

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 Ngā paerewa Health and disability services standard (NZS8134:2021).

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

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| 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: 16 May 2024 End date: 17 May 2024 |
| 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: | 51 |

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

Key to the indicators

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

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

General overview of the audit

Bainfield Park Residential Care operates under Bainfield Park Adventist Charitable Trust as a subsidiary company. Bainfield Park is certified to provide residential disabilities (physical, intellectual, and sensory) and rest home level of care for up to 57 residents. Bainfield Park is situated on a large parklike property on the outskirts of Invercargill. The management team have extensive experience. The non-clinical general manager has many years in managing aged care facilities. The clinical nurse manager is a registered nurse and has been in her role for more than 18 years.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand Te Whatu Ora - Southern. The audit processes included observations; a review of organisational documents and records, including staff records and the files of residents; interviews with residents and their family/whānau; and interviews with the general practitioner, staff, and management.

The service listens and respects the voices of the residents and effectively communicates with them about their choices. Staff have received training on Māori health and awareness at orientation. There are quality systems and processes being implemented. The service has embedded a quality system, policies and procedures, and education plan to enable staff to deliver good care. Residents and the family/whānau interviewed commented positively on the standard of care and services.

This audit has identified the service meets the Ngā Paerewa Health and Disability Services Standard 2021.

A continuous improvement has been awarded to the service for the health and safety initiative that the quality improvement coordinator and activities coordinator have initiated with the younger residents.

Ō tātou motika | Our rights

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| Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs. | | Subsections applicable to this service fully attained. |
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The business plan includes a mission statement, values, and operational objectives. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

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

Hunga mahi me te hanganga | Workforce and structure

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| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. | | Subsections applicable to this service fully attained. |
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The business plan includes a mission statement and operational and clinical objectives. The service has documented quality and risk management systems that takes a risk-based approach. Internal audits and meetings were documented as taking place as per schedule, with corrective actions resolved in a timely manner. A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented and monitored by the health and safety committee. Staff incidents, hazards and risk information is collated at facility level, and reported to the regional manager, with documentation of data put into a consolidated trend report across all Radius facilities. The data is presented to the Board at each meeting.

A staffing and rostering policy is documented. Human resources are managed in accordance with good employment practices. A role specific orientation programme and regular staff education and training are in place.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te ora | Pathways to wellbeing

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| Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. | | Subsections applicable to this service fully attained. |
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On entry to the service, information is provided to residents and their family/whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required. Registered nurses assess residents on admission. InterRAI assessments and risk assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Handovers between shifts guide continuity of care and teamwork is encouraged.

The activity programme is overseen by a diversional therapist. The activity team, and programme provides residents with a variety of individual, group activities and maintains their links with the community. The activities calendar has a range of activities that are appropriate to their cognitive and physical capabilities.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs of the residents. All meals are prepared on site. The service has a current food control plan. The menu is reviewed. Residents and family/whānau confirmed satisfaction with meals provided. There are snacks available 24/7.

Transition, discharge, or transfer is managed in a planned and coordinated manner.

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

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| Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities. | | Subsections applicable to this service fully attained. |
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The service has a current building warrant of fitness for the building and a certificate of public use for the new wing. Testing, tagging, and calibration of equipment is completed as required. Resident areas are personalised and reflect cultural preferences. External areas are safe and well maintained, with shade and seating available. Fixtures, fittings, and flooring are appropriate, and toilets and shower facilities are constructed for ease of cleaning and conveniently located.

Systems and supplies are in place for essential, emergency and security services. Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system responded to in a timely manner. Security is maintained.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

The infection prevention and control programme, content and detail is appropriate for the size, complexity, and degree of risk associated with Bainfield Park. A suite of infection prevention and control policies and procedures guide staff. The infection prevention and control coordinator is a registered nurse who is supported by the clinical nurse manager.

The infection prevention control programme is designed to link to the quality and risk management system. The programme is reviewed annually. Infection prevention and control is included in the monthly quality committee meeting. The pandemic plan is in place and there is sufficient personal protective equipment (PPE) available.

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

Dedicated laundry staff provide safe management of dirty and clean laundry. Documented cleaning and laundry services policies and procedures are in place, along with appropriate monitoring systems to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinator is the facility manager. Bainfield Park has one resident using restraint and is actively working towards a restraint-free environment. This is supported by the governing body and policies and procedures. Staff interviewed have received restraint training, providing the least restrictive practice, de-escalation techniques, and alternative interventions to prevent the use of restraint.

Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
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| Subsection | 0 | 29 | 0 | 0 | 0 | 0 | 0 |
| Criteria | 1 | 179 | 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) |
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| Subsection | 0 | 0 | 0 | 0 | 0 |
| Criteria | 0 | 0 | 0 | 0 | 0 |

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

| Subsection with desired outcome | Attainment Rating | Audit Evidence |
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| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | FA | <p>A Māori health plan and associated cultural policies acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service has residents who identify as Māori. Bainfield Park is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau. The resident care plans include a Māori health care plan based on Te Whare Tapa Whā. Records for residents identifying as Māori were reviewed and these confirmed that a Māori health care plan had been completed. The service has well established links with Health New Zealand – Southern cultural advisor and the Murihiku marae. Recently, residents visited the marae to develop increased understanding of tikanga and culture. Further to this, one of the Board members is mana whenua and provides cultural support and advice to the Board and senior management.</p> <p>The business plan and Māori health plan document support strategies to increase Māori capacity by employing and recruiting Māori staff at the service. The business plan documents a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were staff members who identified as Māori and who are working to improve their te reo Māori. Staff have completed modules in an electronic training programme relating to cultural safety and Te</p> |

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| | | <p>Tiriti o Waitangi.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, activities, and dietary needs. Eleven staff were interviewed (three healthcare assistants (HCA), two registered nurses (RNs), one enrolled nurse, one housekeeper, one maintenance person, one quality coordinator, one activities coordinator, one kitchen manager). Two managers, the general manager and clinical nurse manager were interviewed. The interviews and documentation reviewed identified that staff and management support and encourage all residents to embrace their culture.</p> |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | FA | <p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika. The Pacific health plan has been developed by an external consultant. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025.</p> <p>On admission all residents state their ethnicity. Family members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented in each resident care plan and activities plan. There were no residents who identified as Pasifika at the time of audit.</p> <p>The service is not actively recruiting new staff; however, the general manager described how they would encourage and support any applicants during the interview process, who identify as Pasifika. There were staff employed who identified as Pasifika.</p> <p>Interviews with the chairperson of the Board, general manager, clinical nurse manager, and staff confirmed the service puts people using the services and the local community at the heart of their</p> |

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| | | services. |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p> | FA | <p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical nurse manager or RNs discuss aspects of the Code with residents and their family/whānau on admission. Residents, or their enduring power of attorney (EPOA) sign to acknowledge that they have been provided with written information explaining the Code and its application to services provided at Bainfield Park.</p> <p>Discussions relating to the Code are held during the resident meetings. The ten residents interviewed (two rest home and eight YPD) and four family/whānau (one rest home and three YPD) reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. There are links to spiritual supports.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance and in the entry pack of information that is provided. Staff receive education in relation to the Code, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews, policy and procedures, the range of activities provided, and the service's commitment to providing a service that meets the needs of whaikaha, people with disabilities.</p> |
| <p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in</p> | FA | <p>Interviews with staff described how they support residents in making their own choices. Residents interviewed confirmed this to be the case, and that they have control and choice over activities they participate in. Residents are supported to make decisions about whether they would like family/whānau members to be involved in</p> |

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| <p>a way that is inclusive and respects their identity and their experiences.</p> | | <p>their care.</p> <p>Residents were observed to be treated with dignity and respect. Resident/family/whānau satisfaction survey results confirmed residents are treated with respect. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Six residents' files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Te reo Māori signage was evident around the facility. Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.</p> <p>Younger residents and family/whānau interviewed by the consumer auditor stated they make their own decisions and are treated with respect. All felt supported by staff to ensure their beliefs and identity are maintained.</p> |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p> | <p>FA</p> | <p>An abuse and neglect policy is being implemented. Bainfield Park policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to acknowledge cultural diversity. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> |

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| | | <p>The service implements a process to manage residents' comfort funds, such as sundry expenses. Further to this, the service supports younger residents to be independent in managing their finances by providing a safe and secure environment to do this, along with mentorship from external agencies, such as budget advisors. Professional boundaries are defined in job descriptions. Interviews with the management, RNs and HCAs confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation. Interviews with staff confirm that they would be comfortable addressing racism with management, if they felt that this was an issue.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.</p> |
| <p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p> | FA | <p>A range of information is provided to residents and family/whānau on admission in the Bainfield Park welcome pack. Monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. All communication with family/whānau is documented in the resident's file. Family/whānau interviewed stated that they are kept informed when their family/whānau member's health status changes or if there has been an adverse event. This was also evidenced on the adverse event forms.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents were able to speak and understand English. However, there were residents with other impairments, and the service had well documented communication strategies that staff are able to implement when and if required.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do</p> |

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| | | <p>so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The delivery of care includes a multidisciplinary team approach. Health professionals involved with the residents may include specialist services through Health New Zealand- Southern and other agencies as required. The clinical nurse manager and RNs described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p> |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | FA | <p>There are policies documented around informed consent. The eight resident files reviewed included signed general consent forms and other consents, including vaccinations, outings, and photographs. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>The advance directive policy is implemented. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with family/whānau demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements are signed and were sighted in all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required. Māori tikanga guidelines were available for staff to ensure they can provide appropriate information for residents, family/whānau and in care planning as required.</p> |
| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable</p> | FA | <p>The complaints procedure is provided to residents and family/whānau on entry to the service and is available in te reo Māori. The general manager is responsible for maintaining the complaints register and evidenced the complaint documentation process. The process includes acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability</p> |

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| <p>system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p> | | <p>Commissioner. There have been no complaints since the previous audit. The general manager reported that the complaint process timeframes are adhered to. In the event of a complaint, documentation including follow-up letters and resolution, would be completed, and managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with tāngata confirmed they are provided with information on the complaints process and noted any concerns or issues they had, are addressed promptly.</p> <p>Complaints forms and advocacy brochures are available at the entrance to the facility. Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident meetings are held bi-monthly and there are other avenues for residents to voice their concerns. The general manager, clinical nurse manager and staff encourage residents and family/whānau to discuss any concerns. It is an equitable process for all cultures.</p> <p>Residents and family/whānau making a complaint are supported to involve an independent support person in the complaints process if they choose. The general manager, clinical nurse manager and RNs acknowledged the importance of face-to-face communication with Māori and the service maintains an open-door policy.</p> |
| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>FA</p> | <p>Bainfield Park Residential Care is governed by Bainfield Adventist Charitable Trust and operates Bainfield Park. Bainfield Park is certified to provide residential disabilities - intellectual, physical, and sensory, and rest home level care for up to 57 residents.</p> <p>There are 16 rest home beds, 4 dedicated mental health beds funded by Health New Zealand – Southern, and 37 residential disability beds funded by Whaikaha – Ministry of Disabled People. On the day of the audit there were 51 residents: 7 rest home residents, 5 residents on the long-term support- chronic health conditions (LTS-CHC), 20 residents with intellectual disabilities, 12 with physical disabilities, 3 residents funded by Accident Compensation Corporation (ACC) contracts, and 4 residents on mental health contracts. There were no</p> |

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| | | <p>residents with sensory disabilities.</p> <p>Eight members compose the Bainfield Park Charitable Trust Board who meet three times a year. Board members have a range of skills, including one Board member who identifies as Māori and one who identifies as Pasifika. There are members of the Board who represent tāngata whaikaha. The charitable trust owns the property and provides overall governance. A separate Board of four (including the general manager) are on the Bainfield Park Residential Care Board, meet two monthly and provide governance of service provision. The chairperson (of both Boards) was interviewed and has been involved with Bainfield Park in governing roles for more than 40 years. There are terms of reference, position descriptions and an orientation to the role is completed for each Board member. The general manager is able to contact the chairperson of the Board at any time and stated that they are extremely responsive.</p> <p>Bainfield Park has a documented mission statement, philosophy and values that is focused on the provision of quality care where residents' independence is encouraged, and individual needs identified and met in order to enhance each resident's quality of life. The philosophy is about providing needs-based care. The annual business plan for 2024 to 2025 provided specific aims and ambitions to be achieved, with this reviewed on an annual basis.</p> <p>The general manager has been at Bainfield Park for 18 months and is supported by an experienced clinical nurse manager (RN), who has been in the role for more than 18 years. The clinical nurse manager has completed more than eight hours of training related to managing a facility; this has included attendance at New Zealand Aged Care Association training days for managers. The general manager has registered for the upcoming conference regarding disabilities – whaikaha.</p> <p>Cultural training, including Te Tiriti o Waitangi, has been completed by Board members and the management team. Interviews with the chairperson of the Board and general manager confirmed they are committed to supporting their Māori health plan. The chairperson of the Board reported they have Māori and Pacific representation at Board level, who are involved in business planning and service development, to improve outcomes and achieve equity for Māori; to</p> |
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| | | <p>ensure tāngata whaikaha have meaningful representation; and to identify and address barriers for residents to provide equitable service delivery. The service provides support for people with disabilities as part of the care provided and as per care plans.</p> <p>There is collaboration with the community through participation in age residential care (ARC) committees and the general manager is chair of the local aged residential care group. The service is re-engaging with community groups post Covid -19 and is in contact with the disability service. Feedback from residents is received through meetings and surveys. Any corrective actions in relation to resident feedback is discussed with the chairperson of the Board, who reports this at both Board meetings, and there is resident representation in the health and safety committee. A clinical governance structure is in place that is appropriate to the size and complexity of the service provision.</p> |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | FA | <p>Bainfield Park is implementing a quality and risk management programme developed by an external contractor. The quality system includes performance monitoring; internal audits; resident satisfaction; staff retention; and the collection, collation, and benchmarking of clinical indicator data. The analysis of data indicates a health equity approach to care of the residents. Results from internal audits, clinical indicator data, surveys and corrective actions identified and implemented are shared in the monthly general staff and combined management/quality improvement meetings. Quality data and trends are shared at staff meetings and the information is available in the staff office. Policies and procedures and associated implementation systems provide a satisfactory level of assurance that the facility is meeting accepted good practice and adhering to relevant standards.</p> <p>A document control system is in place. Policies are developed and reviewed by the external contractor and the management team and meet the Ngā Paerewa Health and Disability Services Standard 2021. New policies or changes to policy are communicated to staff, evidenced in meeting minutes. Resident and family/whānau surveys have been completed in April 2024. Whilst the survey results have not</p> |

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| | | <p>been reported to the staff, resident and family/whanau overall, the satisfaction was of a positive level. There were no corrective actions required from the surveys.</p> <p>A health and safety system is being implemented. Manual handling training sessions are in place for staff. The general manager and quality coordinator have attended health and safety training. It was identified through residents' meetings (minutes sighted) that residents, especially younger residents, were interested in health and safety. Hazard identification forms and an up-to-date hazard register are in place; last reviewed in May 2024. Hazards are classified by their risk and priority. The service has been awarded a continuous improvement in relation to the health and safety programme.</p> <p>Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed at staff/quality meetings. In the event of a staff accident or incident, a debrief process is implemented and actioned. Accident/incident reports are completed, as evidenced in the forms reviewed. Incident and accident data is collated monthly and analysed. The service identifies risks and opportunities, including potential inequities and develops strategies and plans to respond to them.</p> <p>Cultural competency of the staff is assessed to ensure a high-quality service is provided for Māori. Te ao Māori and Te Tiriti o Waitangi are included in the education plan. Discussions with the nurse manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications required since the last audit. There has been one outbreak since the previous audit, which was notified appropriately.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> | FA | <p>There is a staffing policy, with a staff and contingency shortfall plan which describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The general manager, clinical nurse manager, RNs, enrolled nurses, HCAs (who are L4 and hold medication competency), activities coordinator and maintenance person hold current first aid</p> |

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| <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>certificates to ensure there is at least one member of staff on duty and on outings at all times with a current certificate. Healthcare assistants have training specific to conditions (epilepsy, stroke) to assist in identifying changes to resident's conditions. On morning and afternoon shifts Monday to Friday, there is always the clinical nurse manager and RNs on. In the afternoon shifts, weekend morning and afternoon shifts there is always an enrolled nurse or RN. The on call is provided by the clinical nurse manager who confirmed staff call if there are any concerns.</p> <p>There is adequate RN, EN and HCA cover across all shifts. Interviews with the registered nurses and staff confirmed that overall staffing is adequate to meet the needs of the residents. The clinical nurse manager is available Monday to Friday each week and shares on call with a senior registered nurse. The clinical nurse manager is trained to complete interRAI assessments.</p> <p>Training is delivered from a mix of face to face and online training programmes. Training has been provided around caring for the specific types of conditions relevant to the current resident group, which is primarily younger people with disabilities. Training is provided for their specific care needs, such as promoting community connections and consent. Enabling good lives training has been held and is planned for later in 2024. Training sessions are provided to meet the ARRC contract. Cultural competencies are being completed as part of the training programme for RN/ENs and HCAs. Medication competencies are completed by staff. A record of completion is maintained in each staff members files. Healthcare assistants are encouraged to obtain a New Zealand Qualification Authority (NZQA) qualification (Careerforce). There are eight HCAs with a level four NZQA Certificate in Health and Wellbeing; with a further four currently completing this. There are three HCAs with level three NZQA Certificate in Health and Wellbeing.</p> <p>Training for the RNs is available through Health New Zealand – Southern in-services and online training. The management team encourages staff to attend monthly staff meetings; there are memos advertising meetings and training displayed in the staff room. Feedback through surveys and quality data discussed at meetings ensure health information, including Māori health information, is</p> |
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| | | <p>shared with staff.</p> <p>Documented policies are in place to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with the opportunity to participate and give feedback at regular staff meetings, employee surveys and performance appraisals. Staff wellness is encouraged through participation in health and wellbeing activities and initiatives. Interviews with staff confirmed that they feel supported by their managers and workplace initiatives are encouraged. Information supporting the employee assistance programme (EAP) is provided to staff on employment. All staff complete code of conduct training to ensure a positive supportive workplace.</p> |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | FA | <p>Human resource policies are in place, including recruitment, selection, orientation, and staff training and development. Eight staff files were reviewed and evidenced implementation of the recruitment process, employment contracts, police vetting, completed orientation programmes and appraisals. Job descriptions are in place for all positions and cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and updated at prescribed timeframes. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment to Māori and other ethnic groups.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is identified and collated during the employment process. The service has policies related to a debriefing process following incidents. There are staff wellbeing support programmes in place.</p> |

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| <p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p> | FA | <p>All paper based files are kept secure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures (both electronic and those on paper) include the name and designation of the service provider. Residents' archived paper documents are securely stored in a locked room, and electronic medication records are held securely in the cloud; these are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>The service is not responsible for National Health Index registration.</p> |
| <p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | FA | <p>The information pack has accurate information about the services provided, including details specific to younger people with a disability. The entry criteria is clearly communicated to people, family/whānau, and where appropriate, to local communities and referral agencies, verbally on enquiry. Information about the services provided is explained and discussed with the enquirer as required.</p> <p>Residents enter the service when their required level of care has been assessed and confirmed by the needs' assessment service coordination (NASC) team. Residents or their enduring power of attorneys (EPOAs) and documents sighted verified that residents or their EPOAs consented to referral and specialist services. Evidence of specialist referral to the service was sighted. Signed admission agreements and consent forms were sighted in the records reviewed. Family/whānau and EPOAs interviewed stated they were satisfied with the admission process and the information that was made available to them on admission.</p> <p>The general manager stated that any delay to entry to service will be discussed with the resident or family/whānau as required. The clinical nurse manager reported that entry to service can be declined if the</p> |

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| | | prospective resident does not meet the entry criteria or there is no vacancy. The resident and family/whānau are informed of the reason for the decline and of other options or alternative services if required. The general manager maintained a record of the enquiries. If any potential residents were declined, routine analysis showing entry and decline rates, including specific data for entry and decline rates for Māori, would be completed. The general manager stated that Māori health practitioners and traditional Māori healers can be accessed if required for the benefit of Māori residents and whānau. |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | FA | <p>Eight rest home residents' files were sampled for review, these included: four residents on younger persons with disability (YPD) contracts (two intellectual and two physical disability); one resident on a mental health contract; one resident on an ACC contract; one resident on a LTS-CHC contract; and one rest home level resident. The clinical nurse manager or registered nurse completes an initial assessment and care plan on admission, including relevant risk assessment tools. Initial care plans for long-term residents reviewed were evaluated by the RNs within three weeks of admission. Risk assessments are completed six-monthly or earlier if indicated due to health changes. InterRAI assessments are completed for residents on aged residential contracts and paper-based assessments for all other contracts. Long-term care plans were completed within the required timeframes, with outcomes of assessments reflected in the needs and supports documented in the resident care plans. The interRAI assessment links effectively to the long-term care plan.</p> <p>The care plans reviewed were resident focused and individualised. Long-term care plans identified all support needs, goals, and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement. Short-term needs such as current infections, wounds, weight loss, or recent falls are documented and signed off when resolved. The residents not on the ARRC contract had initial assessments, and a long-term care plan in place.</p> <p>Care plans had been evaluated at least six-monthly for long-term residents who had been in the service six months. Residents and</p> |

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| | | <p>family/whānau interviewed and progress note entries confirmed that they had participated in the care planning process and review. The RN interviewed described working in partnership with the resident and family/whānau to develop initial and long-term care plans. Younger residents and their family/whānau interviewed by the consumer auditor stated they were supported and enabled to access family/whānau, community, friends, and health facilities. Transport is available and offered by the service for consumer use. Family/whānau stated that they could visit at any time and were welcomed by staff and management. All care plans included evidence that younger people were involved in care planning. Care plans are person-centred, and residents had input, as well as periodic reviews and changes. Younger residents stated that they had freedom of choice to participate in activities, attend work, education, and community events.</p> <p>The enrolled nurses and RNs interviewed had a good knowledge of care being delivered, based on the four cornerstones of Māori health Te Whare Tapa Whā. The long-term care plans sampled identified residents' strengths, goals, and aspirations. Where appropriate, early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Behaviour management plans were completed for residents with challenging behaviours. Triggers were identified and strategies to manage these were documented.</p> <p>Opportunities to minimise future risks are identified by the general manager, in consultation with RNs and HCAs.</p> <p>The Māori health plan supports a Māori world view of health, incorporating Te Whare Tapa Whā model of health to permeate the assessment process. The Māori health care plan was developed in consultation with a cultural advisor. The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing</p> |
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| | | <p>information or services are identified, and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau. There were residents who identify as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as rongoā and spiritual assistance. Cultural assessments were completed by activities staff and RNs who have completed cultural training.</p> <p>There were three active wounds at the time of the audit, which included one externally acquired burn, an old chronic wound, and a stage I pressure injury. Wound management plans were implemented, with regular evaluation completed. Wound management policies and procedures were in place. Adequate dressing supplies were sighted in treatment cupboards. A wound nurse specialist has been involved in the care of the chronic pressure injury and the burn.</p> <p>The service transports residents to the contracted GP for three-monthly visits. The GP visits two residents on site as scheduled and required, and is available during working hours Monday to Friday. After-hours support is available from the emergency department. Medical assessments were completed by the GP within two to five working days of an admission. The GP on interview stated he was very happy with all aspects of care and communication at Bainfield Park. Routine medical reviews were completed in a timely manner. More frequent reviews were completed if required, as determined by the resident's needs. Medical records were evidenced in sampled records.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the care staff. Any acute changes of health were reported to the RNs, as confirmed in the records sampled. Short-term changes for acute conditions were updated in the care plan and have been reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards their agreed goals and aspirations, as well as whānau goals and aspirations. Where progress was different from expected, changes to the care plan was completed. Where there was a significant change in a resident's condition, an interRAI and risk assessments were completed, and a referral made to the local needs assessment service coordination</p> |
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| | | <p>(NASC) team for reassessment for level of care.</p> <p>Residents' records, observations, and interviews verified that the care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided, and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in the evaluation of progress and any resulting changes. Healthcare assistants complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; intentional rounding; blood sugar levels; and toileting regime. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management.</p> <p>Residents interviewed reported their needs were being met. Family/whānau interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health, as evidenced in residents' progress notes.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | FA | <p>The activity programme is led by an experienced activities coordinator who is in the process of completing their diversional therapy qualification. The activities coordinator was supported by four part-time activities assistants who work with one resident on a one-on-one basis. The team provides an activities programme covering Monday to Saturday and evenings. The monthly activities programme is posted on noticeboards around the facility. 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>Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, family/whānau and EPOAs. 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.</p> |

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| | | <p>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. The activities coordinator advised that it is easy to see if the resident is enjoying themselves because they make suggestions, take part and want to be included. Participation or even just attendance is recorded. The activities were varied and appropriate for people assessed as requiring rest home level of care and residents with disabilities. Activities for residents on the YPD contract included one on one outings in the van to shop or to have lunch/coffee at the local restaurants.</p> <p>The activities programme is regularly reviewed through satisfaction surveys, residents' meetings, and one-on-one conversations with residents to help formulate an activities programme that is meaningful to the residents. Residents' activity needs were evaluated as part of the formal six-monthly interRAI assessments and care plan review and when there is a significant change in the residents' ability. This was evident in the records sampled and confirmed in interviews with the activities team, residents and EPOAs for residents at the facility.</p> <p>Activities for individuals, group activities and regular events are offered. Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities. Residents are supported to access community events and activities where possible. The activities on the programme include exercises; van trips; cooking club, coffee group, puzzles; quiz; walks; pizza nights, baking; church services; card games, lunch at McDonalds, and birthday celebrations.</p> <p>Resident meetings are held with the general manager bi-monthly and provide a forum for feedback relating to activities. Family/whānau 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>Cultural events that facilitate opportunities for Māori to participate in te ao Māori, include Waitangi and Matariki celebrations. Te reo Māori</p> |
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| | | <p>week was observed. The service provides opportunity for residents to attend both on site and external church services. Daily activities attendance records are maintained. Younger residents have age-appropriate activities documented, including the use of technology and younger residents with specific interests are supported to attend community events at the local marae, swimming, sports events, and art classes. The consumer auditor spoke with younger residents who displayed with pride in diamond art, painting, and craft achievements. A younger Māori resident is supported to learn weaving at the local marae.</p> <p>Residents were observed participating in a variety of activities on the days of the audit. Competent residents are supported to access community events and have the independence of going out on their own, as desired/if able. Residents interviewed discussed enjoyment in the programme. Family/whānau and EPOAs interviewed confirmed they find the programme satisfactory.</p> <p>Volunteers are utilised in the activities programme when they are available. A van is available for resident outings, with outings happening once or twice a week. 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. Residents were observed participating in a variety of activities on the days of audit.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | FA | <p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management was in use. The system included medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews.</p> <p>A total of 16 electronic medicine charts were reviewed. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. The effectiveness of</p> |

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| | | <p>PRN medications was consistently documented in the electronic medication management system and progress notes. Eye drops were dated on opening. There were no expired medication on site. All expired medications are returned to the pharmacy promptly. Monitoring of medicine fridges and medication room temperatures was being conducted regularly and deviations from normal were reported and attended to promptly by the maintenance team. Records were sighted.</p> <p>Medication reconciliation was conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed at the audit. The enrolled nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolleys, locked treatment rooms, and cupboards. There were three residents self-administering medications who had been appropriately assessed, regularly reviewed by the GP, and had safe storage within their room. There were no standing orders in use. The medication policy clearly outlines residents, including Māori residents and their whānau, are supported to understand and access their medications. This was reiterated in interviews with the clinical nurse manager, RN, enrolled nurse, residents and family/whānau.</p> <p>Residents and their family/whānau are supported to understand their medications when required. The clinical nurse manager described how they work in partnership with all residents to understand and access medications when required.</p> |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> | FA | <p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences,</p> |

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| <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | | <p>allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preferences were available in the kitchen folder. All food and baking are prepared and cooked on site by experienced cooks and in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns in a four-weekly cycle. A menu review by a qualified dietitian was completed in November 2022. All meals are prepared in the kitchen adjacent to the dining room, plated and served directly to the residents.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food control plan and registration. The current food control plan will expire in May 2025. Food, freezer, and fridge temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>Residents' weight was monitored regularly by the RNs and enrolled nurses and there was evidence that any concerns in weight identified were managed appropriately. Additional supplements were provided where required. The kitchen manager when interviewed stated if any residents request culturally specific food, including menu options culturally specific to te ao Māori, this is provided as requested. Family/whānau are welcome to bring culturally specific food for their family/whānau.</p> <p>Mealtimes were observed during the audit. Residents received the support they required and were given enough time to eat their meals in an unhurried fashion. Residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Meals going to rooms on trays had covers to keep the food warm. Family/whānau and residents expressed satisfaction with meals. This was verified in satisfaction surveys and residents' meeting minutes.</p> |
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| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | FA | <p>The transfer and discharge policy guide staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, their family/whānau, and the GP. The service uses the 'yellow envelope' Health New Zealand transfer documentation system to transfer residents to acute services. The general manager, clinical nurse manager and RNs reported that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Transfer documentation in the sampled records evidenced that appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care. The reason for the transfer was documented on the transfer letter and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure the safety of the residents were completed.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers. The general manager reported that social support or kaupapa Māori agencies, where indicated or requested, are provided. Referrals to seek specialist input for non-urgent services are completed by the GP or the clinical team. Examples of referrals completed were in residents' files sampled. The resident and family/whānau were kept informed of the referral process, reason for transition, transfer, or discharge, as confirmed by documentation and interviews.</p> |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely</p> | FA | <p>There is a current building warrant of fitness for the main building that expires in February 2025. There is certificate of public use for the new wing which expires 24 July 2024. Bainfield Park is a spacious single storey building. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they were able to move around the facility and staff assisted them when required. Activities take place in the large purpose-built recreation room. There are two dining rooms and one lounge in each</p> |

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| <p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>wing. Residents were observed moving freely with mobility aids. Fixtures and fittings are appropriate and meet the needs of the residents.</p> <p>The service employs a full-time maintenance person who has worked at the facility for over 30 years and is on-call 24 hours a day, when required. Reactive maintenance is carried out by the maintenance person, supported by certified tradespeople where required. The planned maintenance schedule includes testing and tagging of electrical equipment, resident equipment checks (this was last completed March 2024), and calibrations of the weighing scales and clinical equipment. Hot water temperatures have been tested and recorded in random resident rooms, laundry, and kitchen monthly. All hot water temperatures were within safe recommended ranges. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes. The vehicles (a van and a car) which are used to transport residents had a current warrant of fitness and registration. The service hires a van with a hoist where required.</p> <p>The service includes a reception area, small seating areas throughout the facility, kitchen, two nurses' stations, two medication rooms, and a laundry. All rooms are single occupancy. All rooms are fully furnished and personalised. The majority of rooms have either an individual or shared ensuite. Five rooms have hand basins only and utilise communal toilets and showers.</p> <p>All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. There are adequate numbers of shared showers and toilets in proximity to resident areas. Shower rooms and toilets are of a suitable size to accommodate mobility equipment. All rooms have external windows to provide natural light and have appropriate ventilation and heating. Healthcare assistants interviewed stated they had adequate equipment for the safe delivery of care, including weighing scales, hoists, air mattress, bath trolley and wheelchairs. Most equipment for YPD and ACC residents is supplied by 'Enable' to individual residents.</p> <p>The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have</p> |
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| | | <p>seating and shade. There is safe access to all communal areas. There are two outdoor areas where residents are able to smoke. All other areas are smoke free.</p> <p>The general manager reported that when there is a planned development for new buildings, there shall be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</p> <p>Interviews with younger residents and family/whānau confirmed that all aspects and features of the facility met their needs. This included ease of access; spacious for wheelchair and bed movement; rooms were warm; appropriate ventilation; privacy; dining and lounge spaces; and outdoor shelter. They all stated that the facility was secure and safe for them.</p> |
| <p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | FA | <p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service in 2021, which was reviewed following the recent building addition. A trial evacuation drill was performed on 14 March 2024. The drills are conducted every six months, and these are added to the annual training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the north lawn is the designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, continence products, gas, and a gas cooker. Emergency lighting is available and is regularly tested. The chairperson has an arrangement with a local supplier for a generator in the event of a power outage/emergency. There are stores kept of oxygen cylinders. A selection of staff (shift supervisors, maintenance and activities) has current first aid certificates, ensuring first aid cover on all shifts. Staff</p> |

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| | | <p>confirmed their awareness of the emergency procedures.</p> <p>The service has an updated call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked two-monthly by the maintenance staff. Call bell audits were completed as per the audit schedule. Residents and family/whānau confirmed that staff responds to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at predetermined times in the evenings. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. There is a security camera at the main entrance. There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service.</p> <p>The needs of the younger residents are taken into consideration in the emergency plan, and this is conveyed to the individuals.</p> |
| <p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p> | FA | <p>Infection prevention and control and antimicrobial stewardship (AMS) are an integral part of the business plan and objectives of the quality and risk management plan. Infection prevention and control data is collated monthly and is reported to the quality meeting, staff meetings and to the Board. There is a clear pathway in place for reporting infection prevention and control and AMS issues through the clinical nurse manager, the general manager, and to the chairperson of the Board. Internal benchmarking occurs through the electronic resident management system and results are discussed at all facility meetings and is included in reports to the Board.</p> <p>There are policies and procedures in place to manage significant infection prevention and control coordinator events. Any significant events are managed using a collaborative approach and involve the management team, the GP, and the public health team. The chairperson of the Board is informed of any outbreaks.</p> <p>External resources and support are available through external specialists, microbiologist, the GP, wound nurse, and Health New Zealand - Southern when required.</p> |

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| | | An RN is the infection prevention and control coordinator who is supported by the clinical nurse manager. A documented infection prevention and control coordinator role description is on the RN and clinical nurse manager's file. There are adequate resources to implement the infection prevention and control programme at Bainfield Park. |
| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | FA | <p>The infection prevention and control programme is appropriate for the size and complexity of the service. The infection prevention and control and AMS programmes are reviewed annually and are linked to the quality and business plan.</p> <p>Documented policies and procedures are in place and reflect current best practice relating to infection prevention and control and include policies for hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; single use items; healthcare acquired infection (HAI); and the built environment.</p> <p>Infection prevention and control resources, including personal protective equipment (PPE), were available should a resident infection or outbreak occur. Staff were observed to be complying with the infection prevention and control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Bainfield Park has a comprehensive pandemic response plan in place which is reviewed and tested at regular intervals. The infection prevention and control coordinator has input when infection prevention and control policies and procedures are reviewed.</p> <p>The infection prevention clinical nurse manager and control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection prevention and control training is included in the mandatory in-services that are held for all staff. Staff have completed infection</p> |

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| | | <p>control education in the last 12 months. The infection prevention and control coordinator has access to an online training system with resources, guidelines, and best practice. The infection prevention and control coordinator has completed infection control audits.</p> <p>The general manager and infection prevention and control coordinator have responsibility for purchasing consumables. The infection control coordinator had input into the new wing. There is a policy in place for decontamination of reusable medical devices and this is followed. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service completed cleaning and environmental audits to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through hand hygiene, and sterile single use wound packs for wound management and catheterisations. Educational resources in te reo Māori are accessible and available. All residents are included and participate in infection prevention and control, and staff are trained in cultural safety.</p> |
| <p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p> | FA | <p>There are approved policies and guidelines for antimicrobial prescribing. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff/quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at clinical meetings and through discussions with the GP, as confirmed by the GP interviewed.</p> <p>Prescribing of antimicrobial use is monitored, recorded, and analysed at site level. The service monitors antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Further discussion takes place at senior management level and is reported to the Board. Trends are identified and discussed at facility meetings.</p> |
| Subsection 5.4: Surveillance of health care-associated infection | FA | Infection surveillance is an integral part of the infection control |

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| <p>(HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | | <p>programme and is described in the infection prevention control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data includes ethnicity and is monitored and analysed for trends and benchmarked monthly and annually. Infection control surveillance is discussed at all facility meetings and reported to the Board through the general managers' report. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement.</p> <p>The service receives email notifications and alerts from Health New Zealand – Southern for any community concerns. All communications were observed to be culturally appropriate.</p> <p>There has been one outbreak of Covid-19 in November 2023, which was appropriately notified and well managed.</p> |
| <p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p> | FA | <p>Waste management policies are in place and confirm to legislative and local council requirements. Policies include considerations of staff orientation and education; incident/accident, and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms, and laundry/cleaner's room. Staff receive training and education in waste management and infection prevention and control, as components of mandatory training.</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas. There are sluice rooms, with sanitisers and adequate supplies of PPE,</p> |

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| | | <p>including eye wear.</p> <p>Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked cupboards for the safe and hygienic storage of cleaning equipment and chemicals. Household staff are aware of the requirement to keep their cleaning trolleys in sight and were observed doing this during the audit. Chemical bottles/cans in storage and in use were noted to be appropriately labelled. Cleaning staff have completed chemical safety training.</p> <p>All laundry is processed on site. The safe and hygienic collection and transport of laundry items into relevant colour containers was witnessed. The clinical nurse manager monitors cleaning and laundry services and completes infection prevention and control internal audits. Residents and family/whānau confirmed satisfaction with laundry services in interviews, resident meetings and in satisfaction surveys. Any concerns that arise are immediately addressed.</p> <p>There is a policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. It details consultation by the infection prevention and control team. There was no construction, installation, or maintenance in progress at the time of the audit.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | FA | <p>The Bainfield Park restraint policy confirms that restraint consideration and application would be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, Bainfield Park will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility has one resident who has requested bed rails. The restraint coordinator is the clinical nurse manager, who was interviewed and described the focus on minimising restraint wherever possible and working towards a restraint-free environment. The service is working with the resident to find a satisfactory alternative. A review of the documentation</p> |

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| | | <p>available for the resident requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval and review process includes the resident (where appropriate), EPOA, GP, restraint coordinator, and cultural advisor (if required). The restraint group consults with the resident who is restrained and their family/whānau in their review of restraint at Bainfield Park. Further to this, the Board (which has Māori representation) has oversight of the quality plan which includes restraint management. The resident using restraint contributes to restraint review meetings and is involved in all related decisions.</p> <p>The use of restraint is regularly reviewed in the six-monthly restraint committee meetings, reported in the monthly facility clinical, staff and quality meetings and to the Board via the general manager. Challenging behaviour training, which includes policies and procedures related to restraint, cultural practices, and de-escalation strategies, is completed as part of the mandatory training plan and orientation. Staff restraint competencies were all up to date.</p> |
| <p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p> | FA | <p>A restraint register is maintained by the restraint coordinator. The file of the resident listed as using restraint was reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, managing behaviours). The resident using restraint had requested the bed rails at their insistence. Written consent was obtained by the resident and/or their EPOA. No emergency restraints have been required; however, a policy and procedure is documented to guide staff.</p> <p>Restraint use is monitored in the resident's progress notes and on a restraint monitoring form. Restraints are monitored two-hourly or more frequently should the risk assessment indicate this is required. Monitoring includes resident's cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga. No accidents or incidents have occurred as a result of restraint use.</p> <p>Restraints are regularly reviewed and discussed in the staff meetings. Healthcare assistants and RNs have the opportunity to be involved in discussions on alternatives to restraint at handovers and staff</p> |

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| | | meetings. The formal and documented review of restraint use is completed after the first month of use and then three-monthly. |
| <p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p> | FA | <p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The outcome of the internal audit goes through to the restraint committee and the clinical, quality and staff meetings. The restraint committee meets six-monthly and includes a review of restraint use, restraint incidents (should they occur), and education needs. The views of the resident who has requested the bed rail restraint are presented at the restraint meeting. Restraint data, including any incidents, are reported as part of the restraint coordinator (clinical nurse manager) report to the general manager and the Board. The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data.</p> |

Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

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

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Specific results for criterion where a continuous improvement has been recorded

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

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding |
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| Criterion 2.2.4 Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them. | CI | Bainfield Park has a well-established health and safety system. Bainfield Park is a unique facility as it has a majority of whaikaha, younger people with disabilities; many of whom are out all day at work. In mid-2023, it was identified through resident's meetings (minutes sighted) that residents, especially younger residents, were interested in health and safety. The quality coordinator, activities coordinator and resident representative from the Health and safety committee planned a fun day training day in November 2023 for all residents who were interested in health and safety. | The quality coordinator and activity coordinator facilitated the November 2023 training day. The quality coordinator taught a variety of activities that included hazard identification and risk classification processes to residents. The resident health and safety representative attends the part of the staff meeting that includes health and safety and contributes to these meetings. Over the first four months of 2024 the residents health and safety representative identified hazards independently, and supported other residents to identify and report hazards using the processes they were taught in November. These hazards have been included in the hazard register and maintenance book where required. Following the fun day, two other residents volunteered to assist the resident representative with the next training day The hazard register was current and was reviewed at |

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| | | | <p>the audit. The hazard register included hazards that have been identified by residents. Over the past three months, the resident health and safety representative has two other residents who are supporting them in monthly reviews of hazards. A further training day is planned to engage more residents and improve the skills of residents who are already involved. The input from the residents increases the service's opportunities to identify risks to residents and maximises opportunities, including potential inequities and assists in developing strategies and plans to respond to them.</p> <p>The quality coordinator and activities coordinator spoke about the increased confidence of the residents who are involved. Residents are working as a team and collaborating in different ways with staff. The residents involved confirmed their enjoyment and increased sense of involvement and confidence, and feeling that they are part of the team keeping staff, residents and family/whānau safer at Banfield Park.</p> |
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End of the report.