiology results.</p> <p>There are no changes required to the AMS programme.</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 prevention 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 risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data includes ethnicity and is monitored and analysed for trends and benchmarked monthly and annually. Infection control surveillance is discussed at all facility meetings and reported to the Board through the general managers' report. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are</p>

		<p>completed, with corrective actions for areas of improvement.</p> <p>The service receives email notifications and alerts from Te Whatu Ora – Southern for any community concerns. All communications were observed to be culturally appropriate.</p> <p>There have been two small clusters of residents with Covid-19 in April and July 2023. Both outbreaks were appropriately notified and well managed.</p> <p>There are no changes required to the surveillance programme with the addition of the 11 new rooms.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard when not in use. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and face shields are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit.</p> <p>Bedding is laundered off site by a contracted company. Towels and personal laundry is processed on site by laundry assistants. The laundry has a dirty to clean workflow. Clean towels are returned to linen cupboards on trollies while personal laundry is returned in individual baskets. The linen cupboards were well stocked. The washing machines and dryers are checked and serviced regularly.</p> <p>There are dedicated cleaning staff, and cleaning services are provided seven days a week. Cleaning and laundry services are monitored through the electronic internal auditing system and is reviewed by the infection control coordinator. When interviewed, cleaner and laundry assistant were able to describe appropriate infection control procedures and was wearing appropriate personal protective equipment.</p> <p>There are no changes required to cleaning and laundry services with the addition of the new wing.</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 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	The new wing is built for purpose. All equipment has been tagged, tested, and calibrated annually according to schedule. Maintenance schedules have been updated to include the new wing. There is safe disability access to the new wing. The wing is spacious and provides easy access to all areas for residents using mobility aids. The new wing is almost complete; however, the certificate for public use is yet to be issued, soft furnishings and carpets are still to be installed	<p>i). The code of compliance certificate is still to be issued.</p> <p>ii). Soft furnishings including carpets, curtains, furniture, and wall decorations are yet to be installed.</p> <p>iii). Dispensers for flowing soap and paper towels are not yet in place.</p> <p>iv). There is no heater in the shared bathroom.</p>	<p>i). Ensure a code of compliance is obtained.</p> <p>ii). Ensure all soft furnishings and furniture is in place.</p> <p>iii). Ensure all soap and paper towel dispensers are installed.</p> <p>iv). Ensure heating installed in the shared bathroom.</p>

				Prior to occupancy days
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	<p>The physical environment is suitable for all residents using mobility aids. There is a safe smooth low gradient concrete ramp providing external access to the new wing. All corridors, resident rooms and communal areas are easily accessible. Resident rooms are large and provide space for residents equipment and mobility aids. Landscaping is yet to be completed; however, there are existing outdoor areas accessible within the existing facility for residents to utilise while landscaping is completed.</p>	<p>Landscaping is yet to be completed.</p>	<p>Ensure landscaping is completed.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>	PA Low	<p>A fire evacuation plan has been lodged for approval with the New Zealand Fire Service. All staff have been orientated to the new wing and a trial evacuation is planned to occur prior to occupation. Fire drills are held routinely six monthly by an external company.</p>	<p>i). The service is yet to receive an approved fire evacuation plan for the new wing.</p> <p>ii). Staff have not yet completed a fire drill in the new wing.</p>	<p>i). Ensure the approved fire evacuation plan is received.</p> <p>ii). Ensure staff have completed a fire drill prior to occupancy.</p> <p>Prior to occupancy 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, 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.