

Bainlea House (2013) Limited - Bainswood on Victoria

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 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Bainlea House (2013) Limited

Premises audited: Bainswood on Victoria

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 26 April 2023 End date: 27 April 2023

Proposed changes to current services (if any): The reconfiguration letter dated 17 April 2023 informed the service refurbished a staff room in Ivory wing to a bedroom, which has increased the bed numbers from 57 to 58.

Total beds occupied across all premises included in the audit on the first day of the audit: 56

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou 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 on Victoria is part of Rangiora Lifecare who acquired three local care facilities June 2021 in Rangiora (Bainswood on Victoria, Bainlea House and Bainswood House).

Bainswood on Victoria provides hospital (geriatric and medical) and rest home level of care for up to 58 residents. There were 56 residents at the time of the audit.

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

An experienced and appropriately qualified care home manager oversees the day-to-day operations of the facility. The manager is supported by a clinical manager, quality coordinator and an industry clinical advisor. Residents and family/whānau interviewed overall spoke positively about the service provided.

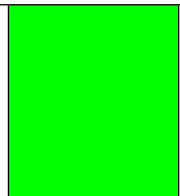
The service continues with environmental upgrades and recently changed a staffroom into an extra bedroom.

A new electronic platform for the management of residents' information and the quality system has been implemented since the last audit.

The were no findings in relation to the previous certification audit.

This surveillance audit identified improvements required around the care plan interventions.

Ō tatou 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.
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The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. The Board and management team are committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner’s Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. A Pacific health plan is documented.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The business plan is supported by quality and risk management processes that take a risk-based approach. Internal audits are documented. Systems are in place for monitoring the services and regular reports are provided to the managing director. Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is coordinated and planned for new staff. An education and training plan is implemented. Policies and risk management plans are implemented to ensure safe measures in relation to roster cover.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 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.		Some subsections applicable to this service partially attained and of low risk.
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The registered nurses are responsible for each stage of service provision. The care plans reviewed evidenced assessment, planning and review of residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

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. Self-administration of medication is supported and facilitated through a documented process.

An activities programme is implemented that meets the needs of the residents. Opportunities are created to facilitate te ao Māori. Residents are supported to maintain links with the community.

Residents' food preferences, dietary and cultural requirements are identified at admission and all meals are cooked on site.

Transfers and discharges occur in a coordinated manner to provide continuity of care.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. There is a maintenance programme in place that includes monitoring of hot water temperatures. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated.

There is an approved evacuation scheme. Staff complete six-monthly fire drills. Security checks are performed at night.


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

Includes 5 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 pandemic plan and outbreak management plan is in place. There are sufficient infection prevention resources including personal protective equipment available and readily accessible to support this plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Three outbreaks have been documented and reported since the previous audit and all were well managed.

Here taratahi | Restraint and seclusion

Includes 4 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 manager. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. There were no residents using restraint at the time of the audit.

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	21	0	1	0	0	0
Criteria	0	57	0	1	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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next 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>	FA	<p>On interview, the care home manager stated the organisation supports increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at Bainswood on Victoria.</p> <p>At the time of the audit, there were staff members who identify as Māori. Four caregivers interviewed confirmed that the organisation welcomes the appointment of suitably qualified Māori staff. There is a Māori health plan, recruitment policy, and a Diversity, Equity and Inclusiveness policy includes a commitment to a diverse workforce. Ethnicity data is gathered when staff are employed, and this data is analysed for the board.</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>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Pacific health plan which is part of the Pacific Peoples cultural and general awareness policy. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing</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>		<p>family/whānau, and providing high quality care. The service and organisation have established links with Pacific organisations through their Pasifika staff to assist in the implementation of their Pacific health plan.</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>Enduring power of attorney (EPOA), family/whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required. Staff have completed cultural training which includes Māori rights and health equity. Māori mana motuhake is recognised for all residents residing in the facility as far as possible, by involving residents in care planning. The service also supports residents to make choices around all aspects of their lives as evidenced in care plans and supported by the Māori health plan.</p> <p>Interviews with four caregivers, one registered nurse (RN), one enrolled nurse (EN), two activities coordinators, the care home manager and consultant quality coordinator stated that the service's care philosophy is resident and family/whānau centred as reviewed in the care plans.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Bainswood on Victoria annual training plan schedules training that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi was provided in 2022 to support the provision of culturally inclusive care. The organisation's orientation booklet has a section where the staff member is required to read and understand the principles of Te Tiriti o Waitangi. Māori cultural days are celebrated (including Matariki and Waitangi Day).</p> <p>The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Policies and procedures are updated to ensure that te reo Māori and tikanga practices are incorporated in all activities undertaken.</p>

		The service responds to residents' needs. Eight residents interviewed (two hospital residents and six rest home residents), and four family/whānau (three hospital and one rest home), confirmed their rights are respected.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Cultural diversity is acknowledged, and staff are educated to look for opportunities to support Māori. The Māori Health Strategy aligns with the vision of Mana Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi to ensure wellbeing outcomes for Māori are prioritised.</p> <p>Specific cultural values and beliefs are documented in the residents' care plans and this is the foundation of delivery of care by using a strengths-based and holistic model of care, as evidenced in the resident centred care plans. The holistic framework of Te Whare Tapa Whā is used in the Māori care plan and is central to Māori model of wellbeing.</p> <p>The Diversity, Equity and Inclusiveness policy documents a goal to understand the impact of institutional, interpersonal, and internalised racism on a patient/resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions. The staff survey results for 2022 evidenced a good workplace culture and teamwork; this was confirmed during interviews with staff.</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. 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. As service providers: We provide people using our services or their legal representatives with the information necessary to make</p>	FA	<p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy links to tikanga guidelines. The Māori Plan is available to guide on cultural responsiveness to Māori perspective of health. The care home manager and registered nurse interviewed demonstrated a good understanding of informed consent processes. Cultural awareness training includes best tikanga guidelines.</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</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 procedure is provided to residents and family/whānau during the resident's entry to the service. A complaints management policy includes information on access to advocacy and complaint support systems. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had have been addressed promptly. The care home manager is responsible for the management of complaints and provides Māori residents with support to ensure an equitable complaints process.</p> <p>A complaints register is being maintained. There were six complaints lodged since the last audit. No trends have been identified. All but one complaint is documented as resolved to the satisfaction of the complainants. One complaint remains unresolved pending further investigation. There was one complaint in August 2022 lodged through Health and Disability Commissioner (HDC) and the facility was assisted by an external consultant in providing a response to HDC by 20 September 2022. There was no communication from HDC since then; and the complaint remains open. Complaints have been resolved within the guidelines provided by the Health and Disability Commissioner (HDC).</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>FA</p>	<p>Bainswood on Victoria is part of Rangiora Lifecare, who acquired the facility on 9 December 2021 and two other local care facilities.</p> <p>Bainswood on Victoria provides hospital (geriatric and medical) and rest home level of care for up to 58 residents. There were 56 residents at the time of the audit. There were 22 rest home residents and 34 hospital level residents. All rooms are dual purpose. All residents were on the aged residential care contract (ARRC).</p> <p>The service has refurbished a staffroom in Ivory wing to a bedroom</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>since the last audit, which has increased the bed numbers from 57 to 58.</p> <p>The care home manager oversees the day-to-day operations of the facility and is supported by an experienced clinical manager, quality coordinator and industry clinical advisor to the board that oversee clinical governance of the facility.</p> <p>The service is governed by a managing director and board of five directors who regularly review strategic goals (statement of performance). The managing director is an experienced owner of a large number of aged care facilities. The directors have completed cultural competency. The board is advised by their industry clinical advisor, also their Māori advisor on cultural matters. The care home manager meets weekly with the managing director and reports on key aspects of the service.</p> <p>A business plan (2022-2024) has been developed that includes a mission, vision, values, and measurable goals. The report to the managing director includes health and safety, staffing, infection, ethnicity data, quality trend and analysis, and restraint minimisation. The business plan describes annual goals and objectives that support outcomes to achieve equity for Māori and addressing barriers for Māori.</p> <p>The Māori plan and business plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Cultural safety is embedded within the documented quality programme and staff training. The service has iwi affiliations and links with 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 managers review the results and feedback to identify barriers to care to improve outcomes for all residents.</p> <p>The care home manager (non-clinical) has been in the role since September 2022; and is an experienced manager in aged care and other disability services. The clinical manager has been in the role for more than nine years.</p>
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		<p>The care home manager and clinical manager completed at least eight hours (in the last year) of professional development activities related to managing an aged care facility. Other training completed includes New Zealand Aged Care Association (NZACA) manager forums and training days, Mauri Ora training and workshops related to Covid-19 preparedness.</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 on Victoria has a documented quality and risk management programme. A quality coordinator is contracted for 16 hours per month to oversee and monitor contractual and standards compliance across the three local facilities (Bainswood on Victoria, Bainlea House and Bainswood House). The site-specific service's policies are reviewed regularly across the group. The service changed their electronic resident management system and implemented a new quality programme since January 2022; the changes have since been embedded throughout the organisation.</p> <p>The care home manager advised that they are responsible for providing oversight of the quality programme across Bainswood on Victoria and, Bainlea House, which is also monitored at an organisational level. Data is collected in relation to a variety of quality activities (staff and resident accident/incidents, hazards, near misses, infection control, complaints and compliments and internal audit outcomes). Areas of non-compliance identified through quality activities are actioned for improvement. All quality data are benchmarked and reported at regular intervals to staff.</p> <p>Meetings occurred as scheduled for 2022 and the schedule for 2023 is being implemented. Some meetings are combined between the two sites (Bainswood on Victoria and Bainlea House). There are monthly leadership/risk management meetings where operational management is discussed including review of quality goals, organisational key performance indicators, trends and concerns and audit outcomes. Other meetings include staff meeting, RN/clinical meeting, health and safety committee meeting and residents and family/whānau meeting. Meeting minutes are made available to staff. Interviews with staff confirmed that there is discussion about quality</p>

		<p>data at the various staff meetings.</p> <p>An internal audit schedule continues to be implemented and all issues identified had corrective action plans and resolutions. The clinical manager completes internal audits for Bainswood on Victoria. The quality coordinator completes an internal audit programme report that is discussed at the monthly leadership/risk management meeting.</p> <p>The governance and management team have an open and transparent decision management process that includes regular staff and residents' meetings. The September 2022 resident satisfaction survey has been completed and indicates that residents have reported high levels of satisfaction with the service provided. Results of the survey have been collated and analysed, and a comprehensive report completed. Survey results were communicated to staff and residents (meeting minutes sighted). Critical analysis of organisational processes includes annual reviews of the infection and quality programme, review of lodged complaints procedure, benchmarking, and analysis of feedback through resident and family/whānau feedback.</p> <p>Annual cultural training is provided to staff. Training includes a focus on supporting Māori and improved health outcomes. Staff interviewed explained how they are supported to learn te reo Māori. The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support.</p> <p>A health and safety management plan is in place. Health and safety meetings occurred as scheduled. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. The hazard register is current. Staff including agency staff and contractors are orientated to the facility's health and safety programme.</p> <p>Report forms are completed for each incident/accident; they have a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed (witnessed and unwitnessed falls, pressure injuries and skin tears). Data are collated, trends are identified, and residents of concern are discussed at handover and, RN/clinical meetings.</p>
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		<p>Discussions with the managers evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Forty-two section 31 notifications have been completed to notify HealthCERT in 2022/2023 of RN shortages and one in June 2022 related to police involvement.</p> <p>There have been two Covid-19 outbreaks in April and October 2022 and one gastroenteritis outbreak in August 2022 reported to Public Health.</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>	<p>FA</p>	<p>During the absence of the care home manager (non-clinical), the clinical manager is in charge of operations. The RN on call roster is shared between the three sister facilities.</p> <p>The rostering policy includes staff rationale and skill mix. Sufficient staff are rostered to safely manage the care requirements of the residents. The care home manager is on site Monday - Friday. The clinical manager is on site Tuesday to Friday and spends Mondays at Bainlea House. The nurse practitioner (NP) provides afterhours support. The RN is aware they can request for more staff as acuity of residents change.</p> <p>The facility is built over one level and all areas are easily accessible. There are 58 beds across two wings (Ivory and Victoria); all are dual-purpose beds.</p> <p>In Ivory wing there were 17 Hospital level residents and 9 rest home residents.</p> <p>In Victoria wing there were 17 hospital and 13 rest home level residents.</p> <p>There is a first aid trained staff member on duty 24/7. Own staff are available to help cover absences, but the service can call upon agency to support RN absences.</p> <p>There is at least one RN (in addition to the clinical manager) on shift 24/7. Section 31 notifications are completed when RN shifts are covered by an agency nurse. At the time of the audit the majority of the night shifts are covered by the agency RN.</p>

	<p>In addition to the RN, a medication competent caregiver is allocated to assist with medication administration and senior caregiver tasks (morning and afternoon shift). In addition to the RNs and senior caregivers, there are a sufficient number of caregivers allocated across the morning, afternoon, and night shift to look after the residents in a cultural and clinically safe manner.</p> <p>There are separate domestic staff who are responsible for cleaning and laundry services, seven days a week.</p> <p>Interviews with staff, residents and family/whānau identified that staffing is adequate to meet the needs of residents. Residents stated their call bells are attended to in a timely manner.</p> <p>Staff and residents are informed when there are changes to staffing levels, as evidenced in staff interviews and resident meetings. Interviews with residents and family/whānau confirmed staffing overall was satisfactory and residents confirmed their care requirements are attended to in a timely manner.</p> <p>Activities coordinators cover six days a week.</p> <p>An education policy is documented. There is an annual education and training schedule implemented for 2022 and being implemented for 2023. The education and training schedule lists compulsory training which includes cultural awareness training. Cultural awareness training occurred in March 2023. External training opportunities for care staff include training through Te Whatu Ora – Health New Zealand.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. On interview, staff confirmed a knowledge of the Treaty of Waitangi and cultural practices relating to Māori. The service creates opportunities for that workforce to learn about and address inequities. Staff interviewed described how they are supported to learn te reo Māori.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-four caregivers are employed. Thirty caregivers have achieved a level three NZQA qualification or higher. Three caregivers completed a</p>
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		<p>level two NZQA certificate Three caregivers are enrolled to complete a level 2 NZQA qualification (Certificate in Health and Wellbeing).</p> <p>All staff are required to complete competency assessments as part of their orientation. Competency assessments include (but are not limited to) restraint; moving and handling; hand hygiene; and donning and doffing of personal protective clothing. A selection of caregivers completed medication administration competencies. A record of completion is maintained on their file. Additional RN specific competencies are listed and scheduled annually to include subcutaneous fluids, syringe driver and interRAI assessment competency. Three of six RNs are interRAI trained.</p> <p>All RNs are encouraged to attend in-service training and complete observation and reporting of the deteriorating resident, wound management; pain management; communication, diabetes management, complaints management, medication management; and training related to specific conditions medications including medical conditions specific to the demographics of their residents.</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 job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Five staff files reviewed (three RNs, two caregivers, one activities coordinator) included a signed employment contract, job description, police check, induction documentation relevant to the role the staff member is in, application form and reference checks. There was evidence of completed orientation documentation on file.</p> <p>A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration. There is a schedule of when performance appraisals are due and this was current (sighted).</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice. The service demonstrates that the orientation programmes</p>

		<p>support RNs and caregivers to provide a clinically and culturally safe environment to Māori. Caregivers interviewed reported that the orientation process is adequate to prepare new staff for their role. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p> <p>Information held about staff is kept secure, and confidential in an electronic database and file system. Ethnicity and nationality data is identified during the employment application stage.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There are policies documented to guide management around admission and declining processes including required documentation. Ethnicity records are collected and reported for all residents admitted to the service. The quality coordinator advised they keep records of how many prospective residents and family/whānau have viewed the facility and advised they are working on a method of collecting ethnicity on residents who are declined entry.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were Māori residents and staff members at the time of audit. Staff who identify as Māori provide support for residents and family/whānau where required.</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>	PA Low	<p>Six resident files were reviewed: (three at hospital level; three rest home). Sample was extended with one extra file to focus on interventions only.</p> <p>The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and care plan conference forms. Resident files are electronic. There is a suite of assessment tools for RNs to utilise. Initial assessments and care plans have been completed on admission for all residents. Additional risk assessment tools include behaviour and wound</p>

	<p>assessments as applicable. Initial interRAI assessments and reassessments have been completed within expected timeframes. Outcomes of risk assessments are reflected in the care plan. Long-term care plans have been developed for all residents. Care plans are holistic with interventions to guide staff on care delivery for the residents. However, some care plans did not contain sufficient interventions related to diabetes management and falls prevention and management.</p> <p>Care plan reviews have been routinely completed at least six-monthly and reflect progression towards goals. The nurses interviewed described supporting Māori residents and whānau to identify their own pae ora outcomes in their care or support plan. Short-term care plans were utilised for issues such as infections and wounds.</p> <p>The service contracts a nurse practitioner from a local medical service who visits weekly and completes three-monthly reviews, admissions and sees all residents who require medical review. All residents had been assessed by the nurse practitioner (NP) within five working days of admission. The NP also provides out of hours cover. The NP (interviewed) was complimentary regarding the standard of care and the responsiveness and reporting of residents' health changes in a timely manner. The NP documents their medical notes, and a record is saved in the integrated resident file.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A physiotherapist is contracted, and visits weekly and as required. A podiatrist visits regularly and a dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora - Health New Zealand - Waitaha Canterbury.</p> <p>On observation of a handover, information was comprehensively communicated verbally and included monitoring requirements and changes in care. Caregivers interviewed were knowledgeable about the cares required for individual residents. Progress notes are written daily and as necessary by caregivers and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>An electronic wound register is maintained. There is access to the</p>
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		<p>local wound nurse specialist, this was evidenced in the clinical records. The registered and enrolled nurses interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. On the day of audit, there were fifteen wounds (including five pressure injuries; one stage 1, two stage 2, one stage 3 and one unstageable). Wound assessments, wound management plans with body map, photos and wound measurements were reviewed, and evidenced wound dressings were being changed appropriately in line with the documented management plan. Adequate supplies of wound dressings and continence products are available (sighted), and the continence specialist advice is available through Te Whatu Ora - Waitaha Canterbury.</p> <p>Care plans reflected the required health monitoring interventions for individual residents. Caregivers, enrolled nurses, and RNs complete monitoring charts, including (but not limited to): bowel chart; vital signs; weight; and turning charts. Incident reports reviewed evidenced neurological observations are completed for unwitnessed falls, or where there is a head injury. Immediate action was noted, and any follow-up action(s) required were documented and evidenced in progress notes by a registered nurse. Incidents were fully investigated or signed off in a timely manner.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There is a range of activities available to cater for all the residents' interests. Community visitors include entertainers, pastoral care, and church services visits. There are van outings such as coffees and lunches. Important days such as Matariki, Waitangi, and ANZAC day are celebrated with appropriate resources available. Residents and family/whānau interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and resident review meetings. The service works with their Māori staff and Māori entertainer to promote and provide opportunities for Māori to participate in te ao Māori.</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>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered</p>

<p>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>nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' 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. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications are checked weekly and signed on the checklist form. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies in use, must be reviewed, and prescribed by the NP.</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. There were residents self-administering medications. Assessments and processes for self-administration were completed for the resident and storage of medicines was in line with the legislative requirements. No standing orders are in use at the facility and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that family/whānau are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described working in partnership with Māori whānau to ensure the appropriate support is in place for their family/whānau, 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. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p>	<p>FA</p>	<p>The menu is distributed to the residents weekly, allowing a choice of meals. The meals are cooked on site by a contracted company. The South Island operational support chef manager based at Bainswood on Victoria consults directly with residents to gain feedback on the food services and adjusts the menu if any special requests are required. The chef manager advised that as part of cultural</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>celebrations such as Matariki there is choice of Māori foods. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, dislikes and any cultural considerations. Food safety training completed by caregivers includes cultural concepts such tapu and noa, as evidenced through interviews. The chef manager described they would provide menu options culturally specific to te ao Māori if requested by residents.</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>There are documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose throughout the facility and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 19 February 2024. There is a maintenance person employed to address the planned and reactive maintenance programme. All medical and electrical equipment was recently tested and tagged. Hot water temperatures are monitored and managed within the acceptable limits.</p> <p>The environment is inclusive of peoples cultures and supports cultural practices as evidenced by the Māori artwork throughout the facility.</p> <p>The reconfiguration of adding one additional room (room 11b) with ensuite occurred in April 2023 bringing the total number of beds to 58. This was approved for use by HealthCERT on 17 April 2023. The</p>

		room was occupied at the time of the audit, and spacious to provide the appropriate level of care.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill was completed March 2023 and is repeated six-monthly in accordance with the facility's building warrant of fitness. There was no amendment required to the fire evacuation scheme following the renovations.</p> <p>There is CCTV within the service communal areas and hallways that is functional.</p> <p>The building is secure after hours. Staff are responsible for checking locks and to complete security checks at night.</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>There is an organisational pandemic and outbreak plan in place, and this is reviewed at regular intervals. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic plan if required. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information and resources in te reo Māori throughout the facility. The infection prevention committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</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-</p>	FA	<p>Surveillance of healthcare associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with all staff. The clinical manager reported that the NP is informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the</p>

<p>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>service and residents who develop or experience a HAI are practiced. Residents and family/whānau interviewed stated they are informed of any progress on infections, prescribed medication and treatment provided.</p> <p>There have been two Covid-19 outbreaks and one gastroenteritis outbreak documented and reported since the previous audit. All outbreaks were managed effectively with support and advice from Te Whatu Ora – Health New Zealand – Waitaha Canterbury and Public Health. The implementation of the outbreak plan was confirmed to be successful.</p> <p>The service is capturing and reporting ethnicity data in the surveillance of healthcare-associated infections; these are reported to board and to the staff in the leadership/risk management meetings, staff and health and safety meetings.</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>Bainswood on Victoria Rest Home is committed to providing services to residents without the use of restraint. At the time of the audit, there were no residents using restraint. The Board is committed to remaining restraint free. The designated restraint coordinator is the clinical manager. Systems are in place to ensure restraint use (if any) will be reported to the Board. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. Restraint is included as part of the orientation for staff and is completed annually through the education plan.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</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</p>	PA Low	There are comprehensive policies in place related to assessment and support planning; however, not all resident files provided sufficient resident specific interventions to manage and guide the care of the residents.	<p>(i) One rest home resident with high falls risk did not have interventions to manage falls.</p> <p>(ii) One hospital and one rest home resident with diabetes did not have interventions to manage hypo and hyperglycaemia / signs and symptoms.</p>	<p>(i)-(ii) Ensure interventions are documented in detail to manage and guide the care of the resident.</p> <p>90 days</p>

<p>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>				
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.