# Sandringham House Limited

## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

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

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Sandringham House Limited

**Premises audited:** Sandringham House Rest Home

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

**Dates of audit:** Start date: 16 November 2015 End date: 16 November 2015

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 20

# Executive summary of the audit

## Introduction

This section contains a summary of the auditors’ findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

* consumer rights
* organisational management
* continuum of service delivery (the provision of services)
* safe and appropriate environment
* restraint minimisation and safe practice
* infection prevention and control.

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

**Key to the indicators**

| **Indicator** | **Description** | **Definition** |
| --- | --- | --- |
|  | Includes commendable elements above the required levels of performance | All standards applicable to this service fully attained with some standards exceeded |
|  | No short falls | Standards applicable to this service fully attained  |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some standards applicable to this service partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some standards applicable to this service unattained and of moderate or high risk |

## General overview of the audit

Sandringham House is a privately owned rest home in Oamaru. One owner is the nurse manager and the other owner provides maintenance and financial management support. The owners have implemented a business plan and a quality plan for 2015. A new part time registered nurse and care staff support the nurse manager. The service provides rest home level care for up to 21 residents with 20 residents accommodated on the day of audit.

This unannounced surveillance audit was conducted against a subset of the health and disability sector standards and the district health board contract. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, general practitioner, staff and management. Family and residents interviewed all spoke very positively about the care and support provided.

The service has addressed all three of their previous certification audit findings relating to documenting short-term care plans, medication competencies and calibration of medical equipment. This surveillance audit identified improvements required in relation to timeframes for completion of assessments and care plans, development of care plans and self-medicating residents.

## Consumer rights

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| Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs. |  | Standards applicable to this service fully attained. |

Communication with residents and families is appropriately managed and recorded. Complaints are actioned and include documented response to complainants should the need arise. There is a complaints register.

## Organisational management

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| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. |  | Standards applicable to this service fully attained. |

A business plan, quality assurance and risk management plan is being implemented for 2015. Policies and procedures have been reviewed to reflect the activities of the service and align with current guidelines and legislation. Quality activities are conducted and this generates improvements in practice and service delivery. Corrective actions are identified, implemented and followed through, following internal audits and feedback from residents and staff. Feedback is sought from residents and families. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are appropriately managed with reporting to staff evident in meeting minutes reviewed. A comprehensive orientation programme provides new staff with relevant information for safe work practice. Human resource policies are in place to determine staffing levels and skill mixes. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

## Continuum of service delivery

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| Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation. |  | Some standards applicable to this service partially attained and of low risk. |

Registered nurses are responsible for care plan development with input from residents and family. Residents and family interviewed confirmed that the care plans are consistent with meeting residents' needs. Planned activities are appropriate to the resident’s assessed needs and abilities and residents advised satisfaction with the activities programme. Medications are stored and administered in line with legislation and current regulations. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Kitchen staff are trained in food safety.

## Safe and appropriate environment

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| Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities. |  | Standards applicable to this service fully attained. |

The service displays a current building warrant of fitness.

## Restraint minimisation and safe practice

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| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. |  | Standards applicable to this service fully attained. |

Documentation of policies and procedures and staff training demonstrate residents are experiencing services that are the least restrictive. There are no residents requiring restraint or enablers.

## Infection prevention and control

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| Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme. |  | Standards applicable to this service fully attained. |

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Infection rates are low and no outbreaks have been reported since the previous audit.

## Summary of attainment

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement****(CI)** | **Fully Attained****(FA)** | **Partially Attained Negligible Risk****(PA Negligible)** | **Partially Attained Low Risk****(PA Low)** | **Partially Attained Moderate Risk****(PA Moderate)** | **Partially Attained High Risk****(PA High)** | **Partially Attained Critical Risk****(PA Critical)** |
| **Standards** | 0 | 13 | 0 | 3 | 0 | 0 | 0 |
| **Criteria** | 0 | 36 | 0 | 3 | 0 | 0 | 0 |

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| --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Unattained Negligible Risk****(UA Negligible)** | **Unattained Low Risk****(UA Low)** | **Unattained Moderate Risk****(UA Moderate)** | **Unattained High Risk****(UA High)** | **Unattained Critical Risk****(UA Critical)** |
| **Standards** | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 |

# Attainment against the Health and Disability Services Standards

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

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.  | FA | The service has a complaints policy and procedure in place and residents and their family/whānau are provided with information on the complaints process on admission, through the information pack. Complaint forms are available at the entrance of the service. Staff are aware of the complaints process and to whom they should direct complaints. A complaints register is available. Two complaints have been received in the past two years and have been managed appropriately with acknowledgement, investigations and responses recorded. Residents and family members advised that they are aware of the complaints procedure and how to access forms. |
| Standard 1.1.9: CommunicationService providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Eight residents and five family members interviewed stated they are informed of changes in health status and incidents/accidents. Residents and family members also stated they were welcomed on entry and given time and explanation about services and procedures. Communication with family members is recorded on the sample of incident and accident report forms reviewed and in the resident daily progress notes. Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. Interpreter services are provided if residents or family/whānau have difficulty with written or spoken English.  |
| Standard 1.2.1: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Sandringham House is privately owned with one owner in the role of nurse manager. The owners have owned Sandringham House for the past 2 ½ years. Sandringham House is certified to provide rest home level care to 21 residents with 20 residents accommodated on the day of audit. There were no respite residents.The owners of Sandringham House have a current strategic plan in place. The service has a quality and risk management system with associated policies and procedures, which are provided by an external consultant. The quality plan includes objectives, policies and procedures, implementation, monitoring, quality risk, and action plan. The nurse manager has maintained at least eight hours of professional development in the past 12 months.  |
| Standard 1.2.3: Quality And Risk Management SystemsThe organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | The service has an established quality and risk system that includes analysis of incidents, infections and complaints, internal audits and feedback from the residents. Sandringham House monitors progress with the quality and risk management plan through management meetings and staff meetings.An internal audit schedule is being implemented for 2015. Areas of non-compliance identified through quality activities are documented as corrective actions that are implemented and reviewed for effectiveness. The service has a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The service has comprehensive policies/procedures to support service delivery that have been reviewed. Policies and procedures align with the resident care plans and have been updated to include reference to the InterRAI assessment tool. A document control policy outlines the system implemented whereby all policies and procedures are reviewed regularly. Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention. The service collects information on resident incidents and accidents as well as staff incidents/accidents and provides follow up where required. Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. The recent 2015 survey of resident and families evidenced 100% overall satisfaction with the care and services provided. |
| Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.  | FA | Incident and accident data is collected, analysed and reported to staff. A sample of resident related incident reports for September and October 2015 were reviewed and evidence that all adverse events were documented to manage risk. Appropriate care and support has been provided by care staff and registered nurses post incident and this is well recorded on the reports reviewed and in the corresponding resident files. Reports were completed and family notified as appropriate. Incidents and accident data is communicated to staff as evidenced in meeting minutes reviewed and staff interviews. The nurse manager is aware of her responsibilities to notify appropriate authorities when required.  |
| Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.  | FA | The recruitment and staff selection process requires that relevant checks are completed to validate the individual’s qualifications, experience and veracity. A copy of practising certificates is kept. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Five staff files were reviewed and included all appropriate documentation. The service has an orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Annual appraisals have been conducted for all staff. There is an in-service programme being implemented for 2015, which exceeds eight hours annually. The nurse manager and registered nurse have attended external training. |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | Sandringham House rest home has a roster in place that ensures there is at least one staff member on duty at all times and a registered nurse on-call. The nurse manager works full time. The service employs a part-time registered nurse. Afterhour’s on-call cover is shared between the registered nurses. Caregivers and residents interviewed advised that sufficient staff are rostered on for each shift. All care staff are trained in first aid. Residents and families interviewed advised that there is sufficient staff on duty to provide the care and support required.  |
| Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | PA Low | The service uses individualised medication packs that are checked in on delivery. A caregiver was observed administering medications and followed the correct process. Registered nurses and senior caregivers are responsible for administering medications and have been assessed as competent to do so with annual reviews conducted. The service has addressed this previous finding. Medication management training has been provided. Medications and associated documentation were stored safely and securely. Medication reviews have been conducted three monthly by a general practitioner (GP) for all residents as per the medication charts reviewed. Resident photos are current and documented allergies are recorded on all 10 medication charts reviewed. Medications are stored and administered in line with accepted guidelines and legislation. There is a self-medicating resident’s policy and procedures in place. One resident self-administers medications. Regular competency reviews have not been conducted. Individually prescribed resident medication charts are in use and this provides a record of medication administration information. All medication charts reviewed record an indication for use for ‘as required’ medications. All medication orders were signed individually by the GP.  |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid ManagementA consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  | FA | All meals at Sandringham House are prepared and cooked on site. The kitchen is able to cater comfortably for all residents in the rest home. There is a winter and summer menu, which has been reviewed by a dietitian. Meals are prepared in an equipped kitchen adjacent to the rest home dining room and served directly to the residents. Kitchen staff are trained in safe food handling and food safety procedures are adhered to. Staff were observed assisting residents with their lunchtime meals and drinks. Diets are modified as required. Resident dietary profiles, and likes and dislikes are known and any changes are communicated to the kitchen. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required. Resident surveys are conducted which provides a formal opportunity for resident feedback on food services. Residents and family members interviewed indicated satisfaction with the food service. |
| Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | PA Low | Long-term care plans are current in four of the sample of files reviewed, and interventions reflect the assessments conducted with exceptions. Interviews with the registered nurses and caregivers and residents evidence residents input. Dressing supplies are available and adequately stocked for use. Documentation for wound assessment, treatment, frequency of dressings and evaluations is available. There were no residents with wounds. Completed wound documentation was reviewed for one resident with a resolved wound and included comprehensive assessment, wound management plans and evaluations. There were no pressure injuries. The registered nurses interviewed advised that they have access to external wound support as required. Specialist continence advice was available as needed and this could be described. Monitoring forms in place include (but not limited to) weight, blood pressure and pulse, food and fluid charts and blood sugar levels. Monthly weight monitoring is conducted for all residents or more frequently as required, as evidenced in the files reviewed.  |
| Standard 1.3.7: Planned ActivitiesWhere specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service. | FA | The activities coordinator provides an activities programme over five days each week with care staff providing activities over Saturday and Sunday. The service has increased the activities programme hours since the previous audit. Activities are planned in conjunction with residents. An activity plan is developed for each individual resident based on the resident’s social history and assessed needs. The activity plans were reviewed at the same time as the care plans in resident files sampled. Residents are encouraged to join in activities that were appropriate and meaningful and to participate in community activities. The service has a van used for weekly outings. Residents were observed participating in activities on the day of the audit. Residents and family members interviewed discussed enjoyment in the programme and the diversity offered to all residents. |
| Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Care plans reviewed have been updated as changes were noted in care requirements. Care plan evaluations were comprehensive as evidenced in the sample of files reviewed and reflect changes to the care plan after evaluations were completed. Short-term care plans have been utilised for residents with acute health changes. The service has addressed this previous finding. Any changes to the long-term care plan are dated and signed. The RN had evaluated initial care plans (sighted) within three weeks of admission. |
| Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | Sandringham House rest home displays a current building warrant of fitness, which expires on 26 August 2016. The service has had all medical equipment checked, serviced and calibrated annually including thermometers, blood pressure machines and chair scales. The service has addressed this previous finding.  |
| Standard 3.5: SurveillanceSurveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | Infection surveillance and monitoring is an integral part of the infection control programme and is described in the infection prevention and control policy. Monthly infection data is collected for all infections based on signs and symptoms of infection. The nurse manager is the infection control nurse. An individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow up, review and resolution. Surveillance of all infections is entered on to a monthly facility infection summary and staff are informed. This data is monitored and evaluated monthly and annually. Infection control education has been provided in 2015. No outbreaks have been reported since the previous audit. Improvements have been made to minimise infection spread with the purchase of a new covered linen trolley, extra alcohol hand gel available for staff and residents, and information and signage at the entrance to the facility relating to infection prevention. |
| Standard 2.1.1: Restraint minimisationServices demonstrate that the use of restraint is actively minimised.  | FA | Documented systems are in place to ensure the use of restraint is actively minimised. The facility was not utilising restraint or enabler use on audit day. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Enablers are voluntary. Restraint use is reviewed at management meetings and education and audits have been completed. |

# Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.3.12.5The facilitation of safe self-administration of medicines by consumers where appropriate. | PA Low | One resident who self-administers medications was interviewed. Medications were stored securely. Staff conduct checks on each shift to confirm that the resident has taken the medications and this is recorded. The resident has been assessed as competent to manage their own medications and this is recorded on the medication chart and in the resident’s long-term care plan. Reviews have not been conducted as per the medication guidelines 2011. | The resident file was reviewed and evidenced that reviews have been conducted at varying intervals. Regular three monthly reviews have not been conducted.  | Ensure that residents who self-administer medications are reviewed three monthly as per guidelines.90 days |
| Criterion 1.3.3.3Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer. | PA Low | Care plans were completed for four of five resident files reviewed. The InterRAI assessment tool is in use and has been utilised for four of five residents’ files sampled (link #1.3.6.1). Long-term care plans have been reviewed within the required timeframes for two of five resident files sampled. Initial assessments and initial care plans have been developed for four of five resident files sampled | i) An initial assessment was not completed within 24 hours of admission for one resident; ii) two long term care plans have not been reviewed at six monthly intervals – one had been reviewed at eight months and one at ten months  | Ensure that all aspects of care planning including assessments and development of long-term care plans are completed within the required timeframes. 90 days |
| Criterion 1.3.6.1The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes. | PA Low | Care plan interventions recorded were detailed, personalised and specific to residents’ medical and nursing needs in four of five files reviewed. One resident did not have a long-term care plan in place and the InterRAI assessment tool has not been completed. The resident did have risk assessments completed on admission (post 1 July 2015).  | One resident had not been assessed with the InterRAI assessment tool and a long-term care plan has not been developed. The resident was admitted in mid-October 2015. | Ensure that all new residents are assessed using the InterRAI assessment tool and that a long-term care plan is developed to guide staff in the care of the resident.60 days |

# Specific results for criterion where a continuous improvement has been recorded

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

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

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

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End of the report.