

# Bainswood House Rest Home Limited - Bainswood House Rest Home

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## Introduction

This report records the results of a Surveillance 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:

**Legal entity:** Bainswood House Rest Home Limited

**Premises audited:** Bainswood House Rest Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 17 October 2024      End date: 18 October 2024

**Proposed changes to current services (if any):** The service notified HealthCERT of the intention to reconfigure bed numbers. This audit verified the conversion of a two-bedroom apartment into

a one-bedroom apartment and one rest home room. This change resulted in an increase in the facilities rest home care beds from 40 beds to 41 beds.

**Total beds occupied across all premises included in the audit on the first day of the audit: 30**

# Executive summary of the audit

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## Introduction

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

Bainswood House is one of four facilities owned by Rangiora Lifecare Limited. The facility is governed by a Board of five directors and is managed by a care home manager, with an executive director providing oversight and support. The service provides rest home level care for up to 41 residents, with 30 residents on the day of audit.

This unannounced surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard and the contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with family/whānau, management, staff, and the nurse practitioner.

The care home manager is supported by a clinical lead. Residents and family/whānau spoke positively about the service provided.

The service continues with environmental upgrades, including painting, installation of sliding doors to some resident rooms, and landscaping. There is an established quality and risk programme which is implemented.

There were no areas of improvement to follow up from the previous audit.

This surveillance audit identified no improvements are required.

## Ō tātou motika | Our rights

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.

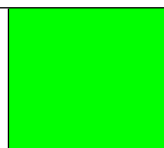


Subsections applicable to this service fully attained.

Bainswood House provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan in place. The service aims to provide high-quality and effective services and care for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

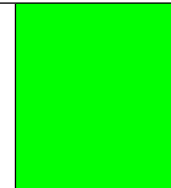


Subsections applicable to this service fully attained.

The business plan 2022-2024 includes a purpose, mission statement and operational objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality data is analysed to identify and manage trends. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions as indicated. The service complies with statutory and regulatory reporting obligations. 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. There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. An orientation programme and regular staff education and training are in place. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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.

The clinical lead or registered nurse assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted nurse practitioner and visiting allied health professionals.

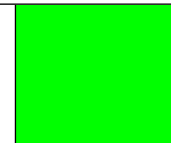
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the nurse practitioner.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents' transfers and referrals are coordinated with residents and families/whānau.

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

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.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

## **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.
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A suite of infection prevention and control policies and procedures are documented and reviewed. Education is provided to staff at induction to the service and is included in the education planner.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are collected and analysed for trends and the information used to identify opportunities for improvements. There have been three outbreaks since the previous audit. These were well managed and documented.

## **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.
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The restraint coordinator is the clinical lead. The facility is restraint free. Maintaining a restraint-free environment is included as part of the education and training plan.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	49	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)
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
<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. 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 is documented for the service that acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has no residents who identify as Māori. Bainswood House is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and evidence is documented in the resident care plan. Cultural assessments are completed for all residents.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Pacific health plan that is in place and being implemented. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality health care. There were no residents identifying as Pasifika at the time of the audit. Bainswood House partners with Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. The service has a relationship with Pacific services through Health New Zealand, who are available for consultation where required.</p>

<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>	<p>FA</p>	<p>Details relating to The Health and Disability Code of Consumers Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The care home manager, clinical lead or registered nurse (RN) discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Four residents and three family/whānau interviewed reported that the service is upholding the residents' rights.</p> <p>Interactions observed between staff and residents during the audit were respectful. The care home manager and eight staff (one clinical lead, one registered nurse, three caregivers, one kitchen manager, one maintenance person and one laundry person) explained how Bainswood House provides a person-centred approach to the delivery of their services.</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>Bainswood House's policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Bainswood House is inclusive of ethnicities, and cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. Staff complete education on orientation biannually as per the training plan on how to identify abuse and neglect; last completed in November 2022.</p> <p>Staff are educated on how to value the older person, showing them respect and dignity. The residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with the care home manager, clinical lead and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</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>	<p>FA</p>	<p>The resident files reviewed included signed general informed consent forms. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Staff have received training from an Aged Concern advocate relating to the understanding of informed consent. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated, an activation letter was on file. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</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 system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The care home manager is the complaints manager and maintains a record of all complaints, both verbal and written, by using a complaint register. Four complaints have been received since the previous audit. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commission (HDC). Where improvements were required, these were documented; and corrective actions implemented. Staff are informed of complaints (and any subsequent corrective actions) in the quality improvement/management and general staff meetings (minutes sighted). Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaint forms are available at the entrance to the facility.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held bimonthly and create a platform where concerns can be raised. During interviews with family/whānau, they confirmed the care home manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau</p>

		<p>making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori in the complaints process. Māori residents are supported to ensure an equitable complaints process. The care home manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication. Staff completed training in relation to advocacy, complaints management and resident rights in November 2023.</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>Bainswood House provides rest home level of care for up to 41 residents including 27 rest home beds and up to 14 serviced apartments certified for rest home level of care. On the day of the audit there were 30 residents in total: 25 residents in the rest home, including one resident on respite, and five rest home level residents in the serviced apartments. All residents are under the age-related residential care (ARRC) contract. Three other facilities in Rangiora, Bainswood on Victoria, Bainslea House and Holmwood are also owned by the Rangiora Lifecare Limited.</p> <p>This audit verified the conversion of a two-bedroom apartment into a one-bedroom apartment and one rest home room. This change resulted in an increase in the facilities rest home care beds, from 40 beds to 41 beds. Both rooms were verified as suitable for rest home level care.</p> <p>Bainswood House is privately owned with an executive director (also a Board member) and a care home manager (enrolled nurse) providing oversight of the service. The executive director is experienced in the provision of aged care services and was knowledgeable around legislative and contractual requirements. There is also a quality coordinator who works two days per month at each of the four Rangiora Lifecare Limited facilities. Collaboration with staff and family/whānau who identify as Māori reflect their input for the provision of equitable delivery of care. The care home manager attends weekly zoom meetings with the executive director and report at the meetings with an overview of adverse events, health and safety, staffing, infection control, and all aspects of the quality and risk management plan. Critical and significant events are reported monthly to the company director. The care home manager and clinical lead (registered nurse) provide clinical oversight for the service.</p> <p>There is a 2022 to (December) 2024 business plan in place which aligns with</p>

		<p>the purpose, mission statement and values of the business. The care home manager and executive director analyse internal processes, business planning and service development to reduce barriers, improve outcomes and achieve equity for Māori. Business goals are reviewed at Board meetings.</p> <p>The care home manager has been in the role since July 2022 and was previously in the nurse manager role since 2011. The care home manager is supported by clinical lead (registered nurse) who has been at the Bainswood House for 15 months, and a part-time RN who has been in the role for three months. The care home manager and the clinical lead have completed eight hours of professional development related to managing a rest home.</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>	<p>FA</p>	<p>Bainswood House has an established quality and risk management programme in place. The care home manager is supported by an external quality coordinator, who is responsible for the completion of internal audits and liaising with the care home manager regarding subsequent corrective actions. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data (eg, falls, skin tears, infections and bruising) is collected, analysed at unit level and benchmarked against industry standards/other aged care organisations. Quality improvement/management and general staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints; compliments; staffing; and education.</p> <p>Meetings have been completed as per schedule and the minutes sighted provide evidence of corrective actions having been implemented and signed off. Resident/family satisfaction surveys are conducted annually. The 2024 satisfaction survey results reflect high levels of family satisfaction related to resident care; staff friendliness; environment cleanliness; grounds; activities programme; food service; laundry; respect; and dignity. The median satisfaction score is 92%. Any areas for improvement are discussed and reviewed at the quality improvement/management meetings.</p> <p>A health and safety system is being implemented, with the service having a health and safety representative. Hazard identification forms and an up-to-date hazard and risk register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p>

		<p>Health and safety training begins at orientation and continues annually. Ten accident/incident forms reviewed for August/September 2024 (unwitnessed/witnessed falls, skin tears and bruising) indicated that the forms are completed in full and are signed off by the care home manager or clinical lead. Incident and accident data is collated monthly and reviewed by the clinical lead and the quality coordinator. Any events of concern are discussed, risks are identified, and improvements are made. Results are discussed in the quality improvement/management and general staff meetings.</p> <p>Discussions with the care home manager and clinical lead evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. A Section 31 notification was sighted for the change in management. There have been no events since the last audit that have required a Section 31 or severity assessment code (SAC) notification. There have been three outbreaks since the last audit which were appropriately notified.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>The roster provides appropriate coverage for the effective delivery of care and support. The facility adjusts staffing levels to meet the changing needs of residents. The care home manager and clinical lead both work full time from Monday to Friday. A part-time RN is employed for eight days a fortnight, including alternate weekends. The clinical lead and the RN share clinical on call 24/7 for any clinical matters. The registered nurses at a sister facility in close proximity are also available to assist after hours and could attend in a clinical emergency. The Nurse Practitioner (NP) also provides after-hours support. The care home manager is on call 24/7 for any operational related issues. There are a sufficient number of caregivers employed to cover all the shifts. Short notice absences are back filled with Bainswood House's own staff. Caregivers interviewed stated the workload is manageable and reported that during the outbreaks they were supported with a flexible roster. Residents interviewed confirmed their care requirements are attended to in a timely manner.</p> <p>The annual education and training plan has been completed for 2023 and is being implemented 2024 year to date. The education and training schedule lists compulsory training, which includes cultural awareness training. External training opportunities for care staff include training through Health New</p>

		<p>Zealand, Hospice, Age Concern and New Zealand Age Care Association.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirteen of 16 caregivers have achieved a level 3 NZQA qualification or higher. The orientation programme ensure core competencies and compulsory knowledge/topics are addressed. All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for restraint; handwashing; medication management/administration; cultural competency; correct use of personal protective equipment; and moving and handling. A record of completion is maintained. The clinical lead is interRAI trained and both RNs are encouraged to also attend external training, webinars and zoom training where available.</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>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, reference checks, police checks, and completed orientation. The orientation programme is role specific to ensure staff are equipped to provide clinical and cultural safe care.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, NPs, pharmacy, physiotherapy, and dietitian). All staff who have been employed for over one year have an annual appraisal completed.</p>
<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>	FA	<p>Five resident files were reviewed. The clinical lead and registered nurse (RN) are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments. All residents had an interRAI assessment completed.</p> <p>Initial assessments and long-term care plans were completed for residents,</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>detailing needs, and preferences within 24 hours of admission. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs and are sufficiently detailed to provide guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the electronic progress notes. If any change is noted, it is reported to the clinical lead and/or RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>The initial medical assessment is undertaken by the nurse practitioner (NP) within the required timeframe following admission. Residents have ongoing reviews by the NP within required timeframes and when their health status changes. There are NP visits on a weekly basis and as required. Medical documentation and records reviewed were current. The NP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The NP is available on call 24/7. Staff are aware they can contact the ambulance service for assistance in acute and emergency situations. A local physiotherapy service is available if required. There is access to a continence specialist as required. A podiatrist</p>
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		<p>visits regularly and a dietitian, speech language therapist, hospice, wound care nurse specialist, and medical specialists are available as required through Health New Zealand.</p> <p>The caregivers confirmed adequate supplies of wound care products were available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit, there were five active wounds, including skin tears, lesions, and surgical wounds.</p> <p>The progress notes are recorded and maintained in the integrated electronic records. Monthly observations, such as weight and blood pressure, were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of electronic monitoring charts are available for the care staff to utilise. These include (but are not limited to) monthly blood pressure and weight monitoring, bowel records and toileting regimen. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive a handover at the beginning of their shift.</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>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Syringe driver assistance is available when required through Nurse Maude. Syringe drivers are seldom used at Bainswood House and registered staff are not required to have current competencies.</p> <p>Staff were observed to be safely administering medications. The clinical lead, RN and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and pro re nata (PRN) drugs and short course medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication room. The</p>

		<p>medication fridge and medication room temperatures are monitored daily and were within expected ranges. All stored medications are checked weekly. Eyedrops are dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the NP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were four residents self-administering all or part of their medications. All had been appropriately assessed for competence and had safe storage within their rooms. No standing orders are used.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cook interviewed stated they consult directly with residents to gain feedback of the food service, and they accommodate individual residents' requests.</p> <p>There is a verified food control plan, expiring 14 May 2025. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</p>
<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</p>	FA	<p>There are documented policies and procedures to ensure discharging or transferring of residents includes a documented transition, transfer, or discharge plan, to include current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>

care or support.		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant and equipment are fit for purpose and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. The current building warrant of fitness expires 1 June 2025. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. The maintenance schedule is implemented as required. The service notified HealthCERT of the intention to reconfigure bed numbers. This audit verified the conversion of a two-bedroom apartment into a one-bedroom apartment and one rest home room. Both rooms were verified as suitable for rest home level care.</p>
<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 control programme is appropriate for the size and complexity of the service. The infection prevention and control and antimicrobial stewardship (AMS) programmes are reviewed annually and is linked to the quality and business plan. The online infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by an external consultant, in consultation with the infection control coordinator (clinical lead). Policies are available to staff.</p> <p>Staff demonstrated knowledge on the requirements of standard precautions. The infection prevention control coordinator oversees infection control and the antimicrobial stewardship programme across Bainswood House and is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff and training videos are also available electronically. Staff have completed infection control related education in the last 12 months. The infection prevention control coordinator</p>

		has completed external training.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection prevention control coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the service.</p> <p>Monthly infection data is collected for all infections based on standard definitions, signs, symptoms, and reporting criteria. Infection control data is entered into the infection register on the electronic risk management system and includes ethnicity data. The data is monitored and evaluated monthly and annually. Any trends identified are analysed, and corrective actions are established. There is benchmarking of infection rates that occurs monthly. Trends, benchmarking, along with actions and outcomes, are discussed at the combined quality improvement/management and general staff meetings. Meeting minutes are available for staff to review and is included in the report that is presented to the executive director.</p> <p>There were two Covid-19 outbreaks (March 2024 and April 2024) and one respiratory tract outbreak in October 2024 since the previous audit. The outbreaks were well managed with appropriate resident care implemented, documentation completed as per required policies, and working alongside the Health New Zealand infection control specialist.</p> <p>There is plenty of personal protective equipment and appropriate communication channels to residents, family/whānau and staff.</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 executive director and Board receive restraint data monthly (if any) and is committed to support the leadership team to maintain a restraint-free environment at Bainswood House. There were no residents using restraint at Bainswood House. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. The restraint coordinator interviewed described the focus on restraint elimination.</p> <p>Restraint elimination is included as part of the mandatory training plan, orientation programme and discussed at staff meetings. Staff have received training in challenging behaviour. All staff are required to read the restraint</p>

		policy annually and sign to confirm their understanding.
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## Specific results for criterion where corrective actions are required

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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.

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

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

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End of the report.