

# Bainlea House (2013) Limited - Bainlea House

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## 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:

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

**Premises audited:** Bainlea House

**Services audited:** Dementia care

**Dates of audit:** Start date: 23 April 2025 End date: 24 April 2025

**Proposed changes to current services (if any):** Two rooms have been converted to a diversional therapy office and staff room; the total numbers decreased from 27 to 25.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 21

# 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 haumaruru | 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

Bainlea House is one of four local aged care facilities in Rangiora owned by Rangiora Lifecare Limited. Bainlea House provides dementia level of care for up to 25 residents. There were 21 residents at the time of the audit.

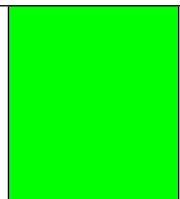
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand. The audit process included reviewing quality systems, residents and staff files, observations, and interviews with family/whānau, staff, management, and a nurse practitioner.

There have been no changes to management. Rooms are refurbished as they become vacant. Family/whānau interviewed were complimentary of the service and care provided.

This certification audit identified improvements required in relation to the implementation of the quality programme, timeframes of care planning and care plan interventions.

## 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.

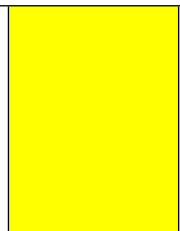


Subsections applicable to this service fully attained.

Bainlea House provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. provides an environment that supports resident rights and safe care. The service has connections with local iwi and has a Māori health plan documented. A Pacific health plan is in place and the service has links with a Pacific community group who will provide support for Pasifika peoples when required. The informed consent process is well understood and implemented by staff. The service listens and respects the voices of the residents and effectively communicates with them about their choices. There is evidence that residents and family/whānau are kept informed. 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 and well-documented.

## 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.



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

There is a documented business plan, which includes mission, vision, values and annual objectives. Bainlea House has a documented quality and risk management programme. Human resources policies cover recruitment, selection, orientation, and staff training and development. A thorough induction programme provides new staff with essential information for safe work practices. An in-service education/training programme addresses relevant aspects of care, support and external training is supported. The

staffing policy meets contractual requirements and ensures appropriate skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet residents' needs. The service ensures the secure, accessible, and confidential collection, storage, and use of residents' personal and health information.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The clinical lead is a registered nurse and efficiently manage the entry process to the service. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care.

The planned activity programme provides residents with a variety of individual and group activities. There are adequate resources to undertake activities at the service. Medication policies are available and accessible.

The registered nurse and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed meets prescribing requirements and are reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked off site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met. The service has a current food control plan. There are snacks available to residents all day.

Residents are reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

## 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.

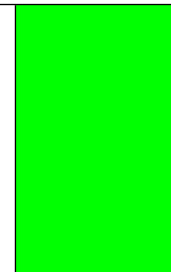
The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There are 25 rooms across one dementia unit. The outdoors is secure. There are communal toilets situated close to lounge areas with appropriate signage. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms and toilets/showers have call bells.

Security checks are performed by staff. Security lights are installed externally throughout the facility.

## 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.

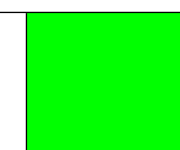
There infection control programme links to the business documents and quality and risk plan. The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. The clinical manager at the sister facility oversees the programme.

A pandemic plan is in place. Sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan if it is activated.

Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There were two outbreaks since the last audit, and these were managed according to Ministry of Health guidelines.

The environment supports the prevention and mitigation of transmission of infections. Waste and hazardous substances were being well managed. Cleaning and laundry services are safe and effective.

## 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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There is governance commitment to maintain a restraint-free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint elimination strategies are overseen by the restraint coordinator, who is the clinical lead and supported by the clinical manager. The facility has no residents using restraint. Use of restraints is considered as a last resort, only after all other options were explored. Education is provided to staff around restraint minimisation and de-escalation of behaviour.

## 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	25	0	2	0	0	0
Criteria	0	164	0	3	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.</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>	<p>FA</p>	<p>There is a Māori health plan and policy that describes the Māori perspectives of health and a commitment to Te Tiriti o Waitangi. Bainlea House has established connections with the local Tuahiwi Marae. The clinical lead/registered nurse (RN) reported during interview that they can access cultural support and guidance from the Māori health unit at Health NZ. There were no residents who identified as Māori at the time of the audit. The business plan reviewed evidenced leadership commitment to ensure all aspects of service delivery is culturally safe.</p> <p>The recruitment policy includes provision of an equitable recruitment process. The clinical lead confirmed in interview that the service supports a Māori workforce through an equitable recruitment process. There were staff identifying as Māori at the time of the audit. Staff receive training on Te Tiriti o Waitangi, Māori health policy, tikanga practices and te reo Māori. Self-determination, cultural values and beliefs of Māori residents and family/whānau are documented in the resident care plan. All staff have access to relevant tikanga guidelines.</p> <p>Interviews with thirteen staff including one clinical lead, six caregivers, two activities coordinators, one kitchen manager, one</p>

		<p>kitchen assistant, one housekeeper and one cleaner confirmed that they are prepared to provide culturally safe services in relation to their role when required.</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>There is a Pacific health plan in place, which documents care requirements for Pacific peoples to ensure culturally appropriate services. The plan includes the Fonofale model of care for use with Pacific peoples. At the time of the audit there were residents and staff who identified as Pasifika. Bainlea House has established connections with Vaka Tautua Canterbury who provide support and guidance for Pacific peoples.</p> <p>Ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered is documented on admission to the service. Interviews with the clinical lead and staff confirmed that they understood the equity issues faced by Pacific peoples and can access guidance from people within the organisation around appropriate care and service for Pasifika. There are equitable recruitment and education processes to recruit and upskill Pacific staff.</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>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed on posters and brochures available in te reo Māori on entry to the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are also available. Interviews with five family/whānau and staff confirmed that staff are respectful and considerate of residents' rights in line with the Code. The clinical lead confirmed the involvement of independent advocacy when required.</p> <p>The service actively supports and encourages family/whānau engagement and welcome visits. Family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service and were provided with opportunities to discuss and clarify their rights. The clinical lead and clinical manager affirmed their commitment to respecting and</p>

		upholding Māori autonomy and mana motuhake which was confirmed by staff interviewed.
<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 a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Bainlea House is inclusive of each resident's identity, including their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristic as confirmed in family/whānau interviews. Staff were observed to maintain privacy throughout the audit. All residents have a private room. Care plans included respect for advance directives and personal wishes, as well as efforts to promote independence. Māori language is prominently featured in the facility's signage and posters, including the activities programme. Management is committed to respecting and upholding Māori autonomy, language and mana motuhake. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>Staff receive training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori. A sexuality and intimacy policy is in place with training part of the education schedule. Staff were observed to use person-centred and respectful language with residents. Spiritual needs are identified, church services are held, and spiritual support is available. The clinical lead and caregivers interviewed explained how the service meets the residents cultural and spiritual needs.</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>	FA	<p>Staff demonstrated a clear understanding of the service's policy on abuse and neglect, including the appropriate actions to take if any signs were observed. The audit found no instances of discrimination, coercion, or harassment in staff or family/whānau interviews, or in the reviewed documentation. Staff sign a code of conduct upon commencing employment. Staff demonstrated an understanding of what Te Tiriti o Waitangi means to their practice. The service follows a process of managing residents' finances through invoicing. Internal</p>

		<p>audits of the code of rights and cultural values were conducted to ensure compliance.</p> <p>The results confirmed that residents' needs are being met, with audit reports showing full compliance in these areas. Interviews with staff and the clinical lead confirmed their commitment to fostering a positive, inclusive and safe working environment. They are encouraged to address issues of racism and acknowledge their own biases, ensuring a supportive and equitable workplace. Staff interviewed expressed confidence in raising concerns about institutional and systemic racism, knowing that such concerns would be addressed. A strengths-based and holistic model of care is implemented ensuring wellbeing outcomes for Māori is achieved when in care.</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>	<p>FA</p>	<p>Information related to the service and what to expect when entering the service is provided to family/whānau on admission. Non-subsidised residents' family/whānau are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. Family/whānau interviewed provided positive feedback, noting that communication is open and effective and they felt listened to. The review of ten adverse event forms confirmed that family/whānau were notified of any events or incidents. The contact details for family/whānau and the Enduring Power of Attorney (EPOA) were kept current with a secondary contact noted when the EPOA was unavailable.</p> <p>A nurse practitioner (NP) interview confirmed timely communication and appropriate follow ups. A review of the residents' meeting minutes confirmed that residents can raise issues with staff and management. These concerns are followed up, and any issues are addressed promptly. Information is provided to residents and family/whānau on admission. The clinical lead described an implemented process around providing residents and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. The delivery of care</p>

		includes a multidisciplinary team and family/whānau are communicated to with regard to services involved. At the time of the audit there was one resident who could not speak and understand English. Bainlea House has access to interpreter services if required and also a family member visits on a regular basis and translates when required.
<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>Policies are in place regarding informed consent. Eight resident files reviewed included informed consent forms signed by the enduring powers of attorney (EPOA) or welfare guardians. Family/whānau interviewed could describe what informed consent was and their rights around choice. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making. Discussions with family/whānau and EPOAs confirmed that they are involved in the decision-making process and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files reviewed. All EPOAs are activated, and a medical letter of incapacity is on file.</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>	FA	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The clinical lead maintains a record of all complaints, both verbal and written, using a complaint register. There has been one complaint made in 2024 since the last audit. There is a process in place to manage complaints in accordance with the guidelines set by the Health and Disability Commissioner (HDC). A complaint made through HDC in January 2023 was reported at the last audit, the service are still waiting for a final response from HDC.</p> <p>The welcome pack includes information on the process for making a complaint. Interviews with family/whānau confirmed they have been provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility. The</p>

		<p>complaints process is equitable for Māori. The clinical lead and clinical manager are aware of the preference for face-to-face communication with people who identify as Māori. Family/whānau interviewed confirmed that management are open and transparent in their communications and staff clearly explained the complaint process, ensuring they knew how to raise any concerns.</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>Bainlea House is one of four local aged care facilities in Rangiora owned by Rangiora Lifecare Limited. Bainlea House provides dementia level of care for up to 25 residents. There were 21 residents at the time of the audit. All of the residents were on the aged residential care (ARRC) agreement.</p> <p>The service is governed by a board of six directors, with the executive director providing the board with regular operational reports. The directors have extensive experience across multiple fields including aged care, retirement village, health, property, technology and business ownership. The operational report provided to the board includes health and safety, staffing, infection, ethnicity data, quality trends and analysis and restraint minimisation. The board is advised by their clinical and quality consultant (and act as cultural advisor and also chair of the board). A business plan (2025-2027) has been developed that includes a mission, vision and values. The business plan describes annual objectives that support outcomes to achieve equity for Māori and addressing barriers for Māori.</p> <p>Cultural safety is embedded within the documented quality programme and staff training. The service has iwi affiliations and links with the local Tuahiwi Marae. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. Tāngata whaikaha have meaningful representation through monthly resident meetings and annual satisfaction surveys. The care home manager reviews the results and feedback to identify barriers to care to improve outcomes for all residents. The board of directors have completed cultural awareness training.</p>

		<p>The clinical lead and clinical manager meet regularly with the executive director to discuss day-to-day operational activities and reporting on the quality and risk management programme, including meetings; training; health and safety; infection prevention and control; staffing; internal audits; complaints (if any); cultural safety and satisfaction survey results. Auditors observed the clinical lead actively interacting with residents and family/whānau, demonstrating thorough understanding of the daily operations of the service. There is a monthly group leadership and risk management meeting, which includes the clinical managers from the four facilities and executive director when available. The clinical advisory group oversee the clinical governance for the group across their four aged care facilities and the clinical and quality consultant attends the bi-monthly meeting if available.</p> <p>The clinical lead has worked at Bainlea House for two and a half years and is supported by the clinical manager from Bainswood on Victoria, a quality coordinator and an experienced team of caregivers. The clinical lead and clinical manager have completed at least eight hours of professional development activities related to managing an aged care facility. Training completed includes New Zealand Aged Care Association (NZACA) manager forums and other external training days.</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>PA Low</p>	<p>Bainlea House is implementing a quality and risk management programme that includes performance monitoring through internal audits, meetings and the collection of clinical indicator data. There is an annual internal audit schedule in place however the schedule has not been fully implemented and although the correction action requests (CAR) were identified they have not been fully imbedded in practice. A meeting schedule is implemented and evidence staff participation in the quality programme. Quality data on infections, restraint use or lack of it, incidents, and wounds is collected, analysed, and reviewed at the monthly quality/health and safety and staff meetings. Correction action requests from meetings were not consistently followed up and or dated when completed.</p> <p>Family/whānau satisfaction surveys are conducted annually with the</p>

		<p>2024 results indicating an overall satisfactory level of the service provided in most areas. Corrective actions have been completed around the food service, laundry service and complaint forms accessibility. Policies and procedures are current and reflect good practice being embedded throughout service delivery and maintained in electronic format. Staff have confirmed they can access policies as needed. Cultural safety is reflected within the quality programme with collation of ethnicity data related to adverse events and infections. The process provide for critical analysis of organisational practices to improve health equity. Staff undergo comprehensive cultural training on Te Tiriti o Waitangi, tikanga Māori, and health equity and are well-equipped to deliver high-quality healthcare for Māori.</p> <p>Each incident/accident is documented in the resident management system. Ten adverse event forms were reviewed and indicated the forms are completed in full and signed off by the clinical lead or clinical manager. Incident and accident data is collated monthly and reported in the monthly meetings. Each event involving a resident, reflected a clinical assessment and a timely follow-up by the clinical lead. Opportunities to minimise future risks are identified by the clinical lead. Quality/health and safety meetings occur monthly. There are health and safety representatives that monitor hazards and risks. Hazards are documented and addressed. Staff receive education related to hazard management and health and safety at orientation and annually. The hazard and risk register was reviewed in July 2024. The bi-monthly leadership and risk management (combined group) meetings evidence leadership commitment to health and safety and staff wellbeing.</p> <p>Discussions with the clinical lead and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no incidents requiring Section 31 notifications submitted since the last audit. Reporting requirements to the Health Quality and Safety Commission were completed as required. There have been two outbreaks reported since the last audit which were notified as required.</p>
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<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>	<p>FA</p>	<p>There are policies and procedures that describe safe staffing levels and skill mixes to provide culturally and clinically safe care. The clinical lead works fulltime from Monday to Friday. The clinical manager from Bainswood on Victoria supports the clinical lead and works on site at Bainlea House for one day per week. Staff interviewed reported adequate staffing and appropriate support from the clinical lead and clinical manager. Family/whānau interviewed did not raise staffing issues and confirmed that staff are attentive to resident's needs. The clinical lead and all caregivers are first aid trained to ensure at least one first aid trained staff member on duty 24/7.</p> <p>The care home manager from Bainswood on Victoria is available for any operational related matters after hours. The rosters reviewed evidence staff are replaced in the event of any absences. A sufficient number of caregivers are allocated according to the layout and design of the facility to ensure residents needs are met. The clinical manager and RNs from Bainswood on Victoria share the on-call duties for any clinical issues. A selection of caregivers are medication competent and assist with certain delegated tasks to support the clinical lead in clinical decision making.</p> <p>The service has a total of 28 staff in various roles. There are seventeen caregivers employed in total. Bainlea House supports all employees to transition through the New Zealand Qualification Authority (NZQA) certificate for health and wellbeing. Twelve of the seventeen have completed the required dementia standards with four in progress of completing and one caregiver recently employed, who is yet to enrol. All five of the caregivers are within the 18-month timeframe period for completion. Sixteen caregivers have achieved either a level three or level four NZQA qualification.</p> <p>There is an annual education and training schedule in place covers all mandatory training. Staff reported they are provided with training on an either online platform or formal face to face in-service training.</p> <p>Staff undergo training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, which builds their knowledge and awareness of the importance of addressing accessibility barriers. This training and cultural connections ensure that all staff</p>
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		<p>are well-equipped to deliver high-quality healthcare for Māori. Staff training records showed that they completed the required training and staff interviewed were knowledgeable around these subjects. All staff are required to complete competency assessments as part of their orientation and include hand hygiene, use of personal protective equipment (PPE), manual handling and restraint. Staff who administer medication complete annual medicine competency and a record of completion is maintained. The clinical lead has completed interRAI, syringe driver training and palliative care training. Staff reported a positive work environment, and an employee assistance programme is available to them, when required.</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>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Six staff files reviewed including one clinical lead, four caregivers and one activities coordinator evidenced recruitment processes are being implemented and includes reference checking, qualifications, employment contract, and job descriptions. A register of practising certificates is maintained for all health professionals. Staff interviewed were knowledgeable around their individual job descriptions, responsibilities, and accountabilities. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>Competencies are completed at orientation and then as part of the ongoing education plan. Bainlea House demonstrated that the orientation programme supports caregivers, cleaning and laundry staff to provide a culturally safe environment for Māori. Staff performances are scheduled and completed as they become due as sighted in all six of staff files reviewed. All staff files were kept secure and confidential. Staff ethnicity data is collected and recorded. Staff interviews indicate that staff feel supported in their roles and feel comfortable discussing any issues with the clinical lead or clinical manager. The clinical lead reported that debrief and discussion occur following any incidents.</p>

<p><b>Subsection 2.5: Information</b></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>	<p>FA</p>	<p>Resident records, including medication management system and staff files are stored electronically. There is a resident management system and a medication management system that are secure and require user identification and passwords to access. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents and staff archived files are securely stored in a locked room and easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></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>	<p>FA</p>	<p>Information about the services, accommodation options and costs are outlined in an information pack and on the website. Prior to entry, prospective residents family/whānau are invited to meet staff and view the facility. Policies and procedures guide staff in entry criteria and required admission documentation. Family/whānau interviewed confirmed they were given accurate information about the service, and they felt welcome.</p> <p>Prospective residents are required to be assessed by the needs assessment service coordination (NASC) team prior to entry. Family/whānau confirmed staff are respectful and communicate well with them.</p> <p>Entry would only be declined if a prospective resident does not meet the entry criteria. In this case, they are informed and referred to the NASC. Data is collated on the numbers of declined entries and this data includes ethnicity.</p> <p>The organisation has links with local iwi through their Māori liaison officer and staff are trained in cultural safety, tikanga and consulting family/whānau in any decision making.</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> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>The registered nurse ([RN] clinical lead) is responsible for all residents' assessments, care planning and evaluation of care. Five resident files were reviewed. An initial assessment is undertaken by the RN on admission and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system and includes the use of validated assessment tools. InterRAI assessments are completed for all long-term residents within 21 days after admission and reassessments occur six monthly. The triggers, scores and outcomes of the identified risks are used to develop the long-term care plan; however, not all long-term care plans were completed within the contractual requirements. Long-term care plans are developed with input from family/whānau, caregivers and activities coordinators. The long-term care plans are holistic in nature, covering physical needs, assistance required with activities of daily living, psychosocial, cultural needs, aspirations and interventions to address medical conditions in sufficient detail to guide staff. Sexuality/intimacy and behaviour management for two of the five residents' file reviewed were insufficiently documented. The care plan or diversional care plan did not always integrate aspects of the persons' life and past routines and experience ( normal routine, hobbies, social wellbeing) and how the service supports any behaviour management over a 24-hour period.</p> <p>Cultural assessments are completed for all residents. The RN interviewed stated a Kaupapa Māori perspective permeate the assessment process where Māori is admitted; the care plan will reflect the partnership and support of residents, family/whānau, and the extended whānau as applicable. Family/ whānau identify their own pae ora outcomes to support care and wellbeing.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. The service supports and advocates for residents with disabilities to access relevant disability services. Contact details for family/whānau are recorded on the electronic system. Family/whānau and EPOA interviews and resident records evidenced that family are informed where there is a change in health status.</p>

	<p>Resident files are fully integrated with all members of the team contributing to progress notes, including physiotherapists, RN, caregivers, NP, podiatrist, and activities coordinators. Where residents have behaviours of concern, early warning signs are identified and strategies to calm and manage behaviour are documented and made known to all staff.</p> <p>The nurse practitioner (NP) assesses residents within five days of admission. Residents are then reviewed by the NP on a three-monthly routine basis or more frequently if their condition changes. The NP interviewed stated that there is good communication with the service, they are informed of concerns in a timely manner, and that they were very confident in the abilities of the RN and caregivers. The facility has access to afterhours support from the sister facility after 5pm and NP practice. A physiotherapist is available and visits weekly. Residents are timely referred to speech and language therapists (SLT), dietitian services, physiotherapy services and older peoples mental health (OPMH).</p> <p>Policies and procedures are in place to ensure continuity of service delivery. 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 handover at the beginning of their shift, as observed on the day of audit.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all un-witnessed falls. Monitoring of care is completed as required and stated in the care plans and include (but not limited to) intentional rounding, behaviour monitoring, regular toileting, and food and fluid management.</p> <p>On the day of audit there was three skin tears treated. No pressure injuries were present on the day of audit. The wound was reviewed and had a comprehensive wound assessment, wound management plans and documented evaluations including photographs to show healing progression. The wound care specialist had input into any chronic wounds when required. The caregivers and RN interviewed confirmed there are adequate clinical supplies and equipment</p>
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		<p>provided, including continence and wound care supplies.</p> <p>Multidisciplinary reviews occur six-monthly. This includes input from the RNs, caregivers, family/whānau, activities coordinators and NP. The care plan is reviewed six monthly, following the interRAI assessment to ensure the goals are being met and if there are new goals identified, the care plan is updated. Where short-term acute issues are identified such as wounds or infections, a short-term care plan is developed, implemented and sign off when resolved.</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>	<p>FA</p>	<p>There are three activities coordinators that covers the weekly activities programme from Monday to Saturday to 4.30 pm. One of the activities coordinators are enrolled to complete the NZQA dementia standards and is enrolled in completing the 'walking in another's shoes' programme. The activities programme reviewed provide for a range of activities that are suitable for residents with dementia, promotes optimum quality of life through the provision of activities that meet the cognitive, physical, intellectual, and emotional needs of the residents. The sensory garden plays an important role in reminiscence therapy.</p> <p>All activity team members have first aid certificates. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. The activities programme is available throughout the facility on noticeboards and big print, within the communal areas and hand delivered to specific residents' bedrooms.</p> <p>Each resident has an initial profile, and an activities assessment completed within a few days of admission. The cultural, social, spiritual, and diversional therapy section of the long-term care plan is completed within three weeks of admission and reviewed at least six-monthly at the same time the long-term care plan is reviewed. The activities coordinators document in the progress notes weekly or more often if indicated. The diversional care plan did not always integrate aspects of the persons' life and past routines and experience (normal routine, hobbies, social wellbeing) and how the service supports any behaviour management over a 24-hour period</p>

		<p>(link 3.2.3). Activities coordinators are further responsible for relaying relevant information to RN (clinical lead) regarding the individual social interaction patterns and changing needs or preferences for inclusion in care plans.</p> <p>Staff have access to a cultural advisor and the local marae. The principles of Te Tiriti o Waitangi reflects in all aspects of service delivery. There is celebration of te ao Māori events such as Waitangi Day, Matariki and Te Wiki o Te Reo Māori. Te Reo Māori is encouraged among staff and residents.</p> <p>Community visitors include entertainers and church services. There are weekly van outings and scenic drives. Activities calendars and monthly newsletters are available on-site and by email for family/whānau to view.</p> <p>Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, hand massage, setting up technology-based systems such as audio books and movies, and walking around the garden. Residents are encouraged to join in activities that are appropriate and meaningful. Resident attendance is documented into a participation register. Group activities are held in the main lounge and include (but are not limited to) pet therapy; bowls; news and discussion sessions; baking; bingo; singing and dancing; walking groups; reminiscing; crafts; games; quizzes; entertainers; exercise sessions, hand pampering and a section of physical games. Residents' participation is recorded in a participation register and used to monitor the effectiveness of the activity programme.</p> <p>There are bimonthly family/whānau meetings . Family/whānau are invited to attend these. Family/whānau are also provided the opportunity to give feedback on activities at the six-monthly care plan review meetings. Family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe</p>	<p>FA</p>	<p>There are medication management policies to guide safe medication administration and meets legislative requirements. All staff who administer medications are assessed for competency on an annual</p>

<p>and timely manner.  Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.  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>	<p>basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications.</p> <p>The registered nurse, and caregivers interviewed could describe their role regarding medication administration. Bainlea House uses blister packs for all medications, which are checked against the electronic administration system by the RN, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications are stored securely in a secure medication room. The medication trolley is always locked when not in use. The medication fridge and medication room temperatures are monitored daily. All temperature records reviewed showed that the temperatures are within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per the manufacturer's instructions. All over-the-counter vitamins, supplements or alternative therapies residents choose to use are required to be prescribed by the NP and charted on the medication chart. The six-monthly controlled drug physical check and reconciliation has been completed as per required timeframes.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. No residents assessed at dementia level of care self-administer their medications.</p> <p>As required, medications are administered as prescribed and effectiveness noted. Medication-competent caregivers or the RN sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Enduring power of attorneys are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The registered nurse provide support to all residents and family/whānau to access medication. Residents (where able) and their family/whānau are supported to understand their medications when required. The registered nurse interviewed described</p>
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		<p>processes for working in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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>	<p>FA</p>	<p>The service moved away from their contracted meal service since the last audit. All meals are prepared and cooked at Bainswood on Victoria and transported to Bainlea House in an appropriate vehicle and hot box . The satellite kitchen was observed to be clean, well-organised, and well-equipped and a current approved food control plan was evidenced, expiring on 14 May 2026. All aspects of the food control plan is implemented and monitored on an electronic platform. The food temperatures are documented before transportation and when it is received at Bainlea House. Food service staff have all completed food safety and hygiene courses.</p> <p>Breakfast dry ingredients were decanted into containers for ease of access. The four-weekly seasonal menu has been reviewed by a dietitian (28 October 2024). The kitchen manager visits regularly; there is a kitchen assistant in the morning and in the afternoon to serve the meals.</p> <p>There is a food services manual available in the satellite kitchen. The kitchen manager receives resident dietary information from the RN and is notified of any changes to dietary requirements (lactose-free, pureed foods) or residents with weight loss. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. On the day of the audit, the meals were observed to be well-presented. Residents have access to nutritious snacks. The kitchen manager interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. Tapu and noa and their relevance to the kitchen services were included in kitchen staff orientation.</p> <p>The kitchen assistant completes a daily diary, which includes freezer temperature recordings. Food temperatures are checked at different stages. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning</p>

		<p>schedules are maintained.</p> <p>Meals are directly served from the kitchen to residents in the adjacent dining room. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. The dining experience was observed to be calm and relaxing with no distracting background noise.</p> <p>The family/whānau interviewed were complimentary regarding the food service, the variety and the choice of meals provided. They can offer feedback anytime or at the six-monthly care plan review meetings and through resident surveys.</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 care or support.</p>	<p>FA</p>	<p>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a higher level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. The facility uses the Health New Zealand yellow envelope transfer documentation system.</p> <p>Family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. When residents are transferred to the public hospital, their family/whānau is informed. The GP makes the referral to the hospital. Relevant documentation is sent with the resident, including a printout of their current medications, care needs and a copy of EPOA documents.</p> <p>Where EPOAs wish for a resident to be seen or need to be seen by another health service, they are advised of their options to access other health and disability services, social support or Kaupapa Māori agencies. Examples of this were sighted in resident files, including referrals to a dietitian, SLT, NASC for change in level of care and older persons health mental health services (OPMH). Residents attending external appointments are encouraged to be accompanied by their family/whānau. Any risks are communicated to the external</p>

		health provider by the RN and documented in the file.
<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 building holds a current warrant of fitness, which expires on the 20 June 2025. A maintenance manager (was not able to be interviewed) works full time to maintain the building and grounds and share their time between Bainswood on Victoria and Bainlea House. The maintenance manager addresses day to day repairs and completes planned maintenance. There is a maintenance request book for repairs and requests in the staff room. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging which have been completed within the last 12 months. Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. The hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required. The calibration of medical equipment has occurred as planned (it was last completed in September 2024). The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The dementia unit is secure with keypad entry and exit and has 25 beds. Since the previous audit, two rooms have been converted to an office and staff room; the total numbers decreased from 27 to 25.</p> <p>There are easy access from the communal area to a spacious external secure garden. The fence surrounding the outdoors are of a nature to deter residents from climbing. The outdoors are easy to navigate for purposeful walking. Paths are safe with continuous loop and destination points There is outdoor furniture and shade available.</p> <p>The physical environment supports the independence of the residents. The environment support distraction from staff only areas. The facility has corridors with handrails for residents to safely mobilise using mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The staff interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans. The facility's</p>

		<p>furnishings, floorings and equipment are designed to minimise harm to residents. Resident rooms are single occupancy with shared number of communal showers and toilets. Toilets, bathrooms and bedrooms have visual cues for easy identification. Artificial light throughout minimise glare.</p> <p>There is a large open-plan lounge and dining area. The corridors, communal areas, resident rooms, bathrooms, ensuites, toilets and service areas have appropriate flooring. There are adequate storage areas for linen and equipment. All resident rooms are spacious enough to allow residents to move about with mobility aids and allows for the use of a hoist in an event of a fall. Residents and family/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. All caregivers interviewed confirmed that privacy is maintained while attending to personal hygiene cares.</p> <p>Resident rooms and communal areas are equipped with central heating that can be individually dialled according to individual preferences. All resident rooms have external windows and are well-ventilated. The facility has plenty of natural light. All family/ whānau interviewed stated they were happy with the temperature of the facility. Furniture is arranged to create a homely and welcoming environment.</p> <p>There are separate toilet facilities for staff and visitors. Privacy locks are on the residents' shared showers and communal and visitor toilets. All ensuite and communal toilets have paper towels and flowing soap available.</p> <p>Group activities occur in the main lounge, and residents are able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounges. There is an additional small lounge and a whānau room available for residents and family/whānau.</p> <p>The RN reported that there is no immediate planned development for the building; however, the latest refurbishments ensured that the cultural advisor was consulted to ensure that the aspirations and identity of Māori would be reflected.</p>
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<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>	<p>FA</p>	<p>Disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand (dated 12 May 2009). Fire evacuation drills are held six-monthly (last 21 March 2025).</p> <p>Civil defence supplies are stored in a central cupboard and are checked three-monthly. In the event of a power outage, emergency lighting provides sufficient lighting until the provider can connect the on-site generator. Water is heated by gas and the laundry service is run on a mix of power and gas. A gas barbeque is available for cooking. There is an adequate food supply available for each resident for a minimum of three days. The provider has water supplies to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and is included in the ongoing education plan. Emergency response flip charts are readily available at the nurse's station. A minimum of one person, trained in first aid is always available.</p> <p>There are call bells in the residents' rooms, sensor mats are used, call bells in communal toilets, and lounge/dining room areas. Call bells are tested monthly, and the last call bell audit showed full compliance as part of the maintenance audit. Family/whānau know the process of alerting staff when in need of access to the facility after hours. There is a visitor policy and guidelines available to ensure resident safety and well-being are not compromised by visitors to the service. Staff are identifiable.</p> <p>The facility is secured with keypad entry and exit. There are sufficient lighting in the secure courtyard. There are closed circuit cameras in communal areas and at the entrance. Family/whānau are informed of emergency procedures as part of the admission process for their relative. On interview, staff confirmed an awareness of the process to follow should an emergency event occur.</p>
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<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>	<p>FA</p>	<p>The infection prevention and antimicrobial stewardship (AMS) programmes are appropriate to the service's size and complexity. The Rangiora Lifecare management team and clinical advisory group approved these programmes, which are linked to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice are sought following a defined process and include expert advice from Health New Zealand, the external contractor (policy writer) and the consultant quality coordinator. A documented pathway supports reporting progress, issues, and/or significant events to management and the clinical governance group. Significant events are managed using a stepwise approach to manage risks. The service benchmarks their infection control data against other aged care facilities to monitor their own performance.</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>	<p>FA</p>	<p>The Rangiora Lifecare management team and clinical advisory group approved the Infection Prevention and Control (IPC) and AMS programme, which is linked to the quality improvement system and reflect the organisation's strategic direction. The programme is reviewed and reported on annually. The CM is the infection control coordinator (ICC), and the position description for ICC is well-defined and in place. The ICC has input when infection control policies and procedures are reviewed. There is a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed. Everyone is a part of Infection Control Team – registered nurses, enrolled nurse, housekeepers, caregivers meets monthly as part of the monthly quality/health and safety and staff meetings.</p> <p>The service has a pandemic and outbreak plan and guidelines to manage and prevent infection exposure. Infection prevention and control training is provided to staff, residents, and visitors. Adequate supplies of personal protective equipment (PPE) and hand sanitisers were in stock. Hand hygiene audits were completed as per schedule. Staff are advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for Covid-19. Information and resources to support staff in managing Covid-19 and other outbreaks were regularly</p>

		<p>updated and tested.</p> <p>The service has documented policies and procedures that reflect current best practices. These policies and procedures are accessible and available to the staff. The care delivery, cleaning, laundry services, and food management processes were observed. Staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand hygiene techniques, and the use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. The training includes hand hygiene procedures, donning and doffing protective equipment, and regular outbreak response updates. Records of staff education were maintained. The ICC has completed various infection prevention and control training online.</p> <p>The ICC reported they work in consultation with Health New Zealand infection control specialists in procurement processes for equipment, devices, and consumables. The CM, enrolled nurse and registered nurses reported that there were processes in place for early consultation with the infection prevention personnel in case of any new building or when significant changes are proposed to an existing facility. In an interview, the CM, and the nursing team reported that single-use medical devices are not re-used at the service. Shared equipment is appropriately cleaned between use. The service completed cleaning and environmental audits to evidence that these procedures are carried out according to the Outbreak Management, Isolation or Segregation Policy .</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention coordinator works in partnership with Māori and their cultural advisor for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</p>
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<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>	<p>FA</p>	<p>The service has an antimicrobial use policy and procedure. The AMS programme is approved by management and is appropriate for the size, scope and complexity of the service. The service monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. Infection rates are monitored monthly, reported in a monthly quality report, and presented at clinical advisory group meetings. The annual infection control and AMS review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobials prescribed, effectiveness, isolated pathogens, and adverse effects. Any areas for improvement are identified and reported on.</p>
<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>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated in the electronic record management system, and action plans are implemented. The HAIs being monitored included infections of the skin, soft tissue, eyes, and respiratory tract. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used.</p> <p>Infection prevention audits were completed, related to cleaning, laundry, use of personal protective equipment (PPE), and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at the monthly quality/health and safety and staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed infections are documented, comparison occurs with the previous month, a reason for increase or decrease, and action advised. Any new infections are discussed during shift handovers for the implementation of early interventions. There is an electronic dashboard that provides real time benchmarking. All infection data is reported monthly through various</p>

		<p>meetings and bimonthly to the clinical advisory group meetings.</p> <p>Residents and family/whānau were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>There was one Covid-19 outbreak and one scabies outbreak reported since the last audit. The outbreak was managed in accordance with the pandemic plan, with appropriate notifications completed. Visitors are requested not to visit when unwell. There is flowing hand soap, hand sanitiser and paper towels located at point of care.</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>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There is a sluice with separate handwashing facilities and personal protective equipment, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. The facility was observed to be cleaned. There are cleaning staff allocated daily to complete cleaning tasks. The cleaner's trolley is stored securely in a secure cleaner's room. The housekeeper(cleaner) interviewed stated they work according to a cleaning task list, and they have completed chemical training. All chemicals on the trolley were clearly labelled.</p> <p>The laundry is accessible by keypad entry and used to launder linen and personal clothing. Linen and personal clothes are laundered on-site by caregivers seven days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident. Kitchen linen and mop heads are also done on-site and part of a separate laundry cycle. There are sufficient commercial washing machines</p>

		<p>and dryers. Material safety data sheets are available, and all chemicals are dispensed within closed systems. Linen was seen to be transported on covered trolleys. The numerous linen cupboards were well stocked with good-quality linen. The washing machines and dryers are checked and serviced regularly. The caregivers have also completed chemical safety training.</p> <p>The staff interviewed had good knowledge about cleaning processes, infection prevention and control requirements. There were kitchen, cleaning and laundry audits completed that evidenced compliance. The infection control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities.</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>	<p>FA</p>	<p>The restraint policy and business plan confirm that Bainlea House is committed to maintaining a restraint-free environment. Strategies implemented include working in partnership with family/whānau to ensure the service maintains the dignity of the resident, while using the least restrictive practice. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. The board of directors are committed to providing services to residents without the use of restraint. The restraint coordinator is the clinical lead. The clinical lead described the organisation's commitment to maintain a restraint free environment. There is a six-monthly group restraint approval committee meeting which was last conducted in November 2024 to discuss restraint free strategies.</p> <p>The reporting process includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. At the time of the audit there were no restraints in use at Bainlea House. Restraint free strategies are discussed in all the facility meetings. Education is provided to staff around maintaining a restraint free environment and management of challenging behaviour. Bainlea House completes audits related to restraint use. There is a documented restraint policy that stated that in the event that all other alternatives have been unsuccessfully trialed, restraint may be used as a last resort to ensure the physical safety of an individual resident. The guidelines</p>

		provide for restraint minimisation and elimination include assessment, authorisation and monitoring of the type of restraint.
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## 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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>Bainlea House is implementing a quality and risk management programme that includes performance monitoring through internal audits, meetings and the collection of clinical indicator data. There is an annual internal audit schedule in place however the schedule has not been fully implemented and although the corrective action requests (CAR) were identified they have not been fully imbedded in practice. A meeting schedule is implemented and evidence staff participation in the quality programme.</p>	<p>(i). The schedule of internal audits have not been fully implemented and the although the corrective action requests (CARs) were identified they have not been fully imbedded in practice.</p> <p>(ii).Corrective action requests from meetings were not consistently followed up and or dated when completed.</p>	<p>(i) Ensure that the annual internal audit schedule is completed, and any identified CARs are followed up and completed.</p> <p>(ii) Ensure that any correction action requests required from meetings are followed up and dated when completed</p> <p>90 days</p>
Criterion 3.2.1	PA Low	The registered nurse ([RN] clinical	Three of five files reviewed did not	Ensure long term care plans

<p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>		<p>lead) is responsible for all residents' assessments, care planning and evaluation of care. Five resident files were reviewed. An initial assessment is undertaken by the RN on admission and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system and includes the use of validated assessment tools. InterRAI assessments are completed for all long-term residents within 21 days after admission and reassessments occur six monthly. The triggers, scores and outcomes of the identified risks are used to develop the long-term care plan; however, not all long-term care plans (LTCP) were completed within the contractual requirements.</p>	<p>have long term care plans completed within 21 days; all three LTCP were more than 45 days overdue.</p>	<p>are completed within 21 days to comply with the contractual requirements of clause 16.2(b) of the ARRC.</p> <p>90 days</p>
<p>Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience;</p>	<p>PA Low</p>	<p>Long-term care plans are developed with input from family/whānau, caregivers and activities coordinators. The long-term care plans are holistic in nature, covering physical needs, assistance required with activities of daily living, psychosocial, cultural needs, aspirations and interventions to address medical conditions in sufficient detail to guide staff. Sexuality/intimacy and behaviour management for two of the five residents file reviewed were insufficiently documented. The care plan or diversional care plan did not</p>	<p>The following shortfalls were identified in two of the five care plans reviewed:</p> <p>(i). The behaviour charts recognised all behaviours; however, one resident's behaviour care plan/sexuality and intimacy does not reflect their night wandering and inappropriate sexual behaviour or how they express/attempt sexual connection. The same residents diversional care plan does not reflect 24/7 approach to activities or consider aspects of the person's life and</p>	<p>(i)-(ii).Ensure behaviour management and sexuality/intimacy management plans include sufficient interventions to manage the residents' needs and diversional care plan to reflect 24/7 approach to activities and consider aspects of the person's life and past routines.</p> <p>90 days</p>

<p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>always integrate aspects of the persons` life and past routines and experience ( normal routine, hobbies, social wellbeing) and how the service supports any behaviour management over a 24-hour period.</p> <p>Cultural assessments are completed for all residents. The RN interviewed stated a Kaupapa Māori perspective permeate the assessment process where Māori is admitted; the care plan will reflect the partnership and support of residents, family/whānau, and the extended whānau as applicable. Family/ whānau identify their own pae ora outcomes to support care and wellbeing.</p>	<p>past routines .</p> <p>(ii).One resident`s intimacy and sexuality care plan was incomplete and did not recognise how they express /attempt sexual connection. The same residents diversional care plan does not reflect 24/7 approach to activities or consider aspects of the person's life and past routines.</p>	
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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.

No data to display
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End of the report.