

# Sandringham House Limited - Sandringham House Rest Home

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## Introduction

This report records the results of a Certification 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](#).

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: 24 April 2017 End date: 24 April 2017

**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:** 19

# Executive summary of the audit

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## Introduction

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

Indicator	Description	Definition
	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 Rest Home is a privately-owned care facility and is certified to provide rest home level care for up to 21 residents. On the day of audit there were 19 residents.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of resident's and staff files, observations and interviews with residents, relatives, staff and management.

One owner is the nurse manager and the other owner provides non-clinical support. A part-time registered nurse and care staff support the nurse manager. Residents and family members interviewed praised the service for the support provided. This audit identified an improvement required around post fall assessment documentation.

## Consumer rights

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.
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The staff at Sandringham House Rest Home ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and services is easily accessible to residents and families. Information on informed consent is provided and discussed with residents and relatives. Staff are familiar with processes to ensure informed consent. Complaints policies and procedures meet requirements and residents and families are aware of the complaints process.

## Organisational management

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.		Some standards applicable to this service partially attained and of low risk.
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Performance is monitored through a number of processes to ensure it aligns with the identified values, scope and strategic direction of the service. The business plan and quality plan have goals documented. There are policies and procedures to ensure support and care to residents with rest home level needs. This includes interRAI requirements and a documented quality and risk management programme that includes analysis of data.

Ongoing training is provided and there is a training plan developed and commenced for 2017. Rosters and interviews indicate sufficient staff that are appropriately skilled with flexibility of staffing around client's needs.

## Continuum of service delivery

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.		Standards applicable to this service fully attained.
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Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. The care plans are resident and goal orientated. Input from the resident/family is evident in the service delivery. Files sampled identified integration of allied health and a team approach is evident in the overall resident file. There is a three-monthly general practitioner review. Residents and family interviewed confirmed that they were happy with the care provided and the communication.

Planned activities are appropriate to the residents assessed needs and abilities and residents advised satisfaction with the activities programme. There are medication management policies that direct staff in terms of their responsibilities in each stage of medication management. Competencies are completed. Medication profiles are up to date and reviewed by the general practitioner three-monthly or earlier if necessary.

Residents' food preferences and dietary requirements are identified at admission and all meals cooked on-site. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

## Safe and appropriate environment

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.
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Chemicals are stored safely. Appropriate policies are available along with product safety charts. The building holds a current warrant of fitness. Resident rooms are spacious with an adequate number of shower and toilet facilities for the number of residents. There is wheelchair access to all areas. External areas are safe and well maintained. Fixtures, fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information and equipment for responding to emergencies are provided. There is an approved evacuation scheme and emergency supplies for at least three days.

## Restraint minimisation and safe practice

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.
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Sandringham House Rest Home actively minimises the use of restraint. All staff receive training on restraint minimisation and management of behaviours that challenge. There are no residents using enablers and no residents using restraint.

## Infection prevention and control

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.
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Infections are reported by staff and residents and monitored through the infection control surveillance programme by the infection control officer (the nurse manager). There are infection prevention and control policies, procedures and a monitoring system in place. Training of staff and information to residents is delivered regularly. Infections are monitored and evaluated for trends.

## Summary of attainment

The following table summarises the number of standards 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)
Standards	0	44	0	1	0	0	0
Criteria	0	92	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)
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](#).

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Discussions with staff (three caregivers, one cook, a volunteer staff member and two owner managers) confirms their familiarity with the Code. Five rest home residents and two family members interviewed confirm that the services being provided are in line with the Health and Disability Services Consumers' Rights (the Code).</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Family and residents interviewed confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided. A multipurpose informed consent form is utilised by the service provider and is retained in each individual resident's record reviewed. Forms are signed and dated appropriately. The admission agreements are signed and dated by the provider and the resident and/or representative.</p> <p>The general practitioner (GP) understands the obligations ensure competency of residents for advance directives and advance care planning. Resident reviews are documented six-monthly. Reviews of the individual resident's health status is retained in the resident's file.</p> <p>There are policies in place for informed consent and resuscitation and the</p>



		<p>service is committed to meeting the requirements of the Code of Health and Disability Services Consumers Rights. Discussions with staff confirmed that they were familiar with the requirements to obtain informed consent for personal care and entering rooms.</p> <p>Discussion with residents confirms that the service actively involves their relatives in decisions that affect their lives, where they consent to this.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Contact numbers for advocacy services are included in the policy, in the resident information folder and in advocacy pamphlets that are available around the facility. Discussions with residents confirms that the service provides opportunities for the family/EPOA to be involved in decisions.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents confirm that visiting can occur at any time. Key people involved in the resident's life have been documented in the resident files. Residents verify that they have been supported and encouraged to remain involved in the community.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>A complaints policy and procedure has been implemented and residents and their family/whānau are provided with information on admission. Complaint forms are available at reception. The residents are aware of the complaints process and to whom they should direct complaints. The service has had no complaints in 2016 and to date. Residents interviewed are aware of the complaints procedure and how to access forms.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The service provides information to residents that include the Code, complaints and advocacy. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents interviewed confirm they are well-informed about the Code. Surveys and direct communication with management provide the opportunity to raise concerns. Advocacy and Code of Rights information is included in the information pack and are available at the service.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and</p>	FA	<p>Staff are able to describe the procedures for maintaining confidentiality of resident records, resident's privacy and dignity. House rules are signed by staff at commencement of employment.</p> <p>Residents are supported to attend church services held within the facility or attend church services in the community if they wish. Residents report that</p>

independence.		they are able to choose to engage in activities and access community resources. There is an abuse and neglect policy and staff education around this has occurred.
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	The service has a Māori health plan and an individual's values and beliefs policy which includes cultural safety and awareness. There were no residents who identify as Māori at the time of audit. Discussions with staff confirms their understanding of the different cultural needs of residents and their whānau. The service has developed a relationship with Peketeraki Marae (Karitane) and can call on SDHB Māori liaison service for assistance or advice when required. Staff are aware of the need to respond appropriately to maintain cultural safety. Staff have had training around cultural safety.
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	Care planning and activities goal setting includes consideration of spiritual, psychological and social needs. Residents interviewed indicate that they are asked to identify any spiritual, religious and/or cultural beliefs.
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	The staff employment process includes the signing of house rules. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on dignity, privacy and boundaries. All staff have completed training around professional boundaries.
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	The service meets the individualised needs of residents who have been assessed as requiring rest home level care. The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include the requirement to attend orientation and ongoing in-service training. Combined quality/staff meetings are conducted. Residents interviewed spoke very positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the owners and registered nurse. Caregivers complete competencies relevant to their practice.
Standard 1.1.9: Communication	FA	Residents interviewed state their relatives are informed of changes in health status and incidents/accidents. This was confirmed on nine incident forms

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>reviewed. Residents also state they were welcomed on entry and were given time and explanation about services and procedures. Resident meetings have occurred regularly and management have an open-door policy. The residents stated that both owners are on-site daily and the nurse manager (owner) visits each resident to ask about their wellbeing. Aged care residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services for residents (and their family). If residents or family/whānau have difficulty with written or spoken English, the interpreter services are made available. Families interviewed spoke positively about the RN manager.</p>
<p>Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Sandringham House Rest Home is a privately-owned service that provides rest home level care residents for up to 21 residents. On the day of audit there were 19 rest home residents including 1 resident receiving respite care.</p> <p>One owner is the nurse manager and the other owner is responsible for finance, office administration and maintenance. The nurse manager is supported by a part-time registered nurse (who works two days per week) and care staff.</p> <p>The goals and direction of the service are documented in the business plan and progress toward goals has been documented.</p> <p>The nurse manager has completed eight hours annually of professional development activities related to managing a rest home.</p>
<p>Standard 1.2.2: Service Management The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>During the temporary absence of the owner (nurse manager), the registered nurse fulfils this role.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>The nurse manager facilitates the quality programme and ensures the internal audit schedules are implemented. Corrective action plans are developed, implemented and signed off when service shortfalls are identified.</p> <p>Quality improvement processes are in place to capture and manage non-compliances. They include internal audits, hazard management, risk management, incident and accident and infection control data collection and</p>

		<p>complaints management. Quality improvement data is discussed at monthly combined quality/staff meetings. Resident meetings have been held regularly.</p> <p>There are policies and procedures provided by an external aged care consultant that are relevant to the service types offered and these are reviewed and updated at least two-yearly or sooner if there is a change in legislation, guidelines or industry best practice. Clinical policies reflect the interRAI requirements.</p> <p>There is a current risk management plan. Hazards are identified, managed and documented on the hazard register. There is a designated health and safety officer. Health and safety issues are discussed at monthly quality/staff meeting with action plans documented to address issues raised.</p> <p>There are resident/relative surveys conducted and analysed. The February 2017 resident/relative survey has been distributed. The 2016 resident/relative surveys evidenced an overall satisfaction rate of 98%. Falls prevention strategies are in place for individual residents.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></p> <p>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.</p>	<p>PA Low</p>	<p>The accident/incident process includes documentation and analysis of the incident and also separation of resident and staff incidents and accidents. Nine incidents occurring in March 2017 were reviewed. Incident forms record if family has been contacted. Each event involving a resident includes a clinical assessment and follow up by a registered nurse. However, clinical observations were not documented for unwitnessed falls as per policy. Accidents and incidents are analysed monthly with results discussed at the combined quality/staff meetings.</p> <p>The management team are aware of situations that require statutory reporting. A review of outbreak management documentation recorded notification to Public Health and the SDHB for a suspected gastroenteritis outbreak in September 2016. Documentation sent to Public Health included the infection log for data analysis.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Five staff files sampled (the manager, the registered nurse, the activities coordinator and two caregivers) show appropriate employment practices and documentation. Current annual practising certificates are kept on file.</p> <p>The orientation package provides information and skills around working with residents with rest home level care needs and were completed in all staff files</p>

		<p>sampled.</p> <p>There is an annual training plan in place and implemented. Staff training is provided at least monthly and all core subjects have been covered in the programme in the past two years. All staff files reviewed for staff who have been employed for more than 12 months contained a current annual performance appraisal.</p> <p>Residents stated that staff are knowledgeable and skilled.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a documented rationale for staffing the service. The nurse manager (owner) works full-time and is on-site Monday-Friday. A part-time registered nurse works two days per week (12 hours). After hours clinical support is provided by the nurse manager and the part-time registered nurse. There are three caregivers on duty each morning. One caregiver is on duty on the afternoon and night shift. Staff and residents interviewed confirmed that staffing levels are adequate and that management are visible and able to be contacted at any time.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The service retains relevant and appropriate information to identify residents and track records. Files and relevant resident care and support information can be accessed in a timely manner. All resident files are in hard copy and stored where they cannot be accessed by people not authorised to do so.</p> <p>Individual resident files demonstrate service integration.</p> <p>Entries are legible, dated and signed by the relevant staff member including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>The entry to the service policy includes requirements and procedures to be followed when a resident is admitted to the service. Admission agreements are signed in all resident's sampled records. Admission agreements reflect all the contractual requirements. Residents and families report that the admission agreements were discussed with them in detail by the nurse manager. All residents had the appropriate needs assessments prior to admission to the service. The service has specific information available for residents/families/EPOA at entry and it includes associated information such as the Health and Disability Code of Rights, advocacy and complaints procedure.</p>

<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>There are policies to describe guidelines for death, discharge, transfer, documentation and follow up. A record is kept and a copy of details is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. The nurse manager stated that telephone handovers are conducted for all transfers to other providers as well as providing written documentation. The residents and their families are involved for all exit or discharges to and from the service.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place which comply with current legislation. Medicines are stored in accordance with legislation and relevant guidelines. Medicine administration practice complied with the medicine management policy during the medication round observed. Registered nurses and senior caregivers complete an annual medication competency assessment and receive education on medication management. Medications are prescribed on the electronic medicine management system in accordance with legislative prescribing requirements for all regular and 'as required' medicines. The GP reviews the chart at least three-monthly. Ten medication signing charts reviewed align with the medication charts. There were no residents self-administering medications at the time of audit.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All food is prepared and cooked on-site. There are two cooks who provide cover over the week. They have completed NZQA food safety units. There is a caregiver on duty in the afternoons for the evening meal. There is a four-weekly rotating menu that has been reviewed by a dietitian during August 2016. The meals are served from the kitchen directly to residents. The cook receives notification of any resident dietary changes and requirements. Dislikes and food allergies are known and accommodated. The meals are well-presented and residents confirm that they are provided with alternative meals as per request.</p> <p>Fridge and freezer temperatures were recorded daily. Food temperatures had been taken and recorded daily. A cleaning schedule is maintained. All residents are weighed monthly and any identified weight loss is addressed.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed</p>	<p>FA</p>	<p>Sandringham House Rest Home records the reason for declining entry to residents should this occur, communicates this to residents/family/whānau and refers the resident/family/whānau back to the referral agency. The</p>

by the organisation, where appropriate.		reason for declining entry would be if there were no beds available or the service could not meet the assessed level of care.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>All residents are admitted with a care needs level assessment completed by the Needs Assessment and Service Coordination team prior to admission. Personal needs information is gathered during admission which forms the basis of resident goals and objectives documented in care plans. Assessments are reviewed at least six-monthly. Appropriate risk assessments have been completed for individual resident issues. The nurse manager and the registered nurse (RN) have completed interRAI training and the assessment tool was evident in resident files.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Resident files include all required documentation. The long-term care plans sampled have been completed within three weeks of admission, are resident-focused and personalised. Care plans are evaluated and updated six-monthly, or as the resident's condition changes. Resident files identify that family were involved in the care plan development and ongoing care needs of the resident. Families interviewed confirm their involvement in the care planning process. Short-term care plans are in use for short term needs and changes in health status.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Care plans reviewed were current and interventions reflect the assessments conducted and the identified requirements of the residents. Interviews with staff (nurse managers and caregivers) and relatives confirm the involvement of families in the care planning process. Caregivers and the nurse manager interviewed state there is adequate equipment provided including continence and wound care supplies. Visual inspection confirms that continence products are available. Resident files include a urinary continence assessment, bowel management and continence products identified for day use, night use and other management. Specialist continence advice is available as needed.</p> <p>Wound assessment and wound management plans are in place for three wounds (two chronic vascular ulcers and one skin tear) and evidenced that all required documents are fully completed. The nurse manager has made a referral to the district nursing team for the chronic leg ulcer wounds.</p> <p>Monitoring occurs for weight, vital signs, blood glucose and challenging behaviour.</p>

<p><b>Standard 1.3.7: Planned Activities</b></p> <p>Where 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.</p>	<p>FA</p>	<p>The activities coordinator was not available on the day of the audit. The activities coordinator works 15 hours a week. The activities coordinator is currently working towards completion of NZQA level four qualification in diversional therapy. Activities assessment and plan reflect individual resident goals and progression towards meeting goals. Residents are encouraged to attend activities in the community. The facility has a plot in the local community gardens with raised beds which residents tend to. Residents have the opportunity to participate in the exercise programme at the local church. Church services are held in-house monthly and residents are encouraged and assisted to attend church services in the community. The residents visit other aged care facilities in the local area and participate in competitions, community choir, the RSA club, Probus and local events. There is a good mixture of group and individual activities which are within resident abilities and are meaningful to them. There is a noticeboard in the dining room with the activities planned for each week. Activities include (but are not limited to): newspaper reading, housie, happy hour, speakers, van rides, pet therapy, games and visiting entertainers. The facility has its own van which is used for activities and resident transportation.</p>
<p><b>Standard 1.3.8: Evaluation</b></p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Long-term care plans reviewed had been evaluated and document achievement towards the desired goals or objectives every six months or earlier as required. The interventions in both long-term and short-term care plans had been updated when the outcomes were different from expected. Recent reassessments have been completed using the interRAI tool. The residents and family members interviewed report that they are involved in all aspects of care and reviews/evaluations of the care plans. The family are notified of GP visits and three-monthly reviews by phone call and if unable to attend, they are informed of all the changes. There is at least a three-monthly medical review by the medical practitioner.</p>
<p><b>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</b></p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>There are documented policies and procedures in relation to exit, transfer or transition of residents. There is evidence of referrals by the GP to other specialist services. The residents and the families are kept informed of the referrals made by the service. Internal referrals are facilitated by the nurse manager (RN).</p>



<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are policies and procedures in place to guide staff on waste management and handling hazardous substances. Gloves aprons and visors are available to staff. Staff were observed wearing personal protective equipment while attending to their duties. Infection control policies state specific duties and use for personal protective equipment. Chemicals are labelled appropriately and stored securely when not in use. There is no decanting of chemicals. Safety data sheets are visible. The chemical provider monitors chemical usage and provides chemical training.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building has a current warrant of fitness which expires 26th August 2017. The owner is responsible for maintenance. There is a maintenance book for staff to record any maintenance/repairs/replacements required and this is signed off once completed. There is a current maintenance plan. Calibration of medical equipment occurred on 22 September 2016. The hot water temperatures are monitored monthly. Review of the records reveals water temperatures of 45 degrees Celsius and when out of range, corrective actions have been recorded. There is sufficient room for residents to move around the facility with mobility aids. All external areas are well maintained.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are sufficient numbers of toilets and bathrooms for the number of residents in the rest home. Four rooms have a private ensuite. All bathrooms and toilets are disability accessible with privacy locks and are maintained to a good standard with easy to clean walls and floors.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>There is adequate space in the bedrooms and enough space for the safe manoeuvring of mobility equipment. Residents can and do personalise their rooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>All communal areas are spacious enough for residents to move around freely with mobility aids. They are designed for both group and individual activities. The open plan dining room is adjacent to the kitchen and is large enough for all residents to dine together comfortably. There are small seating areas within the facility for more intimate conversations or those requiring some quiet time.</p>

<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Care staff are responsible for laundry and cleaning services. There is a laundry with a clean and dirty flow. Cleaning chemicals are securely stored in locked cupboards. Current safety material data sheets about each product are located with the chemicals and in the laundry. The chemicals are stored appropriately in locked cabinets. The cleaner's trolley is stored in a locked room when not in use. The residents and their families confirm they were happy with laundry services. A visual inspection confirms the laundry and cleaning processes are implemented.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>The service has an approved evacuation plan. Civil defence equipment and resources are available and this was discussed with the owner and nurse manager. A gas barbecue is also available. The facility has back up lighting, power and sufficient food, water and personal supplies to provide for its maximum number of residents in the event of a power outage.</p> <p>The staff are responsible for checking the facility for security purposes on the afternoon and night shifts. The nurse call system is appropriate for the size of the facility and call bells are accessible in the rooms, lounge and dining areas. There is a staff member on each shift with a current first aid certificate.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All communal areas are well ventilated and heated with a heat pump, there is a gas heater in the conservatory area which has a fire guard around it. Resident rooms are heated with panel heaters which residents can alter to suit their preferred temperature. All rooms have external windows that open allowing plenty of natural light.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>Sandringham House Rest Home has an established infection control (IC) programme. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. The nurse manager is the designated infection control officer with support from all staff. Infection control matters are routinely discussed at all quality/staff meetings. Education has been provided for staff. The infection control programme has been reviewed annually.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and</p>	<p>FA</p>	<p>There are adequate resources to implement the infection control programme. The nurse manager is responsible for infection prevention and control. The infection control team is all staff through the quality/staff meeting. External</p>

meet the needs of the organisation.		resources and support are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities, procedures, the infection control team and training and education of staff. The policies and procedures manuals have been developed by an external aged care consultant and are reviewed annually.
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	The staff orientation programme includes infection control education. The nurse manager has completed infection control updates and provides staff in-service education which has occurred in 2016. Education is provided to residents in the course of daily support with all residents interviewed able to describe infection prevention practice that is safe and suitable for the setting.
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. Short-term care plans are used. Surveillance of all infections is entered on to a monthly infection summary. This data is monitored and evaluated monthly and compared month by month. Outcomes and actions are discussed at quality/staff meetings and results posted for staff to view. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the manager or registered nurse. The infection rate is low. There was one suspected gastroenteritis outbreak in September 2016 which lasted for five days and was evidenced to have been well managed. Documentation including: infection log, memos, education for staff, residents and families, notification to the relevant authorities and debrief meeting were sighted.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	The service philosophy includes that restraint is only used as a last resort. There were no residents at the time of the audit using restraint or enablers. The restraint policy includes a definition of enablers as voluntarily using equipment to maintain independence. Staff have been trained in the

		management of behaviours that challenge.
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## 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)
<p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	PA Low	<p>Incident/accident/near miss reports are completed for all adverse, unplanned or untoward events. Family are informed of any incidents. Incident data is discussed at the quality/staff meetings. Nine incident forms were reviewed. Seven of the nine incident forms were falls. Four of the seven falls documented that neurological and clinical observations had been recorded as per policy.</p>	<p>Neurological observations were not recorded for an unwitnessed fall in which a resident sustained a head wound. Clinical observations were not consistently recorded by the nurse manager following post fall assessment.</p>	<p>Ensure clinical and neurological observations are recorded following an unwitnessed fall as per policy.</p> <p>60 days</p>

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

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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, 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
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End of the report.