

# Bainlea House (2013) Limited - Bainswood on Victoria

---

## 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 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 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: 4 May 2021 End date: 5 May 2021

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 50

# 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 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 is part of the Arvida Group. The service is certified to provide rest home and hospital level care for up to 57 residents. On the day of the audit, there were 50 residents.

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

The facility is managed by an experienced village manager who has been in the role for six years. She is supported by an experienced clinical manager who has been in the role since 2019. The management team are supported by a clinical lead. Residents and relatives interviewed were complimentary of the service and care.

This certification audit did not identify any areas for improvement.

The service has been awarded a continuous improvement rating for activities.

## 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.

Standards applicable to this service fully attained.

Staff at Bainswood on Victoria 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.

Bainswood on Victoria has a current business plan and quality and risk management plan that outlines goals for the year. Meetings are held to discuss quality and risk management processes. An internal audit programme identifies corrective actions and areas for improvement which have been implemented. Resident/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 are collated monthly and reported at facility meetings. Falls prevention strategies are in place that includes the analysis of falls incidents. There is an annual education and training programme in place. 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. |  | All standards applicable to this service fully attained with some standards exceeded. |
|--|--|---|

There is an admission package available that covers services provided and the levels of care. The registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes, and goals with the resident (as appropriate) and/or family/whānau input. Electronic resident care plans viewed demonstrated service integration and were evaluated at least six monthly. Resident files included medical notes by the contracted GP and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior healthcare assistants responsible for administration of medicines complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly.

The activity team coordinates the activity programmes. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and preferences for each resident. Residents and families reported satisfaction with the activities programme.

All meals and baking are prepared and cooked on site. Residents' food preferences and dietary requirements are identified at admission. Special dietary requirements and dislikes are accommodated.

## 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.

There is a current building warrant of fitness. Chemicals are stored safely throughout both facilities. Resident bedrooms are single, and have a full ensuite, except for seven rooms, which have a hand basin and toilet. There is sufficient space to allow for the movement of residents using mobility aids. There are large spacious lounges and dining areas. The internal areas are able to be ventilated and heated. The outdoor areas are safe and easily accessible. Cleaning, laundry and maintenance staff are providing appropriate services.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including COVID-19. There is always a staff member on duty with a current first aid certificate.

## Restraint minimisation and safe practice

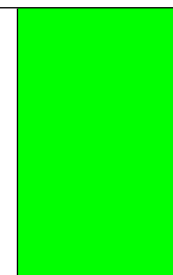
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.

Standards applicable to this service fully attained.

Bainswood on Victoria has restraint minimisation and safe practice policies and procedures in place. At the time of the audit there were no residents using any restraints and one resident using an enabler. Staff receive training around restraint minimisation and enablers.

## 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.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. 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. Surveillance of infections is completed, analysed and corrective actions documented. 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. There has been one outbreak since the previous audit which was managed well.

## 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                           | 44                  | 0  | 0                                    | 0  | 0                                      | 0  |
| Criteria          | 1                           | 92                  | 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<br>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) policy and procedure is implemented. Discussions with 10 caregivers (wellness partners), two registered nurses (RN) and two activities staff confirmed their familiarity with the Code. The Code is discussed at resident/relative and staff meetings.  |
| Standard 1.1.10: Informed Consent<br>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                | <p>There are established informed consent policies/procedures and advanced directives. General consents were obtained on admission as sighted in eight of eight resident files reviewed including three rest home and five hospital.</p> <p>Resuscitation plans were sighted in all files and were signed appropriately. A medically indicated decision by the GP was evidenced for residents who were deemed by the GP as unable to determine their own resuscitation plan. Copies of EPOA were present and activated as required.</p> <p>Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The care staff interviewed demonstrated a good understanding in relation to informed consent and informed consent processes.</p> <p>Family and residents interviewed, confirmed they have been made aware of and fully understand</p> |

|  |    |  |
|--|----|--|
|  |    | <p>informed consent processes and that appropriate information had been provided.</p> <p>All residents' files sampled had a signed admission agreement on file. The admission agreement also included permission granted such as photographs and release of medical information.</p>   |
| <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. This includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family/whānau with advocacy information. Advocate support is available if requested. Interviews with staff and residents informed they are 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>Residents are encouraged to be involved in community activities and maintain family and friends' networks. On interview, staff stated that residents are encouraged to build and maintain relationships. All residents interviewed confirmed that relative/family visiting could occur at any time.</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 reception. There is a complaints' register in the electronic system. There have been no complaints made since the last audit. Residents and relatives interviewed advised that they are aware of the complaints procedure and how to access forms. Staff interviewed were able to describe the process around reporting complaints.</p>  |
| <p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>  | FA | <p>There are posters of the Code on display throughout the facility and leaflets are available at reception. The service can provide information in different languages and/or in large print if requested. Information is also given to next of kin or enduring power of attorney (EPOA) to read with the resident and discuss. Interviews with six residents (four rest home and two hospital level) and four relatives (two rest home and two hospital level) confirmed the services being provided are in line with the Code. On entry to the service, the village manager or clinical manager discusses the information pack with the resident and the family/whānau. The information pack includes a copy of the Code.</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>The service has policies that align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were observed respecting resident's privacy and could describe how they manage maintaining privacy and respect of personal property. There is a policy that describes spiritual care. Church services are conducted regularly. All residents interviewed indicated that their spiritual needs are being met when required. Staff receive training on abuse and neglect at least annually.</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>The service has established cultural policies to help meet the cultural needs of its residents. Discussions with staff confirmed their understanding of the different cultural needs of residents and their whānau. At the time of the audit there were no residents at Bainswood on Victoria that identified as Māori. The service has links with local Māori community members who provide advice and guidance on cultural matters.</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 service has established cultural policies aimed at helping meet the cultural needs of its residents. Residents interviewed reported that they are satisfied that their cultural and individual values are being met. Information gathered during assessment including resident's cultural beliefs and values, is used to develop a care plan, which the resident (if appropriate) and/or their family/whānau are asked to consult on. Cultural and spiritual practice is supported and identified needs are incorporated into the care planning process and review as demonstrated in the resident files reviewed. Staff receive training on cultural safety/awareness.</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>The facility has a staff code of conduct, which states there will be zero tolerance against any discrimination occurring. The abuse and neglect processes cover harassment and exploitation. All residents interviewed reported that the staff respected them. Job descriptions include responsibilities of the position, ethics, advocacy, and legal issues. The orientation and employee agreement provided to staff on induction includes standards of conduct.</p>  |
| <p>Standard 1.1.8: Good Practice</p>   | FA | <p>The service has policies to guide practice that align with the health and disability services standards,</p>  |

|   |    |  |
|---|----|--|
| Consumers receive services of an appropriate standard.  |    | <p>for residents with aged care needs. Staffing policies include pre-employment and the requirement to attend induction, orientation and ongoing in-service training. Residents interviewed spoke positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the management team.</p> <p>Bainswood on Victoria is embedding the Arvida Attitude of Living Well through the household model. The household model focuses on the relationship between the care team and the resident using the five pillars (eating well, moving well, resting well, thinking well, and engaging well). Small groups of residents are supported within the household communities by decentralised self-led teams of employees, that together create a home, nurture relationships, determine their own lives and build community. Residents are encouraged and supported to create a comfortable living space suited to their particular needs and personal tastes. Palliative care is managed well with a high level of training provided to staff.</p>  |
| <p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p> | FA | <p>There is an open disclosure policy. Incident forms are entered into the eCase system which generates a monthly report and evidences if the family have been informed of an accident/incident. Fourteen incident forms reviewed for February and March 2021 identified family were notified following a resident incident. Residents and relatives interviewed confirmed that the staff and management are approachable and available. Interpreter services are provided if residents or family/whānau have difficulty with written or spoken English.</p>   |
| <p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p> | FA | <p>Bainswood on Victoria is part of the Arvida Group. The service is certified to provide rest home and hospital (medical and geriatric) level care for up to 57 residents. All beds are dual purpose. At the time of the audit there were 50 residents, 21 residents at rest home level including one resident on respite and 29 residents at hospital level including one resident on an ACC contract, and one on an end-of-life contract. All other residents were under the aged related residential care (ARRC) contract.</p> <p>The facility is managed by an experienced village manager who has been in the role for six years. The village manager oversees two Arvida facilities, Bainswood on Victoria (rest home and hospital) and Bainlea House (dementia care). She is supported by an experienced clinical manager who has been in the role since 2019. The clinical manager also provides clinical oversight for the two facilities (Bainswood on Victoria and Bainlea House). The clinical manager is supported by a clinical lead full time at Bainswood on Victoria.</p> <p>The village manager provides a monthly report to the Arvida Group Support Office on a variety of operational issues and progress towards meeting the service quality goals. There is also a monthly Arvida leadership zoom meeting. Arvida Group has an overall business/strategic plan. Bainswood on</p> |

|   |    |  |
|---|----|--|
|   |    | <p>Victoria and Bainlea House have a combined business plan 2020/2021 and a quality and risk management plan.</p> <p>The village manager and clinical manager have completed in excess of eight hours of professional development in the past 12 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 is in charge. Support is provided by the head of wellness 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. A quality coordinator is contracted for 16 hours per month to oversee and monitor contractual and standards compliance across the three local Arvida facilities (Bainswood on Victoria, Bainlea House and Bainswood House). The site-specific service's policies are reviewed regularly across the group. Support office updates new/amended policies via the intranet. The village manager advised that she is responsible for providing oversight of the quality programme across both sites, which is also monitored at an organisational level. Data is collected in relation to a variety of quality activities (staff and resident accident/incidents, hazards, near misses, infection control, complaints and compliments and internal audit outcomes). Areas of non-compliance identified through quality activities are actioned for improvement.</p> <p>Some meetings are combined between the two sites (Bainswood on Victoria and Bainlea House). There are bi-monthly leadership/risk management meetings where operational management is discussed including review of quality goals, organisational key performance indicators, trends and concerns and audit outcomes. Other meetings include staff meeting, RN/clinical meeting, health and safety committee meeting and residents/relatives meeting. Meeting minutes are made available to staff. Interviews with staff confirmed that there is discussion about quality data at the various staff meetings. An internal audit schedule continues to be implemented and all issues identified had corrective action plans and resolutions. The clinical manager completes internal audits for Bainswood on Victoria. The quality coordinator completes an internal audit programme report that is discussed at the bi-monthly leadership/risk management meeting.</p> <p>Residents/relatives are surveyed annually to gather feedback on the service provided. The overall</p> |

|   |    |  |
|---|----|--|
|   |    | <p>service result for the 2020 satisfaction survey demonstrated an increase from the 2019 results for clinical care, first impressions, activities, cleaning, laundry and community spaces. Corrective actions have been established around food/meals and care staff. Residents and relatives interviewed stated they were happy with the services provided at Bainswood on Victoria. The service has a health and safety management system and policies that are regularly reviewed by the health and safety committee. The health and safety committee meet monthly and is open to all staff to attend. Risk management, hazard control and emergency policies and procedures are in place. There is a up to date hazard register in place, last reviewed in June 2020. 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>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 incident management policy. All incidents are entered into the eCase system with a monthly report and end of the month analysis. The clinical manager investigates accidents and near misses and provides a detailed monthly analysis and trends of incident/accidents. There is a discussion of incidents/accidents at health and safety and staff meetings, including actions to minimise recurrence. The RN or clinical manager conducts clinical follow-up of residents. Fourteen incident forms reviewed demonstrated that all appropriate clinical follow-up and investigation had occurred following incidents. Appropriate care and support have been provided by caregivers and RNs post incident, including neurological observations completed in incidents for any unwitnessed falls.</p> <p>Discussions with the village manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There were no section 31 notifications completed since the last audit. A respiratory outbreak in January 2021 was notified to the public health authorities.</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 human resource management policies in place. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. Nine staff files were reviewed (one clinical manager, one clinical lead, one RN, four caregivers, one wellness leader and one kitchen manager). There is evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident. A copy of practising certificates is kept. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Completed orientation, competencies and training were on files.</p> <p>The in-service education programme for 2020 has been completed and the plan for 2021 is being implemented. The online training programme (Altura) is available for all staff. Discussions with the</p>   |

|   |    |  |
|---|----|--|
|   |    | <p>caregivers and RNs confirmed that online training is readily available. More than eight hours of staff development or in-service education has been provided annually. Competencies completed by staff included medication, insulin, wound care, manual handling, hand hygiene, syringe driver and restraint. There are 40 caregivers in total. Completed Careerforce training as follows; five have completed level four and 20 have completed level three. There are 11 RNs including the clinical manager and clinical team lead. Eight are interRAI trained with three in progress of completing.</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 manager work full-time. between the two Arvida facilities (Bainswood on Victoria and Bainlea House). The clinical manager and the clinical lead share the 24/7 on-call requirement. The clinical manager is located at Bainswood on Victoria on Monday/Tuesday and Thursday/Friday, and every Wednesday at Bainlea House. She is supported at Bainswood on Victoria by a clinical lead who works from 7.30 am to 4.00 pm on Sunday to Wednesday. There are two wings (Victoria and Ivory) of 50 dual-purpose beds.</p> <p>In the Victoria wing (30 beds), there were 26 residents (14 hospital and 12 rest home). There is an RN on the morning and afternoon shifts, and one RN on the night shift (the night RN is across the facility). The RNs are supported by five caregivers on the morning shift (two x 7.00 am to 3.30 pm and three x 7.00 am to 1.30 pm). On the afternoon shift there are four caregivers (two x 3.00 pm to 11.00 pm and two x 3.00 pm to 9.30 pm) and two caregivers on the night shift.</p> <p>In the Ivory wing (27 beds) there were 24 residents (15 hospital and nine rest home). There is an RN on the morning and afternoon shifts. The RNs are supported by five caregivers on the morning shift (two x 7.00 am to 3.30 pm and three x 7.00 am to 1.30 pm). On the afternoon shift there are four caregivers (two x 3.00 pm to 11.00 pm and two x 3.00 pm to 9.30 pm) and two caregivers on the night shift.</p> <p>There are two wellness leaders (activity coordinators) who provide activities over six days a week from 8.00 am to 4.00 pm and a housekeeper from 8.30 am to 2.30 pm daily.</p> <p>There is a kitchen manager (four hours daily) and a cook from 8.15am to 5.15pm daily.</p> <p>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>  | FA | <p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' electronic files are protected from unauthorised access by individual passwords. Other residents or</p>  |

|   |    |  |
|---|----|--|
| Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.  |    | members of the public cannot view sensitive resident information. Entries in records are dated and identify the relevant caregiver or RN.  |
| <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 their need for services has been identified.</p> | FA | Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families and residents prior to admission. Admission agreements were reviewed and aligned with all contractual requirements. Exclusions from the service are included in the admission agreement. Admission agreements for long-term residents had been signed within the required timeframe.   |
| <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 | Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families are involved for all exit or discharges to and from the service.  |
| <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>There are policies and procedures in place for safe medicine management that meet legislative requirements. Medications were stored safely in each of the two-medication rooms. Clinical staff who administer medications (RNs and caregivers) have been assessed for competency on an annual basis. Education around safe medication administration has been provided. A medication round observed evidenced good practice. The RN checks incoming medication packs against the electronic medication chart and signed off on the electronic medication administration record. All medications were within the expiry dates. Eyedrops and sprays were dated on opening. Medication fridge and room temperatures were monitored and recorded daily. There were no residents self-medicating on the days of audit.</p> <p>All 16 medication charts were reviewed on the electronic medication system. All GP prescribing met legislative requirements. The GP has reviewed the medication charts three monthly. There were photographs, and allergy status identified on the medication charts. The effectiveness of 'as required' medications are recorded in the electronic medication system.</p> |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management   | FA | The service employs cooks and kitchenhands to prepare and cook all meals on site. The menu has been reviewed by a registered dietitian (November 2020). The cook receives a resident dietary   |



|  |    |  |
|--|----|--|
| A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  |    | <p>assessment completed by the RN for all residents and is notified of any dietary changes or weight loss. The residents' individual food, fluids and nutritional needs are met. Dislikes, food allergies and cultural requirements are accommodated. The kitchen is adjacent to one dining room and meals are served from the kitchen bain marie to the residents. Meals are delivered to the other dining room serveries in a bain marie and meals are then serviced individually. Specialised utensils and lip plates are available to support residents with independence at mealtimes. Staff were observed to be assisting residents with food and fluids at mealtimes.</p> <p>The chiller, fridge and freezer temperatures are taken and recorded daily. End-cooked food temperatures and serving temperatures are taken and recorded at each meal. The kitchen was observed to be clean, and all aspects of food procurement, production, preparation, storage, delivery and disposal complied with current legislation and guidelines with a verified Food Control Plan in place (expiring December 2021).</p> <p>Feedback on satisfaction with meals is obtained from residents through resident meetings. Residents and relatives interviewed were satisfied with the meals.</p> |
| <p>Standard 1.3.2: Declining Referral/Entry To Services</p> <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.</p> | FA | <p>There is an admission policy. The reasons for declining entry would be if the service is unable to provide the care required or there are no beds available. Management communicates directly with the referring agencies and family/whānau as appropriate if entry was declined.</p>   |
| <p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>   | FA | <p>The RN completes an initial assessment (in the electronic resident management system) on admission, including applicable risk assessment tools. InterRAI assessments are completed and link to the overall care plan. Resident needs and supports are identified through the ongoing assessment process in consultation with the resident (as appropriate), family and significant others. The long-term care plans in place reflected the outcome of the assessments. The resident on the end-of-life care plan documented frequent re-assessment of pain and care needs.</p>  |
| <p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated,</p>   | FA | <p>The electronic initial care plan and ongoing assessments populates the long-term care plan which is updated by the RN within three weeks of admission. Resident care plans reviewed were resident focused and individualised. All identified support needs as assessed, were included in the care plans for all resident files reviewed. The outcomes of interRAI assessments link with the long-term care plan</p>   |

|  |    |  |
|--|----|--|
| and promote continuity of service delivery.  |    | supports and interventions. Care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process. Relatives interviewed confirmed they were notified of an upcoming MDT review and were involved in the care planning process. Resident files demonstrated service integration. There was evidence of allied health care professionals involved in the care of the resident including the GP, physiotherapist, dietitian and palliative care team.  |
| <p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>     | FA | <p>When a resident's condition alters, the registered nurse initiates a GP consultation. There was evidence that family members were notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are documented on the resident family/whānau contact sheet held in the resident file.</p> <p>On the day of audit staff were observed and heard chatting to the residents creating a cheerful and welcoming atmosphere. It was also noted that the staff offered tea, coffee and snacks at any time for residents which residents appreciated very much (noted from observation and chatting with residents).</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. Wound assessments, treatment and evaluations were in place for 12 wounds (two pressure injuries, two skin conditions, one surgical wound and the remainder were minor skin tears). There was pressure injury prevention equipment readily available to minimise pressure injuries. The service has access to a wound nurse specialist if required.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.</p> <p>Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission identifying resident nutritional status and preferences. Monitoring occurs for weight, vital signs, blood glucose, pain, re-positioning, neurological observations food and fluid intake, bowel monitoring and behaviours of concern.</p> <p>Long-term care plans are updated for any changes to health.</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,</p> | CI | <p>As part of the Arvida philosophy of care activities are led by residents in association with the caregivers (called wellness partners). There are two activity team members who are led by an experienced activity coordinator (wellness leader) and who supports activities over six days a week.</p> <p>The programme is published monthly and reflects meaningful activities such as (but not limited to); crafts, baking, van trips, visits by Plunket babies and mothers, newspaper reading, quizzes, a knitting</p>   |

|   |           |  |
|---|-----------|--|
| <p>culture, and the setting of the service.</p>   |           | <p>group indoor bowls and happy hour. One-on-one activities such as individual walks, chats and discussions, reminiscing and games occur for residents who are unable to participate or choose not to be involved in group activities. At 11 am each day the service has 'tools down' and all staff including kitchen, cleaners and management all stop work to spend time with the residents, this can be chats, joining in exercises, walks or whatever the resident would like. This was witnessed on both days of audit. The service has recently upgraded the garden for residents.</p> <p>An activity assessment and activity plan are completed on admission in consultation with the resident/family as appropriate. Activity plans in all files were evaluated six-monthly at the same time as the care plan at the MDT meetings with the resident/relative. All of the activity team have current first aid certificates.</p> <p>Residents and families are able to provide feedback and suggestions for the programme through meetings, surveys and one-on-one feedback. Residents and families interviewed on the day of audit commented positively on the activity programme.</p> <p>A continuous improvement has been awarded around the activities programme.</p> |
| <p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>  | <p>FA</p> | <p>Long-term care plans have been evaluated at least six monthly or earlier for any health changes against the resident goals or transfer to higher level of care within the facility. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes, care plan and the case conference records. Updates to interventions were evident following changes identified at the evaluation including the care plan for the end-of-life resident. Family are invited to the case conference meetings and if unable to attend are informed of changes to the care plan. Written evaluations document if the resident goals have been met or unmet. The care staff are asked for input into the evaluation of the care plan. The case conference meetings are multidisciplinary, with registered nurse, wellness leader (diversional therapist), physiotherapist, resident/relative and other health professionals involved in the review.</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</p> | <p>FA</p> | <p>Referral to other health and disability services is evident in the resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Residents requiring a higher level of care are referred to the needs assessment service for re-assessment as evidenced for one hospital resident requiring dementia level of care. There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service.</p>   |

|   |    |  |
|---|----|--|
| provided to meet consumer choice/needs.   |    |  |
| <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 data sheets 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>There is a current building warrant of fitness, that expires 19 February 2022. All medical and electrical equipment was recently serviced and/or calibrated and is due again 2022. Hot water temperatures are monitored and managed within 43-45 degrees Celsius.</p> <p>There is a planned preventative and reactive maintenance programme in place. The checking of medical equipment including hoists, has been completed annually. The living areas are carpeted, and vinyl surfaces exist in bathrooms/toilets and kitchen areas. The corridors are wide and promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the facility with mobility aids, where required.</p> <p>There is outdoor furniture and seating and easy access for wheelchair access to all external areas. There is a designated resident smoking area outside.</p> <p>The registered nurses and caregivers interviewed stated that they have sufficient equipment referred to in care plans and necessary to provide care.</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. All bedrooms are single with full ensuites, except for seven bedrooms, which have toilet and hand basins only. Shower rooms are readily available and clean. . 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 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>There are two large lounges, two smaller lounges and two dining areas. The lounges 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> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>                     | FA | <p>There are dedicated cleaning staff who have access to a range of chemicals, cleaning equipment and protective clothing. The standard of cleanliness is monitored through the internal audit programme. Residents interviewed were satisfied with the standard of cleanliness in the facility.</p> <p>The laundry is completed by a dedicated laundry person on-site. 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>There is an emergency management response plan in place. Staff have planned and implemented strategies for emergency management including Covid-19. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Six-monthly fire evacuation drill documentation was sighted, with the last fire evacuation drill occurring on 30 April 2021. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility. All RNs are first aid trained. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times.</p> <p>A contracted service provides checking of all facility equipment including fire equipment. There are adequate supplies in the event of an emergency including first aid kits, food, water (ceiling header tanks), blankets and gas cooking (two BBQs and gas Hobbs in the kitchen). There are civil defence kits (checked six monthly) that are readily accessible and include torches, batteries and radios. There are also supplies of outbreak/pandemic and personal protection equipment (PPE) available. Short-</p> |

|   |    |   |
|---|----|---|
|   |    | term backup power for emergency lighting is in place. There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity.  |
| <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>The facility has 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 visitors. This shall be appropriate to the size and scope of the service.</p> | FA | <p>Bainswood on Victoria continues to fully implement the Arvida infection control programme. The infection control programme has been reviewed for 2020. 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 quality reporting system. A clinical manager is the infection control coordinator for the service, supported by the clinical lead. The infection control coordinator has support from all staff including the GP. Internal audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. Monthly infection control statistics are reported to monthly meetings and to the Arvida leadership group.</p> <p>There has been one outbreak at Bainswood on Victoria (December 2020- January 2021) since the previous audit and was well managed.</p> |
| <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>There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC coordinator and IC team have good external support from the GP and clinical specialists at the DHB. Infection prevention and control is part of staff orientation. Hand washing facilities are available throughout the facility and hand sanitiser is freely available. The service has outbreak kits which include all personal protection equipment,(PPE) and instructions.</p> <p>The service maintains a large supply of PPE. There is a comprehensive covid management plan and regular meetings ensure all staff are aware of procedures. The service undertook a post covid review after the most recent lock down and implemented changes where the service noted any shortfalls or areas for improvement.</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 infection control policies and procedures appropriate for the size and complexity of the service. Policies are developed at support office and reviewed on a regular basis and up dated as needed.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes the infection control programme, responsibilities and oversight, training, and education of staff.</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 coordinator is responsible for coordinating/providing education and training to staff and has completed on line training and is booked for the DHB training in infection control. Infection control education has been provided in the past year. Staff receive education on orientation and one-on-one training as required.</p> <p>Information is provided to residents and visitors that is appropriate to their needs. Resident education occurs during care and as needed.</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 programme.</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. Interventions are added to the care plan when the resident has an infection. 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.</p> |
| <p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>   | FA | <p>The service has documented systems in place to ensure the use of restraint is actively minimised. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.2. The clinical manager is the restraint coordinator. At the time of the audit there were no residents using any restraints and one resident using an enabler (bed rail). Enabler use is voluntary. All necessary assessments and evaluations had been completed in relation to the enabler.</p>   |

|  |  |  |
|--|--|--|
|  |  | Staff receive training around restraint minimisation and enablers. |
|--|--|--|



# 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 |
|--------------------|

## 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, these 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 1.3.7.1<br>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer. | CI                | The service has a philosophy that includes wellbeing pillars of, moving well, thinking well, and engaging well. During 2020 the service saw an opportunity to improve resident's wellbeing following a review of resident feedback. An overall service review using information from the survey, incident trends, and resident feedback evidenced an opportunity to improve mobility, involve residents in the planning and allow for ongoing resident input. It was decided by the service and the residents to create a further garden. | A garden has been designed and created in association with the residents. To build the garden a significant amount of work had to be initiated, including the use of an industrial digger the creation of raised beds and new fencing. Photographs document the changes from a basic lawn area to a fenced area with flowers and vegetables. The service described how the garden design and use of the garden linked to the service philosophy (thinking, engaging and moving). Residents and families have been involved with planting both flowers and vegetables. The kitchen uses the produce as part of the resident's meals. On the days of audit, more than one member of staff and several residents offered to show the garden to the auditors, and all are clearly very proud of the initiative. The activity wellness leader described how residents were very involved in the garden development and how the safe area allowed more residents to mobilise outside. Satisfaction with activities has improved from 67% 2020 to 79% 2021. |

End of the report.