

# Bainlea House (2013) Limited - Bainswood on Victoria

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## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Bainlea House (2013) Limited

**Premises audited:** Bainswood on Victoria

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 3 May 2017 End date: 4 May 2017

**Proposed changes to current services (if any):** The audit also included assessing the preparedness of Bainswood on Victoria for the provision of hospital-medical services.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 81

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# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

## General overview of the audit

Bainswood on Victoria and Bainlea House are part of the Arvida Group. The service is certified to provide rest home, hospital and dementia level care for up to 84 residents. The service is spread over two facility sites, with Bainswood on Victoria providing care for up to 57 residents at hospital and rest home level care and Bainlea House providing care for up to 27 residents at dementia level care. On the day of the audit, there were 25 residents at Bainlea House and 56 residents at Bainswood on Victoria.

There is an overall village manager for both sites. Each facility has a clinical manager. Both are experienced registered nurses in aged care. Family and residents interviewed all spoke positively about the care and support provided.

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

This audit also included verifying Bainswood on Victoria as suitable to provide medical services under their current certification.

The service is commended for achieving continued improvement ratings around best practice and quality improvement projects.

This audit did not identify any areas requiring improvement.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.

All standards applicable to this service fully attained with some standards exceeded.

Staff at Bainswood on Victoria and Bainlea House strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights (the Code). Residents' cultural needs are met. Policies are implemented to support residents' rights, communication and complaints management. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a complaints register is maintained.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.

Standards applicable to this service fully attained.

The quality and risk management programme includes service philosophy, goals and a quality/business planner. Meetings are held to discuss quality and risk management processes. Residents/family meetings are held regularly and residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported. Falls prevention strategies are in place that includes the analysis of falls incidents. The service has an orientation programme that provides new staff with relevant information for safe work practice. An education and training programme has been implemented with a current training plan in place for 2017. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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A comprehensive information booklet is available for residents/families at entry which includes information on the service philosophy, services provided and practices to the secure units. The village manager takes primary responsibility for managing entry to the service with assistance from the clinical managers. Initial assessments are completed by a registered nurse, including interRAI assessments. The registered nurses complete care plans and evaluations.

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

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

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

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

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

Standards applicable to this service fully attained.

Both buildings have a current warrant of fitness and emergency evacuation plans. Chemicals are stored safely throughout both facilities. The bedrooms at both sites are single and each bedroom has a hand basin. At Bainswood on Victoria 55 rooms are single. There is also one double room. All rooms have full or partial ensuite. At Bainlea House eight rooms have ensuite toilet. All rooms have hand basin facilities. There is sufficient space to allow for the movement of residents using mobility aids. There are large spacious lounges and dining areas at each site. The internal areas are able to be ventilated and heated. The outdoor areas are safe and easily accessible. There is a secure outdoor area for the dementia residents at Bainlea House. Cleaning and maintenance staff are providing appropriate services. Staff have planned and implemented strategies for emergency management. Emergency systems are in place in the event of a fire or external disaster. The facilities both have a van available for transportation of residents. Those transporting residents hold a current first aid certificate.

Documented systems are in place for essential, emergency and security services. There is a staff member on duty at all times with a current first aid certificate.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.

Standards applicable to this service fully attained.

Bainswood on Victoria and Bainlea House have restraint minimisation and safe practice policies and procedures in place. Staff receive training around restraint minimisation and the management of challenging behaviour. During the audit, there was one resident requiring a restraint and one resident was using an enabler at Bainswood on Victoria. Enabler use is voluntary.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Infection control management systems are in place at Bainswood on Victoria and Bainlea House, to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the services and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of both facilities. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	1	49	0	0	0	0	0
Criteria	2	99	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery  Consumers receive services in accordance with consumer rights legislation.	FA	The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) has been incorporated into care. Discussions with eleven caregivers (nine rest home/hospital and two dementia level) identified their familiarity with the Code of Rights. Interviews with ten residents (five rest home and five hospital) and eight family members (two rest home, three hospital and three dementia level) confirmed that the service functions in a way that complies with the Code of Rights. Observation during the audit confirmed this in practice.
Standard 1.1.10: Informed Consent  Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Informed consent processes are discussed with residents and families on admission. The resident or their EPOA signs written consents. EPOA documents are kept on the resident's file. The residents' files sampled in the dementia unit (Bainlea House) evidenced the EPOAs had been enacted or were in the process of being enacted. Nine resident files sampled (three hospital, three rest home and three dementia) demonstrated that advanced directives are signed for separately. There is evidence of discussion with family, when the GP has completed a clinically indicated not for resuscitation order. Caregivers and registered nurses interviewed confirmed verbal consent is obtained when delivering care. Family members are involved in decisions that affect their relative's lives. All resident files sampled had a signed admission agreement signed on or before the day of admission and consents.

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>A policy describes access to advocacy services. Staff receive training on advocacy. Information about accessing advocacy services information is available in the entrance foyer of both sites. The information pack provided to residents at the time of entry to the service also provides residents and family/whānau with advocacy information. Interviews with caregivers, residents and relatives informed they were aware of advocacy and how to access an advocate.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Interviews with residents confirmed relatives and friends can visit at any time and are encouraged to be involved with the service and care. Visitors were observed coming and going at all times of the day during the audit. Maintaining links with the community is encouraged. Activities programmes include opportunities to attend events outside of the facility. Discussion with staff, relatives and residents confirm residents are supported and encouraged to remain involved in the community and external groups.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy and procedure in place and residents and their family/whānau are provided with information on the complaints process on admission through the information pack. Complaint forms are available at the entrance of each site. Staff are aware of the complaints process and to whom they should direct complaints. A complaints register is available. Eight complaints were received in 2016 and two complaints made in 2017 year to date at Bainswood on Victoria and no complaints have been made in that period at Bainlea House. The complaints reviewed have been managed appropriately with acknowledgement, investigations and responses recorded. Residents and family members advised that they are aware of the complaints procedure and how to access forms.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Code of Rights leaflets were available in the front entrance of the two sites. Code of Rights posters were on the walls in the hallways of both sites. Client right to access advocacy services is identified for residents and advocacy service leaflets were available. Information is also given to next of kin or enduring power of attorney (EPOA) to read to and discuss with the resident in private. Residents and families at interview confirmed they were informed of the scope of services and any liability for payment for items not included in the scope.</p>

<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>There are policies in place to guide practice in respect of independence, privacy and respect. The initial and ongoing assessment includes gaining details of people's beliefs and values. A tour of both facilities confirms there is the ability to support personal privacy for residents. Staff were observed to be respectful of residents' personal privacy by knocking on doors prior to entering resident rooms during the audit. Residents and families interviewed confirmed that staff were respectful, caring and maintain their dignity, independence and privacy at all times. A review of documentation, interviews with residents, relatives and staff highlighted how they demonstrate their commitment to maximising resident independence and make service improvements that reflect the wishes of residents.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>There are current policies and procedures for the provision of culturally safe care for residents identifying as Māori including a Māori health plan. The service's philosophy results in each person's cultural needs being considered individually. At the time of the audit, there were no residents that identified as Māori within the service.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The cultural service response policy guides staff in the provision of culturally safe care. During the admission process, the village manager or clinical manager along with the resident and family/whānau complete the documentation. Residents and family interviewed confirmed that they are involved in decision making around the care of the resident. Families are actively encouraged to be involved in their relative's care in whatever way they want and are able to visit at any time of the day. Spiritual and pastoral care is an integral part of service provision.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Discrimination, coercion, exploitation and harassment policies and procedures are in place. Code of conduct and position descriptions outline staff responsibilities in terms of providing a discrimination free environment. The Code of Rights is included in orientation and in-service training. Interviews with staff confirm their understanding of discrimination and exploitation and could describe how professional boundaries are maintained. Discussions with residents identify that privacy is ensured.</p>

Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	CI	The service has policies to guide practice that align with the Health and Disability Services Standards. There is a quality framework that is being implemented that supports an internal audit programme. The village manager and clinical managers attend external training sessions appropriate for their positions. Services are provided at the facility that adhere to the Health & Disability Services Standards. There is an implemented quality improvement programme that includes performance monitoring. All approved service standards are adhered to. There are implemented competencies for RN's and EN's. There are clear ethical and professional standards and boundaries within job descriptions.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	There is an open disclosure policy. Incident forms have a section to indicate if family have been informed (or not) of an accident/incident. Fifteen incident forms reviewed for March and April 2017 identified family were notified following a resident incident. Interviews with caregivers inform family are kept informed. Relatives interviewed confirmed they were notified of any changes in their family member's health status. Discussions with residents and family members confirmed they were given time and explanation about services on admission. Interpreter services are provided if residents or family/whānau have difficulty with written or spoken English. Resident meetings occur every three months at Bainswood on Victoria and family meetings occur every six months at both Bainswood on Victoria and Bainlea House.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>Bainswood on Victoria and Bainlea House are part of the Arvida Group. The facility is spread over two sites with Bainswood on Victoria being certified to provide rest home and hospital level care for up to 57 residents. All beds are assessed as dual purpose. Occupancy was 56 residents on the days of audit, 25 residents at rest home level and 31 residents at hospital level including one resident on an ACC contract. Bainlea House is certified to provide rest home dementia level of care to up to 27 residents with 25 residents on the days of audit. At the time of the audit, there were no residents on respite or no younger persons under the age of 65 (YPD). All other residents were admitted under the aged related residential care contract (ARRC).</p> <p>This audit also included verifying Bainswood on Victoria as suitable to provide medical services under their current certification.</p> <p>The facility is managed by an experienced village manager, who has been in the role for four years. The village manager is supported by a clinical manager at the Bainswood on Victoria and Bainlea House sites. The village manager provides a monthly report to the Arvida Group general manager operations on a variety of operational issues. Arvida Group has an overall business/strategic plan and Bainswood on Victoria and Bainlea House have an annual business plan 2017-2019 in place.</p>

		<p>The organisation has a philosophy of care, which includes a mission statement. The service has a quality and risk management system with associated policies and procedures. The quality plan includes objectives, policies and procedures, implementation, monitoring, quality risk and corrective action plans.</p> <p>The village manager and the two clinical managers have maintained at least eight hours of professional development each in the past twelve months.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>In the absence of the village manager, the clinical manager from Bainswood on Victoria is in charge. Support is also provided by the general manager operations and the general manager wellness and care.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>There is a quality plan that includes quality goals and risk management plans for Bainswood on Victoria and Bainlea House. Interviews with staff confirmed that there is discussion about quality data at various staff meetings. The village manager advised that she is responsible for providing oversight of the quality programme on-site, which is also monitored at an organisational level. The quality and risk management programme is designed to monitor contractual and standards compliance. The service uses the Arvida Group suite of policies, which meet all current requirements and will be reviewed at least every two years across the group. Head office sends new/updated policies. Staff have access to the policy manuals.</p> <p>Data are collected in relation to a variety of quality activities and an internal audit schedule has been completed. Areas of non-compliance identified through quality activities are actioned for improvement. The service has a health and safety management system that is regularly reviewed and has been comprehensively updated to meet recent legislative changes. Restraint and enabler use (when used) is reported within the quality and clinical staff meetings. Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.</p> <p>The internal audit programme continues to be implemented and all issues identified had corrective action plans and resolutions. Staff interviewed could describe the quality programme corrective action process. Residents/relatives are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. The 2017 resident/relative overall satisfaction survey results show high satisfaction with services provided. Resident meetings occur</p>

		<p>every three months and resident interviews confirmed this.</p> <p>Health and safety policies are implemented and monitored by the monthly health and safety meetings. There is a Health and Safety Committee at both sites, including health and safety representatives, who have completed health and safety training. Risk management, hazard control and emergency policies and procedures are in place. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. The hazard identification resolution plan is sent to head office and identifies any new hazards. A review of this, the hazard register and the maintenance register indicates that there is resolution of issues identified.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an accidents and incidents reporting policy. The clinical managers investigate accidents and near misses and analysis of incident trends occurs. There is a discussion of incidents/accidents at staff meetings, including actions to minimise recurrence. A registered nurse conducts clinical follow up of residents. Fifteen incident forms reviewed demonstrated that all appropriate clinical follow up and investigation had occurred following incidents. Appropriate care and support has been provided by care staff and registered nurses post incident and this is well recorded in the corresponding resident files. Discussions with the village manager and general manager wellness and care confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. This includes that the recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. Ten staff files were reviewed (two clinical managers, three registered nurses, three caregivers, one diversional therapist and one cook) and there was evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident in all staff files reviewed. The service has an orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service.</p> <p>The in-service education programme for 2016 has been completed and the plan for 2017 is being implemented. The clinical managers and registered nurses are able to attend external training, including sessions provided by the local DHB. Discussions with the caregivers and the RNs confirmed that ongoing training is encouraged and supported by the service.</p>

		<p>Staff are supported to complete Careerforce training. At Bainswood there are 25 of 32 caregivers with level three. Eight hours of staff development or in-service education has been provided annually. There are 20 caregivers who work in the Bainlea House dementia site. Sixteen caregivers have completed the required dementia unit standards and four are in the process of completing. These four staff members commenced employment in the past 12 months.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. The village manager and the clinical managers work full-time. Bainswood on Victoria and Bainlea House each have a roster in place which ensures that there are sufficient staff rostered on to meet the needs of the residents. At Bainswood on Victoria there is a registered nurse on duty at all times. There are two RNs on a morning shift (plus the clinical manager), two RNs on afternoon and one on night shift. The RNs are supported by ten caregivers (various times) on duty in the AM shift, eight caregivers (various times) in the PM shift and three caregivers (various times) at night.</p> <p>Bainlea House has two registered nurses' that between them cover the morning shift Tuesday - Saturday. The CM also works Monday – Friday. After hours on-call cover at Bainlea House is shared between the registered nurses from Bainswood on Victoria (when there is at least two RNs on duty) and the Bainlea House CM. The RN is supported by four caregivers (various times) on duty in the AM shift, four caregivers (various times) in the PM shift and two caregivers at night. Both registered nurses and senior caregivers at Bainlea House are trained in first aid. Caregivers, residents and families interviewed advised that there is sufficient staff on duty to provide the care and support required.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files are appropriate to the service type. Residents' files are protected from unauthorised access by being locked away in the nurses' stations. Informed consent to display photographs is obtained from residents/family/whānau on admission. Information containing sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when</p>	FA	<p>The service has comprehensive admission policies and processes in place. Residents receive an information pack outlining services able to be provided, the admission process and entry to the service. The information pack for residents and families being admitted to the dementia unit (Bainlea House) includes information about the services policies on behaviour management and the</p>

their need for services has been identified.		<p>complaints process.</p> <p>The clinical managers screen all potential residents prior to entry and records all admission enquires. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the village manager and or the clinical nurse managers at each site. The admission agreement form in use aligns with the requirements of ARRC contract.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. The facility uses the transfer from hospital to residential (yellow) aged care envelope that works in reverse when residents are transferred to a DHB acute hospital. Relatives are notified if transfers occur.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Eighteen medication charts were reviewed (six rest home, six hospital and six dementia). There are policies available for safe medicine management that meet legislative requirements. All medication charts sampled met legislative prescribing requirements. The medication charts reviewed identified that the GP had reviewed all resident's medication three-monthly and all allergies were noted.</p> <p>All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications in each area. Registered nurses interviewed could describe their role regarding medication administration. The service currently uses blister packed medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the pharmacy.</p> <p>Bainswood on Victoria has standing orders in use which comply with the Standing Orders Guidelines 2016. There was one rest home residents self-medicating on the day of audit and all required assessment, consent and review documentation has been completed.</p> <p>Bainlea House does not have standing orders. The GP and clinical manager regularly review the use of antipsychotic medication in use and where required, make referrals to the Community Mental Health Team and or psychogeriatrician for a review.</p> <p>The medication fridge temperatures at both sites, are recorded regularly and these are within acceptable ranges.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>Bainswood on Victoria has a commercial kitchen where all food for that facility is prepared and served. All staff working in the kitchen have completed food safety certificates. There is a food services manual in place to guide staff. The food service menu has been reviewed by a dietitian. There is a four-weekly seasonal menu. The cook receives dietary information for new residents and is notified of any dietary changes, weight loss or other dietary requirements by the RN. Food allergies and dislikes are listed in the kitchen. Special diets such as diabetic desserts, vegetarian, pureed and alternative choices for dislikes are accommodated. Cultural and religious food preferences are met.</p> <p>Meals are plated and transferred via a hot box to residents in the Ivory wing. Food is transferred to a bain marie and then served by a kitchen assistant in the dining room for residents in Victoria wing. Staff were observed assisting residents with their meals and drinks in each area. Supplements are provided to residents with identified weight loss issues.</p> <p>Fridge, freezer and chiller temperatures are taken and recorded daily. End cooked food temperatures are recorded daily. Dry goods are stored in dated sealed containers. Chemicals are stored safely. Cleaning schedules are maintained. The dishwasher is checked regularly by the chemical supplier. All staff who work in the kitchen have completed or are currently completing their food safety course.</p> <p>There are specialised crockery such as lip plates, mugs and utensils to promote resident independence with meals.</p> <p>The kitchen at Bainswood on Victoria will be refurbished in the coming months and detailed plans have been completed to ensure the food service to residents continues on-site during the renovations.</p> <p>At Bainlea House, food is prepared at another site owned by the organisation and transported in insulated boxes to Bainlea House. Food temperatures are monitored. The RN interviewed stated snacks are available to residents 24/7 and this was evident on the day of the audit.</p> <p>Residents at both facilities have the opportunity to provide feedback on the menu and food services through the resident meeting and resident surveys. Residents and family members interviewed were very satisfied with the food and confirmed alternative food choices were offered for dislikes.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p>	<p>FA</p>	<p>The service records the reasons for declining service entry to residents should this occur and communicates this decision to residents/family/whānau and the referring agency. Anyone declined</p>

Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.		entry is referred back to the referring agency for appropriate placement and advice.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. Files sampled contained appropriate assessment tools that were completed and assessments that were reviewed at least six-monthly or when there was a change to a resident's health condition. Behavioural assessments are completed for all new admissions to Bainlea House. The interRAI assessment tool is implemented. InterRAI assessments have been completed for all residents. Care plans sampled were developed on the basis of these assessments. Eight of ten registered nurses are interRAI trained (six at Bainswood on Victoria and two at Bainlea House).
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	The long-term care plans reviewed described the support required to meet the resident's goals and needs. The care plans sampled identified allied health involvement. The interRAI assessment process informs the development of the resident's care plan. Residents and their family/whānau interviewed reported that they are involved in the care planning and review process. Short-term care plans are in use for changes in health status. Staff interviewed reported they found the plans easy to follow.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Registered nurses (RNs) and caregivers, follow the care plan and report progress against the care plan each shift at handover. If external nursing or allied health advice is required, the RNs will initiate a referral (e.g., to the district nurse, hospice nurse or community mental health). There is adequate allied health input and equipment for the provision of providing medical level care if external medical advice is required, this will be actioned by the GPs. Staff have access to sufficient medical supplies (e.g., dressings). Sufficient continence products are available and resident files include a continence assessment and plan as part of the plan of care. Specialist continence advice is available as needed and this could be described.  Wound assessment, monitoring and wound management plans are in place for residents. On the day of audit, there were fourteen wounds (eleven in Bainswood on Victoria- including one resident with a stage III non-facility acquired pressure area (link rest home tracer 1.3.3) and four at Bainlea House). All wound documentation including assessments, care plan and evaluations were fully completed. All wounds have been reviewed in the appropriate timeframes. The RNs have access

		<p>to specialist nursing wound care management advice through the community nursing service.</p> <p>Interviews with registered nurses and caregivers demonstrated an understanding of the individualised needs of residents. Care plan interventions describe interventions to meet residents' needs. There was evidence of pressure injury prevention interventions such as: two-hourly turning charts; food and fluid charts; regular monitoring of bowels' and regular (monthly or more frequently if required) weight management.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>At Bainswood on Victoria, there are two activities assistants who provide a programme for the rest home and hospital residents from Monday to Friday. Activities are available for the residents in a dedicated activity lounge for residents over the weekend. The programme is developed monthly and displayed in large print. Bainswood on Victoria has its own van and residents are taken on regular outings.</p> <p>At Bainlea House, the programme is delivered by a registered diversional therapist and runs from Monday to Friday. There are activities documented for the dementia residents to cover the 24-hour period. Activity resources are available for the residents over the 24-hour period and in weekends. Bainlea House has its own van and residents (as appropriate) are taken on regular outings.</p> <p>Each resident has an individual activities assessment on admission, which is incorporated into the interRAI assessment process. An individual activities plan is developed for each resident by the activities staff in consultation with the registered nurses. Each resident is free to choose whether they wish to participate in the group activities programme or their individual plan. The individual activity plans are reviewed at least monthly and also reviewed at the same time as the review of the long-term care plan. The residents at Bainlea House all have 24-hour activity care plans in place. Group activities reflect ordinary patterns of life and evidence connection with the local community. Fortnightly church services are held at Bainswood on Victoria and at Bainlea House.</p> <p>Residents and families interviewed commented positively on both activity programmes.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The registered nurses evaluate all initial care plans within three weeks of admission. Files sampled demonstrated that all long-term care plans were evaluated at least six-monthly, or if there was a change in health status. There was at least a three-monthly review by the GP. All changes in health status were documented and followed up. The RN completing the plan signs care plan reviews. Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files sampled. Where progress is different from expected, the service responds by initiating changes to the care plan.</p>

<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The RNs initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family, as evidenced in medical notes. The staff provided examples of where a resident's condition had changed and the resident was waiting on reassessment for transfer to a different level of care.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons and goggles are available and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout both facilities. Safety datasheets are available.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>Both buildings have a current building warrant of fitness. They expire at Bainlea House on 20 June 2017 and at Bainswood on Victoria on 1 March 2018. There is a maintenance person employed to address the reactive and planned maintenance programme. All medical and electrical equipment was recently serviced and/or calibrated. Hot water temperatures are monitored and managed within 43-45 degrees Celsius in both buildings.</p> <p>At Bainswood on Victoria 55 rooms are single. There is also one double room. All rooms have full or partial ensuite.</p> <p>There are adequate communal toilets and showers close to bedrooms and toilets are also located close to dining rooms and lounges. The external areas are well maintained and garden areas are attractive. The garden areas have furniture and shaded areas. There is wheelchair access to all areas. There is a large communal dining and lounge area with smaller areas for quiet activities and private meetings with family/visitors. There is also a hairdresser salon. The laundry is currently being refurbished and all laundry is being completed off-site during the renovations.</p> <p>Bainlea House has 27 single rooms all with hand basins and eight rooms have toilets. There are adequate communal toilets and showers close to the bedrooms and toilets are also located close to the dining room and lounge.</p>

		<p>Both facilities have wide corridors and spacious rooms to allow for easy access and movement and promotes independence for residents with mobility aids. Handrails are appropriately placed in the corridors and communal areas.</p> <p>Staff at both facilities stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p> <p>At Bainswood on Victoria there is sufficient equipment and the resident bedrooms and dining rooms are spacious enough to allow for the provision of hospital- medical services.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are an adequate number of toilets and shower/bathing areas for residents and separate toilets for staff and visitors at Bainlea House and Bainswood on Victoria. All bedrooms are single with their own hand basins and some rooms have a toilet or a full ensuite. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>The bedrooms at Bainlea House and Bainswood on Victoria are of an adequate size, appropriate to the level of care provided. The bedrooms allow for the resident to move about the room independently with the use of mobility aids. Residents and their families are encouraged to personalise the bedrooms as viewed. Residents interviewed confirm their bedrooms are spacious and they can personalise them as desired.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>At Bainswood on Victoria, there are two large lounges, two smaller lounges and two dining areas. At Bainlea House, there is one main lounge, one main dining area and one small sunroom lounge. The lounges at both sites have seating placed appropriately to allow for group and individual activities to occur. Residents are observed safely moving between the communal areas with the use of their mobility aids.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p>	FA	<p>There are dedicated cleaning staff that have access to a range of chemicals, cleaning equipment and protective clothing at Bainswood on Victoria and at Bainlea House. The standard of</p>

Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.		<p>cleanliness is monitored through the internal audit programme. Residents interviewed were satisfied with the standard of cleanliness in the facility.</p> <p>The laundry at Bainswood on Victoria is currently completed at another local Arvida owned facility whilst the on-site laundry is renovated. The staff and residents interviewed report no issues with the current temporary arrangement.</p> <p>At Bainlea House, the laundry is completed by the caregivers on-site who advised they have sufficient time to complete the laundry over the 24-hour period. Families and residents interviewed were satisfied with the laundry service.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Fire evacuation practice documentation was sighted for each site. A contracted service provides checking of all facility equipment including fire equipment. Fire training, emergency evacuation and security situations are part of orientation of new staff and ongoing training. Emergency equipment is available. Civil defence boxes are available at each site (sighted). The staff stated that they have spare blankets and alternative cooking methods if required. There is sufficient water stored at each site to ensure for three litres per day, for three days per resident. First aid training has been provided for staff and there is at least one staff member on duty at all times with a first aid certificate. There are call bells in all communal areas, toilets, bathrooms and residents rooms. Security policies and procedures are documented and implemented by staff. Visitors and contractors sign in when visiting the facility.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>Both buildings have ceiling heat that can be altered in each resident's room, hallways and communal areas. The temperature can be adjusted to suit individual resident temperature preference. Rooms are well ventilated and windows provide natural light. Facility temperatures are monitored and the residents interviewed advised the temperature was comfortable.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and</p>	FA	<p>Bainswood on Victoria and Bainlea House implement the Arvida group infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system. Minutes are available for staff. Spot audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation.</p>

visitors. This shall be appropriate to the size and scope of the service.		
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The clinical managers at each site are the designated infection control (IC) coordinators. There are adequate resources to implement the infection control programme for the size and complexity of the service. The IC coordinators and IC team (comprising all staff) have good external support from the local laboratory infection control team and IC nurse specialist at the DHB. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>There are Arvida infection control policies and procedures appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The organisational policies have been reviewed and updated centrally.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control policy states that the service is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. The infection control coordinators attend the Arvida infection control forums. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Arvida infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. Short-term care plans are used. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at quality meetings. If there is an emergent issue, it is acted upon in a timely manner (link 1.2.3.6). Reports are easily accessible to the village</p>

programme.		manager. There has been one outbreak at Bainswood on Victoria (September 2016) and one at Bainlea House (February 2017) since the previous audit and both were well managed.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	There is a restraint policy and manual with associated procedures and templates. The policy states that the use of restraints is kept to a minimum and that care staff who may be involved in restraint and enabler use have sufficient knowledge and skill to be able to ensure resident safety. At the time of the audit, Bainswood on Victoria has one resident with a restraint (lap belt) and one resident with a lap belt enabler. Bainlea House is restraint free. Restraint minimisation training was last delivered in August 2016 and challenging behaviour training last occurred in May 2016.
Standard 2.2.1: Restraint approval and processes Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.	FA	Only staff that have completed training are permitted to apply restraints. There are responsibilities and accountabilities determined in the restraint policy that includes responsibilities for key staff. Interview with the restraint coordinator and review of her signed job descriptions identified understanding of the role.
Standard 2.2.2: Assessment Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.	FA	Assessments are undertaken by suitably qualified and skilled staff in partnership with the resident and their family/whānau. The role of the restraint coordinator is held by the Bainswood on Victoria clinical manager who has been in the position since August 2012. Restraint assessments are based on information in the care plan, resident discussions and on observations of the staff. The care plans are up to date and include information on assessing the risks of safety and the need for restraint. Ongoing consultation with the resident (when able) and family/whānau is also identified. Challenging behaviour assessment/management plans are completed as required.
Standard 2.2.3: Safe Restraint Use Services use restraint safely	FA	Procedures around monitoring and observation of restraint use are documented in policy. Approved restraints are documented. The restraint coordinator is responsible for completing all the documentation. The approval process includes ensuring the environment is appropriate and safe. Assessments/care plan identifies specific interventions or strategies to try (as appropriate), before

		use of restraint. Restraint authorisation is in consultation/partnership with the resident or family/whānau, restraint coordinator and the GP.
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations have occurred at least three-monthly as part of the ongoing reassessment for the residents on the restraint register and as part of care plan review. Families are included as part of this review. A review of the resident file with restraint identified that evaluations are up to date and have reviewed.
Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.	FA	The Arvida Group restraint minimisation programme is discussed and reviewed at a national level and includes identifying trends in restraint use, reviewing restraint minimisation policies and procedures and reviewing the staff education and training programme.

# Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.1.8.1  The service provides an environment that encourages good practice, which should include evidence-based practice.	CI	Bainswood on Victoria noted in June 2015 that the incidence of antibiotic use for residents with a positive dipstick result was above an acceptable number. The service implemented a project to ensure that antibiotics were not requested for a UTI unless at least four clinical symptoms were present.	<p>In Bainswood on Victoria a review of the clinical indicator data in January 2016 identified that the incidence of UTI's was above an acceptable benchmark. A review of the files of residents commenced on antibiotics for a UTI identified that registered nurses were requesting the use of antibiotics solely on a positive dipstick result. This resulted in a high use of antibiotics for the treatment of suspected UTIs; where infection was not later confirmed by laboratory MSU testing. A microbiologist from the laboratory ran an education for staff on the diagnosis and appropriate use of antibiotics in the treatment of UTI's. Toolbox talks were also provided to staff on the prevention, detection and management of UTIs'. The GPs were consulted and registered nurses were advised that urine specimens were not to be sent off for laboratory testing unless four or more symptoms of a UTI were present. The use of routine dipstick testing of urine was discounted. Residents with suspected UTIs were commenced on short-term care plans, had their fluids increased and were commenced on fluid balance recordings. Antibiotics were only requested for residents with four or more UTI symptoms and where a UTI had been confirmed by the laboratory.</p> <p>The result of this initiative saw the rate of antibiotic therapy use for suspected UTI with no infection confirmed by MSU testing, drop from five in February 2016 to zero by June 2016. The overall</p>

			confirmed UTI rate also decreased from nine in May 2016 to one per month from June 2016.
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	CI	<p>Data are collected in relation to a variety of quality activities and an internal audit schedule has been completed. Areas of non-compliance identified through quality activities are actioned for improvement.</p>	<p>The service has conducted a number of quality improvement projects where a review process has occurred, including analysis and reporting of findings. There is evidence of action taken based on findings that has made improvements to service provision. The projects include reviewing if the improvements have had positive impacts on resident safety. Example: The Bainlea House introduced a project to more effectively manage challenging behaviour, which could potentially impact on other residents and families' well-being. A number of different strategies were implemented, monitored and updated where needed. Ongoing statistical evidence / trends was gathered each month and reported back to staff team at monthly staff meeting. The evaluation identified a reduction in sundowning behaviours. The programme continues to be evaluated.</p>

End of the report.