

Bainfield Park Residential Care Limited - Bainfield Park Residential Home

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:	Bainfield Park Residential Care Limited
Premises audited:	Bainfield Park Residential Home
Services audited:	Residential disability services - Intellectual; Rest home care (excluding dementia care); Residential disability services - Physical; Residential disability services – Sensory
Dates of audit:	Start date: 24 May 2021 End date: 25 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:	49

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Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six 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

Bainfield Park provides residential services for people with physical, intellectual and sensory disabilities and residents requiring rest home level care for up to 57 residents. There were 49 residents during the audit.

This certification audit was conducted against the relevant health and disability standards and the contract with the district health board and ministry of health. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, relatives, management, staff and a general practitioner.

The service is managed by an appropriately qualified and experienced general manager who has been in the role since September 2017. She is supported by a clinical nurse manager. There are quality systems and processes being implemented. Feedback from residents was very positive about the care and service provided.

This certification audit identified that improvements are required in relation to health and safety, water temperature monitoring, first aid/CPR training, and medication management.

An area of continuous improvement has been awarded for the healthy lifestyles programme that is being implemented.

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.

The staff at Bainfield Park 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 (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and services is easily accessible to residents and families. Information on informed consent is provided and discussed with residents and relatives. Staff interviewed were familiar with processes around informed consent. Complaints policies and procedures meet requirements and residents interviewed were aware of the complaints process.

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.

Some standards applicable to this service partially attained and of low risk.

The board provides a governance role. Services are planned, coordinated and are appropriate to the needs of the residents. A general manager and clinical nurse manager are responsible for day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme are embedded in practice. Corrective actions are implemented and evaluated where opportunities for improvements are identified.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is being implemented and includes in-service education and competency assessments.

There is a roster in place. The integrated residents' files are appropriate to the service type.

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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Residents and families interviewed expressed satisfaction with all areas of care delivery, including the activities programme and communication with them and their families. Rest home residents have interRAI assessments. Resident plans are individualised, goal orientated, up-to-date and reflect current service delivery requirements for each resident. Residents are assessed prior to entry and a series of baseline assessments are completed at admission. Input from both the residents and family/whānau is evident in all areas of service delivery.

There are five staff involved in the activities programme; a full-time activities coordinator Monday to Friday with the other team members providing an evening and weekend programme. There are a range of planned activities to meet the residents assessed needs and abilities and their personal goals. There is significant community engagement evident.

Care plans are evaluated at least six-monthly and personal goals are reviewed at least six-monthly. The files reviewed demonstrate integration of allied health and a team approach is evident. There is an implemented an electronic medication

management system. There are medication management policies that direct staff in terms of their responsibilities in each stage of medication management. Competencies are completed. Medication profiles are up to date and reviewed by the general practitioner three-monthly or earlier if necessary.

Residents' nutritional needs are assessed on admission and individual dietary needs including allergies are identified and accommodated. Staff have attended food safety and hygiene training. Menus are reviewed by a dietitian and residents spoke positively about the meals provided.

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.		Some standards applicable to this service partially attained and of low risk.
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Bainfield Park has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely, and staff are provided with personal protective equipment. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. There are sufficient communal areas within the facility including lounge and dining areas, and small seating areas. There is a designated laundry. The service has implemented policies and procedures for civil defence and other emergencies and six-monthly fire drills are conducted. External garden areas are available with suitable pathways, seating and shade provided.

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.
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The organisation actively minimises the use of restraint. All staff receive training on restraint minimisation and management of behaviours that challenge. There were eight residents using lap belts in their wheelchairs as enablers and no residents were using restraint. 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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There is a comprehensive suite of infection prevention and control policies, procedures and a monitoring system in place. The infection prevention and control team monitor and report infections through the infection prevention and control surveillance programme. Standardised definitions are used for the identification and classification of infection events. The information gathered is analysed for trends and these are discussed at staff meetings. There is an ongoing training programme for staff and information about infection prevention and control is shared with residents regularly.

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	40	0	3	1	0	0
Criteria	1	87	0	4	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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's (HDC) Code of Health and Disability Consumers' Rights (the Code) policy and procedure is implemented. Interviews with ten residents (three rest home level; one long term services – chronic health conditions [LTS-CHC]; four young persons with a disability [YPD], two physical disability [PD], two intellectual disability [ID]); two ACC (traumatic brain injuries [TBI]), confirmed knowledge of and acknowledged services were being provided in line with the Code. Three families interviewed (one rest home, two ID) also confirmed knowledge of the Code and the rights therein. Aspects of the Code are discussed at staff and resident meetings.
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	Bainfield Park has established informed consent policies/procedures. The seven resident files reviewed (one aged care, one physical disability, one ACC, one mental health, one respite, one long-term chronic health and one intellectual disability) has signed admission agreements, informed consents and enduring powers of attorney. Resuscitation status had been signed appropriately. Residents interviewed confirmed staff ask permission prior to attending to cares, this was observed on the day of the audit. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices/decisions. The Bainfield Park management staff are committed to meeting the requirements of the Code of Health and Disability Services Consumers

		Rights. The care assistants interviewed demonstrated a good understanding in relation to informed consent and informed consent processes.
<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>Information about a Health and Disability Advocacy Service is available. Residents have a named advocate if they cannot self-advocate. Contact numbers for advocacy services are included in the policy, in the resident information folder and in advocacy pamphlets that are available in each lounge. External advocacy services (e.g., age concern, citizens advice bureau) can and are utilised.</p> <p>Residents and families interviewed confirmed that they are aware of the process to access advocates if required.</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 and families interviewed confirmed that visiting can occur at any time, although most happen during the day.</p> <p>Residents verified that they have been supported and are encouraged to remain involved in the community. Vocational services are undertaken by some residents at Southland Disability Enterprises or Bainfield Organic Gardens (planting and weeding activities). A selection of residents choose to attend Rotary Club, Rata House, the Salvation Army and the Blind Foundation meetings and social activities. Community based mental health programmes provide recreational, educational and therapeutic support for residents with mental health. IDEA services provide a voluntary friend programme for residents with intellectual disabilities.</p> <p>Families are invited to attend specific events (e.g., a Christmas gathering which is held in the activities room). A family survey is conducted yearly. The general manager meets regularly with family representatives.</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>A complaints policy and procedures have been implemented and residents and their family/whānau are provided with information on admission. Complaint forms are available with an explanation of the complaints process at reception. The residents interviewed confirmed their awareness of the complaints process.</p> <p>A complaints register is maintained. One complaint was lodged in 2020 and one in 2021 (year-to-date). Both complaints were addressed in a comprehensive and timely manner, meeting requirements determined by HDC. They are both documented as resolved with evidence sighted of corrective actions taken. Residents and family advised that they are aware of the complaints procedure and would feel</p>

		comfortable lodging a complaint if necessary.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The service provides information to residents and their families that include the Code, complaints and advocacy services. A variety of communication options are available for residents with limited reading skills or sight impairment via verbal, audio-tapes, braille, illustrations and interpreters. Information is also given to the families regarding enduring power of attorney (EPOA) to read to and discuss with the resident.</p> <p>Residents interviewed identified they are well-informed about the Code. The Code and advocacy service information is prominently displayed near the entry to the facility. Regular resident meetings and surveys provide the opportunity to raise concerns. Residents and family members interviewed are familiar with the process to obtain advocacy services if required. Advocacy agencies and their contact details are posted in visible locations such as in the lounges (e.g., age concern, citizens' advice bureau).</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>Residents interviewed advised their personal privacy is respected, with staff knocking before entering their room. Residents move freely about the facility and were observed to be respectful of their fellow residents' personal bedroom spaces.</p> <p>A worship service is held weekly that is available to residents of faith. Several residents attend community church services and other church activities.</p> <p>Residents advised that staff encourage and support them to be as independent as they are able. Residents interviewed reported that they are able to choose to engage in the many activities in-house, and they are able to access numerous community resources either as part of a group or individually (e.g., library, movies, cafés, Salvation Army).</p> <p>The privacy of the residents' personal information is protected and respected. Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, resident's privacy and dignity. House rules are agreed to by staff at commencement of employment. There is an abuse and neglect policy and staff education and training on abuse and neglect is upheld.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori</p>	FA	<p>There are two residents that identify as Māori, but they have not identified any specific cultural needs. The relative of one resident who identifies as Māori advised that they are happy that the service is able to provide for the resident's cultural needs should they ask. The service has a Māori health policy and</p>

have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.		<p>an individual's values and beliefs policy which includes cultural safety and awareness.</p> <p>Discussions with staff confirmed their understanding of the different cultural needs of residents and their whānau. The service has established links with the Māori health directorate from the Southern District Health Board (SDHB) for advice and support as the iwi, Ngai Tahu, has limited personnel available for community liaison. Staff confirmed they are aware of the need to respond appropriately to maintain cultural safety. Staff attend cultural training as part of the regular in-service training programme.</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>Staff are aware of residents' needs, values and beliefs, as most of the residents have lived at Bainfield Park for a number of years, and they are recorded in the resident's care plan. Collaboration with family/whānau on the cultural needs, values and beliefs of the resident is undertaken at entry to the service and incorporated into the care plan if agreed to by the resident. Interviews confirmed the residents' needs are accommodated and respected.</p> <p>Families advised that staff are responsive to individual needs, values and beliefs.</p> <p>The service recognises that every resident is an individual and as such has different needs in relation to ethnicity, spirituality, disability, gender, sexual orientation, social status and age. Any links with the community or special interest groups that the resident wishes to maintain or develop are also recorded in the care plan.</p> <p>In-house spiritual meetings are held weekly in a room away from the main lounge area and the residents have the right to choose whether or not they attend.</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>Bainfield Park encourages open communication between staff, families and residents to promote identification of any concerns. The family members interviewed spoke of an "open door" policy and that the manager and senior staff are very approachable and accessible. Every resident interviewed named the senior staff member who they would speak with in the first instance if they had a problem and that the staff "listen".</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	CI	<p>Bainfield Park is a unique residential facility that caters for residents with a range of disabilities. Evidence-based practice is evident, promoting and encouraging good practice. The service strives to provide for the range of residents' needs. Residents are treated as individuals and the service encourages normalisation and programmes that focus on maintaining the residents' independence and choice.</p>

		<p>Nursing and care assistant staff are experienced with either an RN or an EN on site 24 hours a day, seven days a week. Care assistants are encouraged to complete Careerforce education and training programmes to upskill, with seven staff currently enrolled at various stages of the programme.</p> <p>The service has implemented an online quality management and resident care system (Healthcare Compliance Solutions Ltd) (HCSL). Electronic medication management is also in place (Medimap). An e-learning platform compliments the in-service training programme for staff.</p> <p>Residents interviewed spoke very positively about the care and support provided. Staff have a sound understanding of principles of aged care and disability support and stated that they feel supported by the GM and clinical nurse manager.</p> <p>A rating of continuous improvement has been awarded in relation to the healthy lifestyles programme that is implemented for the residents.</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>The information packs, provided to residents and their families when entering Bainfield Park, are comprehensive and include information about aged care and non-aged care (as appropriate for the individual) relating to long-term residential care from the Ministry of Health, and separate information for those with intellectual, physical and sensory disabilities. If residents or family/whānau have difficulty with written or spoken English, interpreter services are made available. A braille reading device is available if required. Communication needs are documented in the residents' care plans.</p> <p>Residents interviewed advised that they are kept informed via a monthly schedule sheet about activities, such as the daily exercise class, cooking, card making, paper machine, knitting, jigsaw puzzles, and outings. The residents, who so choose, take part in regular resident meetings where suggestions on activities and discussions about issues within the facility are raised, along with reminders about wellness/health and safety. Residents interviewed confirmed that they are kept informed of changes in their health status and of any adverse events involving them. This was also confirmed in review of ten accident/incident forms. Families are kept informed with the resident's consent.</p> <p>There is an open-door policy for communication with the general manager. Family members interviewed confirmed they are always rung by senior staff about the result of the three-monthly doctor's visits. Family members spoken with are happy to complete the regular surveys. They all advised they are very happy with the care their relative receives at Bainfield Park.</p> <p>Communication with families has been strengthened, due to necessity throughout the Covid-19 visiting restrictions, by the use of platforms such as skype or zoom.</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>Bainfield Park provides residential services for people with physical, intellectual and sensory disabilities; and residential services for older persons requiring rest home level care. The service is governed by a Trust with a board of directors that oversee the Trust.</p> <p>On the day of the audit 49 of the 57 available beds were occupied. This included 13 rest home level residents (7 aged related care, 6 long term chronic conditions), 29 residential disability residents (8 with physical disabilities, 19 with intellectual disabilities, 2 respite (physical disability), 4 residents funded under mental health contracts with the DHB and 3 residents funded by ACC.</p> <p>The organisation is led by a general manager (GM) who is a registered nurse. She has been in this role since September 2017. Previous experience includes a senior management role with the Southern District Health Board with a portfolio that included district nursing services and older persons health. She is supported by a long-serving clinical nurse manager (CNM) and a team of RNs and ENs.</p> <p>The goals and direction of the service are documented in the business plan and the strategic direction is discussed at board level. The GM provides regular reports to the board. Goals are regularly reviewed both at a governance level and at an operational level.</p> <p>The GM and CNM have maintained at least eight hours annually of professional development activities related to their roles at this facility.</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>The general manager reported that in the event of her temporary absence the clinical nurse manager fills her role. A senior RN covers for the clinical nurse manager in her absence with additional support provided by the GM.</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</p>	PA Low	<p>A business plan (2021) is being implemented, which is complimented by a quality plan (2021). Quality portfolios have been developed and delegated to the shift supervisors (RNs and ENs) with the overall quality programme overseen by the quality coordinator/enrolled nurse (EN).</p> <p>Bainfield Park has purchased and implemented Health Compliance Solutions Ltd (HCSL), a quality assurance system for aged residential care. A system for document control is being implemented. Policies and procedures are in an electronic format and are reviewed two yearly at a minimum.</p>

<p>continuous quality improvement principles.</p>		<p>Quality improvement processes on HCSL capture and manage areas identified for improvements. This includes (but is not limited to) an internal auditing programme, health and safety, adverse event and infection control data collection and management, satisfaction survey results and complaints management. Findings are discussed in the applicable meetings (e.g., monthly staff meetings, monthly clinical (RN/EN) meetings, quarterly residents' meetings, quarterly health and safety meetings). Corrective action plans are developed, implemented and signed off when service shortfalls are identified with examples provided (e.g., documentation of continence/toileting outputs, medication room temperatures, donning personal protective equipment).</p> <p>There is a dedicated health and safety officer (quality coordinator/EN) who leads the health and safety programme. All staff complete an annual health and safety competency questionnaire every year. Missing was evidence to indicate that contractors are provided with a site induction relevant to health and safety. The hazard register is monitored to ensure controls are in place. A health and safety audit is conducted six-monthly. Results are discussed in the health and safety and staff meetings.</p> <p>Resident and family surveys are conducted electronically using survey monkey. Data is collated, analysed and used for service improvements and 2020 survey results indicate that 90% are satisfied with the service and 10% rank the service as fair. No respondents indicated that the service was poor. Results are minuted as being discussed in staff meetings. Corrective actions are implemented where improvements are identified with one example provided around ensuring staff are polite when speaking with residents. One improvement noted when comparing the 2020 to 2019 survey results is in relation to residents feeling safe around other residents. A healthy lifestyle survey was also completed in 2020 (link CI 1.1.8.1).</p> <p>Initiatives are in place around managing residents with challenging behaviours. Falls prevention strategies are also being implemented for residents.</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>	<p>FA</p>	<p>There is an incident/accident reporting policy that includes definitions and outlines responsibilities including immediate action, reporting, monitoring, corrective action to minimise and debriefing. Individual incident/accident reports are completed for each incident/accident with immediate action noted and any follow-up action required.</p> <p>A review of ten incident/accident forms (skin tears; witnessed and unwitnessed falls, medication error, challenging behaviours, bruising) identified that the incident/accident forms are fully completed and include follow-up by a registered nurse. Neurological observations are completed in a consistent manner for residents who experience an unwitnessed fall or sustain an injury to their head.</p> <p>The GM and CNM were able to identify situations that would be reported to statutory authorities. There have been no outbreaks since the previous audit. A Section 31 report has been completed for a stage</p>

		four pressure injury, two assaults, and two coroner inquests for unexpected deaths.
<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>Human resource management policies include the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity. A register of current practising certificates is maintained. Seven staff files reviewed (three care assistants, one RN, one EN, one activities coordinator and one housekeeper) evidenced that reference checks are completed before employment is offered. Also sighted were signed employment agreements and job descriptions.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice. Care staff complete an orientation programme that includes assessing their competency prior to working independently with the residents. Staff education and training includes regular in-services and annual competency assessments around a range of skills including (but not limited to) medication management, manual handling, observations and recordings, health and safety, infection control, restraint minimisation and managing challenging behaviours. Education provided covers topics relevant to young people with physical disabilities.</p> <p>Kitchen staff have completed their food safety training on site. Chemical safety training is included in staff orientation and as a regular in-service topic. One RN (CNM) has completed her interRAI training. All ENs, RNs and activities staff hold current first aid/CPR certificates. Missing was evidence of care assistants with current first aid/CPR certificates who take residents out on weekend outings (link 1.4.7.1).</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 GM and CNM work Monday – Friday with the CNM off every second Friday (with RN relief cover). There is a documented rationale for staffing the services. Every shift has two shift supervisors (one on each wing) who is either an RN or an EN. There is also an on-call roster with a registered nurse (staff RN or clinical nurse manager) available at all times.</p> <p>Maitai wing, with 29 residents (thirteen rest home, three mental health, one ACC, seven intellectual disability, four physical disability, one respite/physical disability) is staffed with one shift supervisor and two care assistants on the AM shift (one long and one short (0700-1300)). The PM shift is staffed with two care assistants (one full shift and one short shift 1700-2200) and one shift supervisor who splits their time between Maitai wing and Kiwi wing.</p> <p>Kiwi wing, with 20 residents (one respite, one mental health, twelve intellectual disability, four physical disability, two on ACC) is staffed with one shift supervisor and a short shift care assistant (0700-1300). The PM shift is staffed with two care assistants (one long and one short (1430- 2100) and a shift</p>

		<p>supervisor who is also covering Maitai wing.</p> <p>There are two residents in two separate flats that are located adjacent to the facility (one YPD/ID and one boarder). Staff in the Kiwi wing are rostered to cover residents in the flats if needed. The YPD resident has been assessed as safe to live in a flatting environment.</p> <p>The night shift is staffed with one shift supervisor and two care assistants. There are separate cleaning and laundry staff rostered seven days a week. Activities staff are rostered Monday – Friday from 0830-1600.</p> <p>Staff, residents and family interviewed confirmed that staffing levels are adequate. Residents confirmed that their call bell is answered in a timely manner.</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 service retains relevant and appropriate information to identify residents and track records. Files and relevant resident care and support information is readily accessible in an electronic format with individual password protection.</p> <p>Hard copy resident files are stored where they cannot be accessed by people not authorised to do so. Resident files reflect service integration. Back-ups are undertaken using cloud-based technology.</p> <p>Entries are legible, dated and signed by the relevant staff member including their designation.</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 their need for services has been identified.</p>	FA	<p>There are entry to service policies and procedures for residents admitted to Bainfield Park. Residents, family/whānau/enduring power of attorneys (EPOAs) receive a copy of the Code, including advocacy and the complaints procedure. In the files reviewed there were signed admission agreements, completed demographic details, and assessments in accordance with contractual requirements. The GM and CNM work with referrers, families and potential residents to ensure that residents enter the service appropriately. Potential residents have a needs assessment completed by needs assessment service coordinators (NASC) and are welcomed with their family/whānau (where able) to visit and look around Bainfield Park.</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</p>	FA	<p>Exit, discharge or transfer is managed in a planned and coordinated manner as per policy. In the RN/EN interview it was confirmed that follow-up contact with referral services would be made to ensure they receive the transfer documents and handover. At the time of transition appropriate information is provided to the person/facility responsible for the ongoing management of the resident. All referrals are recorded in the progress notes. Residents and family/whānau are supported to access or seek referral</p>

services.		to other health and/or disability service providers when required or if the need for other non-urgent services is indicated or requested.
<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>	PA Moderate	<p>The facility has an electronic medication management system. The 14 medication charts reviewed met the requirements including allergies or no allergies recorded and photograph identification. All were reviewed three-monthly by the GP. All PRN 'as required' medications are charted and have indications for use documented.</p> <p>In seven of the 14 medication files, outcomes are not recorded each time PRN 'as required' medication was given. The staff administering medication have a competency assessment and have had recent training. A shift supervisor/EN was observed safely and correctly administering medications.</p> <p>There were two self-medicating residents on the day of the audit. These residents did not have a self-medicating agreement in place or appropriate storage in their room. The medication fridges are required to have daily temperature checks, these were not completed each day of the current month.</p> <p>All medications were stored appropriately. There were no expired medications on site and eye drops were dated when opened. Medications are reconciled against the doctor's medication profile on arrival from the pharmacy by an RN. Pharmacy errors are regarded and recorded as an incident.</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>	FA	<p>All meals at Bainfield Park are prepared and cooked on site. Many of the residents take a packed lunch for daily work and have the lunch time meal saved and reheated for their evening meal. Meals meet the needs of residents with varying ages and disabilities. Supplements are provided to residents with identified weight loss issues. Diets are modified as required. A food control plan is approved and expires August 2021.</p> <p>The kitchen supervisor is supported by a cook and three kitchenhands. All kitchen staff are suitably qualified and food safety procedures are adhered to. On the day of the audit staff were observed assisting residents with their lunchtime meals and drinks. There is a four-weekly winter and summer menu, which has been reviewed by a dietitian. The menu audit was completed 9 October 2020. Resident dietary profiles and likes and dislikes are known to kitchen staff and any changes are communicated to the kitchen via the shift supervisors.</p> <p>Residents provide feedback on the meals and food services generally at the monthly residents' meeting. Residents interviewed indicated satisfaction with the food service. There is a kitchen in the activities area where residents can bake or cook if they wish or as part of the Cooking Club which is run by the AC.</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>Potential residents who are declined entry are recorded. The reason for declining would be if the client did not meet the level of care provided at the facility or there are no beds available. When a potential resident is declined entry, family/whānau are advised and the potential resident is referred back to the referral agency to ensure that they will be admitted to the appropriate service provider.</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 file sampled of the rest home level resident had a current interRAI assessment with needs identified in assessments with corresponding interventions in the care plan. The respite resident has assessments and a care plan in place. All disability residents have at least a six-monthly assessment completed by the need's assessment agency and goals from this assessment are included in the personal care or activity goal plans.</p> <p>Family/whānau and residents interviewed expressed satisfaction with the assessment process.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Bainfield Park has recently moved from paper care plans to electronic. Care plan development starts at admission and continues in partnership with the resident and their family/whānau. The required timeframes are met for care plan development and evaluation. The care plan files reviewed indicated that there is ongoing review as planned. The care plans include goals and interventions for all identified and assessed needs. Short-term care plans (STCPs) are used to plan for acute needs. STCPs are either resolved or carried on to the long-term care plan if not resolved within expected timeframes. Staff interviewed reported that they are familiar with the plans and find them easy to follow and they reflect resident wishes. The files sampled show evidence of individualised, resident-focussed personal care and activity goal plans which promote continuity of care to meet the resident's needs.</p> <p>Activity care plans are developed with the establishment of goals for each resident by the activity's coordinator. These goals include vocational and recreational goals inside and outside the facility. Resident's stated they feel involved at an appropriate level in the planning and management of their care.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p>	FA	<p>The care and support observed and reinforced through interview with staff and residents confirmed the care provided at Bainfield Park meets the individualised needs of residents and was seen by the residents and observed on the days of the audit to be respectful. Residents interviewed were happy</p>

<p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>with the support provided to them. Service provision and interventions meet the needs of the residents and considers their varying needs such as aged care, physical and / or intellectual disability. Individualised needs are described in personal care and activity plans. The service facilitates access to other services (medical and non-medical) including the services of wound and mental health. Access to dietitians is funded by Bainfield Park for aged care residents and the SDHB funds this service for residents with a disability. There is adequate equipment available to meet the needs of residents. Continence issues are documented and managed. Bainfield Park has adequate dressing and continence supplies available with a treatment room stocked for use.</p> <p>On the days of the audit there were three residents with wounds (one unstageable pressure injury, one ulcer, skin tear). There are assessments, plans and ongoing evaluations documented for all wounds. Monitoring forms currently in use include but are not limited to; vital signs and weight, seizure charts, neurological charts.</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>	<p>FA</p>	<p>There is one full time activities coordinator who has a bachelor's degree in sport and recreation who works Monday to Friday. Two hours each day she provides an exercise/movement programme. There are four other staff who work in the activities programme and provide a weekend and evening programme. With a number of residents in full or part time work the busiest part of the Bainfield Park day is the evening and weekends.</p> <p>The general programme is planned monthly with modifications made for each individual resident, based on assessed needs and identified goals to reflect 'normal' daily life. The activities coordinator develops the individual goal plans along with the resident, with a focus on recreation, employment and social outcomes. Residents are encouraged to join in activities that are appropriate and meaningful and are encouraged to participate in community activities. The activities coordinator stated the aim is to work with these goals to try to provide activities to suit all needs and abilities. The individual goal plans are reviewed every six months with a complete annual review. There is a sign off by residents, if they agree with the goals (a cross or mark if unable to actually sign off is sufficient but it is for the resident to acknowledge they understand). The activities coordinator advised that it is easy to see if the resident is enjoying themselves because they make suggestions, take part, and display eagerness to be included. Participation or even just attendance is recorded.</p> <p>The programme is open to everyone and begins with seated "start of the day" exercises. Other offerings are diamond art work (attaching glittering sequins to a drawing) – such a picture was very proudly shared with the consumer auditor. Also, card making, paper mâché, painting, frisbee golf and many more. Also included are outings for coffee, lunch, shopping, library visits, the golf driving range, cooking classes, and trips to outlying areas. Nail painting is often done in the evenings.</p> <p>Volunteers are utilised in the activities programme when they are available. There is a van available for</p>

		<p>resident outings, with outings happening most days. As part of the planning for the outing there is a risk assessment done on the day to ensure that there is adequate consideration of potential risks as there is only one person that accompanies the residents on outings. Residents were observed participating in a variety of activities on the days of audit.</p> <p>Resident meetings are held with the GM monthly and provide a forum for feedback relating to activities. Families are sent letters updating them of events and news at Bainfield Park including updates on their resident activities plan. Residents interviewed discussed enjoyment in the programme and the diversity offered to all residents.</p> <p>Families are sent letters advising them of their resident's activities plan. Feedback from families is given via the surveys and families are encouraged to attend to see what the resident was doing.</p> <p>The Wellness/Healthy Life Styles Programme is very popular and has been beneficial for residents and staff (link CI 1.1.8.1). A group exercise programme has been introduced to focus on falls reduction and healthier eating which has resulted in weight reductions by some residents and staff. There have been healthier snacks introduced from the kitchen, with more fruit and savoury options. A number of residents and staff are really excited by the programme and one resident proudly showed off the certificate which showed she had lost 2.7 kgs. Residents interviewed discussed enjoyment in the programme and the diversity offered to all residents.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Care plans reviewed were evaluated at least six-monthly and activity goal plans were reviewed at least six-monthly. If progress is different from expected, the service, in partnership with the resident and their family, changes the care plans according to the needs of the residents and this was confirmed by the staff interviewed and sighted in the six long-term care plans reviewed.</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>Residents are given a choice when they want to access other health services, this was confirmed by residents and family/whānau. The RN and ENs confirmed that processes are in place to ensure that all referrals are followed up accordingly. Referral documentation is maintained on residents' files. Resident files reviewed showed evidence of residents accessing other health services and specialist services from the Southern District Health Board. The resident, family/whānau and enduring power of attorney (where activated) are kept informed of the referral process, as verified by documentation and interviews.</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>All chemicals are labelled with manufacturer labels. There are designated areas for storage of cleaning/laundry chemicals and chemicals are stored securely. The chemicals are locked away when not in use. Product use charts are available in the laundry and the hazard register identifies hazardous substances. Gloves, aprons, and goggles are available for staff. One laundry staff interviewed confirmed that staff have been trained in the safe handling of chemicals. This training is provided by Ecolab.</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>	PA Low	<p>The service displays a current building warrant of fitness, which expires on 3 February 2022. Hot water temperatures are checked monthly by maintenance staff. Water temperature records reviewed for Rimu wing identified that temperatures to resident areas had been documented on occasions above 45 degrees Celsius. There was no documented evidence that this has been addressed. Medical equipment and electrical appliances are tested and tagged every year. Preventative and reactive maintenance occurs with evidence of regular monitoring and completion of internal maintenance audits.</p> <p>Residents were observed mobilising safely within the facility. Ample space is available to allow for mobility aids including motorised wheelchairs. There are sufficient seating areas throughout the facility. The exterior has been well maintained with outdoor shaded seating, lawn and gardens. An outdoor covered shed is available to residents who smoke.</p> <p>Care assistants interviewed confirmed there was adequate equipment to carry out the cares according to the resident needs as identified in the care plans.</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>All residents at Bainfield Park have single rooms. A selection of rooms have full ensuites, while other residents share toilets and showers. There are sufficient numbers of resident toilets and showers in close proximity to resident rooms and communal areas. Privacy signage is in place. Visitor toilet facilities are available. There are also two independent flats adjacent to the facility. Each flat includes toilet and shower facilities with call bell access. Residents interviewed stated their privacy and dignity is maintained while attending to their personal cares and hygiene.</p>
<p>Standard 1.4.4: Personal</p>	FA	<p>The residents' rooms are spacious to meet the assessed resident's needs for sleeping and private</p>

<p>Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>		<p>space to undertake crafts or to have quiet time in their own space. This includes those with age related needs and physical and intellectual disability care needs. There is sufficient space in the rooms for staff to manoeuvre mobility aids around the bed and personal space.</p> <p>All beds are of an appropriate height for the residents. The bedrooms are personalised, and much pride was often displayed when showing their rooms to the auditor. Residents interviewed reported that they really enjoy their bedrooms.</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 is a large lounge and one main dining room as well as four small dining rooms as well as smaller lounges around the facility. The smaller dining rooms were put into place during Covid restrictions to maintain the required safe distancing. They have been retained and therefore there are less smaller lounges than in the past. The dining rooms have ample seating and maintain social distancing. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the residents using them. Residents interviewed reported that they are able to freely move around the facility and that staff assist them when required. The designated activities space is large and purpose-built for various activities to take place at one time or for large gatherings with families present.</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>The laundry is only accessible via locked door key pad entry by staff only. The laundry of sheets and bedding is outsourced. On site there is a large separate laundry area where all towels and personal clothing is laundered by laundry staff. There is an area for dirty laundry and soiled clothes which is extensively cleaned. Staff regularly attend infection control education, which begins during their orientation in the service. There is appropriate protective clothing available (plastic aprons, disposable gloves, masks). An Ecolab control spill kit is available and situated within easy reach. Infection prevention and control information is displayed. Manufacturers' safety data Information sheets (MSDS) are contained within a folder which is clearly labelled and visible. Chemical training will soon be available online for all staff from June/July 2021.</p> <p>A labelling machine was purchased at the end of 2020 which has made the identification of individuals' clothes easier. A sewing machine is also in the laundry for repair work. There was a container of unlabelled clothes also found in the laundry storage area.</p> <p>Residents interviewed reported satisfaction with the laundry service and cleanliness of the room/facility. The laundry processes have improved significantly since employing specific staff for laundry duties only. Dedicated laundry staff are rostered/scheduled to work seven days a week.</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>	PA Low	<p>An approved fire evacuation plan is in place. Fire drills are conducted every six months at a minimum. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. A contracted service provides checking of all fire equipment. Fire training and security situations are part of orientation of new staff.</p> <p>There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times at the facility but the care assistants who assist with outings over weekends have not completed this training. A defibrillator is available on site in a visible location. There are call bells in all residents' rooms, toilets, showers. Staff also carry a call bell (pager) and can summon assistance if needed. Security systems are in place to ensure residents are safe including external lighting, a security camera at the entrance to the facility, and the facility is kept locked after sunset.</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>The facilities are light and airy. The sun was streaming in the large windows in the communal areas. Residents' bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Some of the communal areas have doors directly to the outside decks, lawns or garden areas. A selection of the bedrooms viewed also had doors opening to deck areas or the gardens. Residents interviewed stated the environment was warm and comfortable. The facility was warm and welcoming on a frosty morning when the auditors were on site.</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>Bainfield Park has an established infection prevention and control (IPC) programme. The IPC programme is appropriate for the size, complexity and degree of risk associated with the service. The CNM oversees the programme with a shift supervisor/EN as the designated infection control person and the RN (new graduate) nurse working with them. IPC matters are discussed at all staff meetings. Education has been provided for staff. Bainfield Park has implemented the HCSL system and as such has reviewed the IPC Plan as well as a wide range of comprehensive policies which cover all the aspects of IPC and in particular outbreak management including Covid-19.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information</p>	FA	<p>Bainfield Park has adequate resources to implement the IPC programme. Information about current IPC practises and Banfield Park's results are provided to staff at staff meetings and the usual communication channels. The IPC nurses maintain their practice by attending external updates. The CNM attended the 2020 IPC Conference. External resources and support are available when required. IPC is part of staff orientation and induction. Hand washing facilities are available throughout the facility</p>

resources to implement the infection control programme and meet the needs of the organisation.		and alcohol hand gel is freely available.
<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	Bainfield Park is now using the HCSL system for policy updates and management. This system provides a comprehensive suite of policies, procedures, standards, guidelines, information on roles, responsibilities of the IPC team and training and education of all staff. The system was implemented in 2020 therefore policies have been reviewed and will be updated as required, at least two yearly.
<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	The staff orientation programme includes IPC education. The IPC nurses have completed external training including Health Learns IPC session. They are developing internal training for the other staff on IPC and undertake regular handwashing audits. All staff can access the Health Learn online programme and other training provided by the SDHB. There is annual refresher training in handwashing and standard precautions. Education is provided to residents in the course of daily support with all residents interviewed able to describe infection prevention and control practice that is safe and suitable for the setting.
<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 and monitoring is an integral part of the infection control programme and is described in policy. A registered nurse is the designated infection control person. Monthly infection data is collected for all infections based on signs and symptoms of infection. Surveillance of all infections is entered onto a monthly summary and then analysed and graphed and reported to staff meetings.</p> <p>The IPC team are the designated infection control staff. Infection surveillance and monitoring is an integral part of the IPC programme and is described in policy. The infection data is collected for all infections based on signs and symptoms of infection. This information is available in real time with the HCSL system and this information is available to staff. This information can be gathered in the desired</p>

		timeframes - monthly for staff meetings and reported and made available to staff.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Restraint is only used as a last resort. There were no residents at the time of the audit using restraint. There were eight FIVE IN SUMMARY residents using enablers (safety belts on their wheelchairs).</p> <p>The restraint policy includes definitions of restraints and of enablers. Interviews with care assistants confirmed their understanding of restraints and enablers and could describe the differences.</p> <p>One file of a resident who was using an enabler was reviewed. An enabler assessment was completed, and consent form signed by the resident to demonstrate consent for the safety belt. Enablers are reviewed annually.</p>

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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.9</p> <p>Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whānau of choice, visitors, and those commonly associated with providing services. This shall include:</p> <p>(a) Identified risks are monitored, analysed, evaluated, and reviewed at a frequency determined by the severity of the risk and the probability of change in the status of that risk;</p> <p>(b) A process that addresses/treats the risks associated with service provision is developed and implemented.</p>	PA Low	Staff are orientated to health and safety during their orientation to the service. The contractors' induction process to health and safety has been established, but has not been fully implemented since 2016.	Only one contractor has signed that they have completed the health and safety induction programme at Bainfield Park since 2016.	<p>Ensure that all contracted undergo a health and safety orientation, including signed acknowledgement that they agree to the facilities health and safety policies and procedures.</p> <p>90 days</p>
Criterion 1.3.12.1	PA	Overall, the medicine management system ensures there is safe and	(i) Outcomes of PRN 'as	(i) Ensure PRN 'as required'

A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.	Moderate	appropriate prescribing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines. The medication fridges are required to have daily temperature checks, these were not completed each day of the current month.	required' medications were not recorded at each administration in seven out of fourteen files. (ii) There are two medication fridge temperatures, temperatures were not recorded on either fridge daily.	medications outcomes are recorded at each PRN administration. (ii) Ensure medication fridge temperatures are recorded daily as per policy. 60 days
Criterion 1.3.12.5 The facilitation of safe self-administration of medicines by consumers where appropriate.	PA Low	There is a policy around self-medicating. There are two self-medicating residents on the day of the audit. These residents do not have a self-medicating agreement in place or appropriate secure storage in their room.	Two self-medicating residents do not have a self-medicating agreement or secure storage for the medications.	Ensure self-medicating residents have a signed self-medicating agreement and secure storage for the medications they are using 60 days
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	The maintenance staff carry out preventative and reactive maintenance. Missing was evidence	One wing in the facility (Rimu wing)	Ensure all resident room water

		of hot water temperatures being corrected when they exceed 45 degrees Celsius.	occasionally has resident water taps that exceed 45 degrees Celsius. There is no evidence of actions taken.	temperatures do not exceed 45 degrees Celsius. 90 days
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	<p>Staff are trained in emergency procedures with fire drills taking place a minimum of six-monthly. There is a minimum of one staff trained in first aid/CPR at the facility and on outings Monday - Friday. Missing was evidence of the care assistants who take residents on outings over the weekends having completed first aid/CPR training.</p>	<p>Two care assistants who take residents on outings over the weekends do not hold current first aid/CPR certificates.</p>	<p>Ensure care assistants who take residents on outings over weekends hold current first aid/CPR certificates.</p> <p>180 days</p>

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 1.1.8.1 The service provides an environment that encourages good practice, which should include evidence-based practice.	CI	Examples of good practice are evident with one project in particular that has resulted in a rating of continuous improvement.	In 2019, a healthy lifestyles project was implemented for the residents. This 10-week programme was so successful in 2019, it was repeated again in 2020 as per the request of the residents (confirmed in resident meeting minutes and resident interviews) and is scheduled to resume again in 2021. Participants are weighed before, during and after completion of the 10-week programme. Interventions include residents agreeing to healthy eating habits and regular exercise (participating in group and one-on-one sessions led by the activities coordinator). Residents wear pedometers to measure their number of daily steps. Surveys are completed after concluding the 10-week programme and reflect high levels of resident satisfaction. This was also confirmed during resident interviews. Outcomes for 2019 was an average weight loss of 4.9kg. In 2020 weight loss ranged from a loss of 1.1kg to 4.6 kg. Only one resident gained weight. Staff also were involved which made the residents feel that everyone was in this challenge together and they enjoyed comparing their results with staff. This programme is scheduled to be repeated again in 2021.

End of the report.