

# 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 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 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:

<b>Legal entity:</b>	Sandringham House Limited
<b>Premises audited:</b>	Sandringham House Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 23 April 2021    End date: 23 April 2021
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	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 is privately owned and provides rest home level care for up to 21 residents. On the day of the 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 the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, relatives, management, staff, and the general practitioner.

The owners are a husband-and-wife team who have owned Sandringham House for eight years. The husband is non clinical, the wife is a registered nurse. They are supported by an enrolled nurse and a team of long-standing experienced staff. The general practitioner, residents and the relative interviewed were complimentary of the high standard of care provided.

Sandringham house continues to provide a homely atmosphere and have intimate knowledge of the residents needs and preferences while supporting residents to be independent. Care is tailored to meet individual needs of residents and families. The annual business and quality plan has been implemented, the plan includes resident focused goals and has a focus on quality and environmental improvements.

There were areas for improvement identified at this certification audit related to observations and care plan interventions.

## 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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Sandringham House staff provide care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. Information about services provided is readily available to residents and families/whānau. The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. There is a policy to support individual rights. Care plans accommodate the choices of residents and/or their family. Informed consent is evident as staff are knowledgeable about what is required to ensure. There is information provided and discussed with residents and relatives upon admission and as required. Complaints processes are implemented and managed in line with the Code. Residents are encouraged to maintain former links with the community. There are a number of community visitors to the home.

## 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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The quality and risk management plan and quality and risk policies describe Sandringham House' quality improvement processes. Policies and procedures are maintained by an external aged care consultant who ensures they align with current good practice and meet legislative requirements. Quality data is collated for infections, accident/incidents, concerns and complaints, internal audits, and surveys. Quality data is discussed at meetings and is documented in minutes. The health and safety programme meets

current legislative requirements. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an education programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

## 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.		Some standards applicable to this service partially attained and of low risk.
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Residents interviewed expressed satisfaction with all areas of care delivery, including the activities programme and communication with them and their families. All residents have been assessed prior to entry and a series of baseline assessment are completed at admission. The care plans are resident, and goal orientated. Input from both the residents and family/whānau is evident in all areas of service delivery. The files sampled show integration of allied health and a team approach is evident in the overall resident file. There are a range of planned activities to meet the residents assessed needs and abilities.

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.

All meals are prepared on site. Resident's individual food preferences, dislikes and dietary requirements are met. There is a dietitian review of the four-weekly menu.

## 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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Sandringham house has a 12A form as a result of not being able to have it building warrant of fitness inspections completed. The building is accessible for residents using walkers and wheelchairs with pleasant and safe garden areas. The rooms are personalised with good heating and ventilation. There are sufficient shower and toilet facilities for the number of residents. The fixtures, fittings and flooring are appropriate with toilet/shower areas constructed for ease of cleaning.

Chemicals are stored safely with staff training completed. There are current product safety charts and policies on management and use of chemicals. The internal quality system monitors cleaning and laundry services. Sandringham has an approved evacuation scheme and emergency supplies for at least three days. Staff are trained and have the equipment for responding to emergencies.

## 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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Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint, should this be required. The facility remains restraint free. Staff receive regular education and training on restraint minimisation. No restraints or enablers were in use on the day of audit.

## 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.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Responsibility for infection control is shared between the nurse manager and a registered nurse. The infection control coordinators have attended external education and coordinate education and training for staff. There is a suite of infection control policies and guidelines to support practice. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. There have been no outbreaks.

Covid 19 was well prepared for, education sessions and meetings were held to update staff. Policies, procedures, and the pandemic plan were updated to include Covid 19. Residents and relatives were well informed kept up to date with information around current guidelines and regulations as lockdown levels changed. Adequate supplies of personal protective equipment and hand sanitiser were sighted during the audit.

## 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)
<b>Standards</b>	0	43	0	2	0	0	0
<b>Criteria</b>	0	91	0	2	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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>The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. A policy relating to the Code is implemented and staff interviewed (one owner, one nurse manager, one enrolled nurse (EN), three caregivers and one activities coordinator) could describe how the Code is incorporated into their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through the staff education and training programme last held May 2019.</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</p>	FA	<p>Sandringham House has established informed consent policies/procedures and advanced directives. The five resident files reviewed had signed admission agreements, informed consents, and enduring powers of attorney, including activations are on file. Specific consents are obtained for procedures such as influenza vaccine. Residents interviewed confirmed staff ask permission prior to attending to cares. There are two shared rooms, one has a married couple in it, the other has a single occupant. Resuscitation status had been signed appropriately. Advance directives were signed for separately, identifying the resident's wishes for end-of-life care.</p> <p>Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The Sandringham House management staff are committed to meeting the requirements of the Code of Health and Disability Services</p>

consent.		Consumers Rights. The caregivers interviewed demonstrated a good understanding in relation to informed consent and informed consent processes.
Standard 1.1.11: Advocacy And Support  Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Health and Disability advocacy brochures are included in the information provided to new residents and their family/whānau during their entry to the service. Residents and family interviewed were aware of the role of advocacy services and their right to access support. The complaints process is linked to advocacy services. Staff receive regular education and training on the role of advocacy services (last held May 2019). The staff interviewed demonstrated a good knowledge of the role of the advocacy service and when the service would be required.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources  Consumers are able to maintain links with their family/whānau and their community.	FA	The service encourages their residents to maintain their relationships with friends and community groups. Residents may have visitors of their choice at any time. Assistance is provided by the caregivers to ensure that the residents are supported to participate in their chosen community group. There are a number of community visitors to the facility including entertainers, men are supported to attend the community men's' group. There are inter home activities where residents attend other facilities in the area for the afternoon for games and entertainment. Van outings is a regular event on the activities programme.
Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld.	FA	There is a complaints policy to guide practice which aligns with Right 10 of the Code. The privacy officer (nurse manager) leads the investigation of any concerns/complaints. Concerns/complaints are discussed at the monthly quality/staff meeting as sighted in the meeting minutes. Complaints forms are visible throughout the facility. A complaints register is maintained. There have been two concerns (in 2021) since the last audit that have been managed appropriately. Action has been taken within the required timeframes and resolved to the satisfaction of the complainants. Residents and the family member interviewed are aware of the complaints process, however, stated they feel comfortable discussing issues or concerns with the management.
Standard 1.1.2: Consumer Rights During Service Delivery  Consumers are informed of their rights.	FA	Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information that is provided to new residents and their families and is available at the entrance of the facility. The nurse manager discusses aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the resident/family meetings. Seven residents and one family member interviewed reported that the residents' rights were being upheld by the service.

<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 independence.</p>	FA	<p>The residents' personal belongings are used to decorate their rooms. The caregivers interviewed reported that they knock on bedroom doors prior to entering rooms and this was demonstrated on the day of audit. Caregivers confirmed they promote the residents' independence by encouraging them to be as active as possible. Residents and families interviewed and observations during the audit confirmed that the residents' privacy is respected. Guidelines on abuse and neglect are documented in policy. Staff receive education and training on abuse and neglect competencies are completed by each member of staff annually.</p>
<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	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. The caregivers interviewed reported that they value and encourage active participation and input from the family/whānau in the day-to-day care for any residents who identify with Māori. There were no residents who identified with Māori on the day of audit. The service has a good relationship with the local iwi who are available on request. Staff receive education on cultural awareness (last held May 2019). Representatives for other groups would be contacted as the requested by the resident or family/whanau as appropriate.</p>
<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	<p>The service identifies the residents' personal needs, culture, values, and beliefs at the time of admission in consultation with the resident and family/whanau. Beliefs and values are incorporated into the residents' care plans in resident files reviewed. Residents and the family member interviewed confirmed they were involved in developing the residents' plan of care, which included the identification of individual cultural and spiritual values and beliefs.</p>

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Professional boundaries are discussed with each new employee during their induction to the service. Professional boundaries are also described in job descriptions. Interviews with the caregivers confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings and performance management as required.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Good practice around quality care is evident. A nurse manger and enrolled nurse are available on duty or on-call 24 hours a day, seven days a week. Caregivers confirmed on interview they feel supported and their contribution into resident care is valued. Sandringham House has a stable experienced workforce with continuity, ensuring quality care for residents and trusting relationships with relatives. All staff hold relevant qualifications. Policies and procedures reflect best practice and staff are required to read and sign new/reviewed policies. Residents and family interviewed reported that they are very satisfied with the services received. There are several health professionals involved in the resident's care including the general practitioner. A residents and relatives satisfaction survey are held annually which evidenced residents were very satisfied with the service. The enrolled nurse has a background in pharmacy technology, is interRAI trained, and oversees medication management.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>There is a policy to guide staff on the process around open disclosure. Residents and the family member interviewed confirmed the admission process and agreement was discussed with them. They were provided with adequate information on entry. The nurse manager and enrolled nurse operate an open-door policy. Ten incident/accident forms reviewed for March and April 2021 identified family were notified following a resident incident. The nurse manager and EN confirm family are kept informed. The family member interviewed confirmed they are notified promptly of any incidents/accidents. The family member stated there was good communication with relatives throughout the Covid lockdown periods through emails and phone calls. Residents were able to maintain contact with relatives via phone calls and skype. Interpreter services are available through the district health board (DHB) if required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned,</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 one resident on a long-term support- chronic health contract (LTS-CHC). All other residents were on the age-related residential care contract (ARRC).</p> <p>The owners are a husband-and-wife team, who have owned the business for eight years. The wife is the nurse</p>

<p>coordinated, and appropriate to the needs of consumers.</p>		<p>manager and is a registered nurse with many years' experience in the age care sector. She is responsible for the clinical areas of the business. The husband (non-clinical) is responsible for maintenance, finance, and accounting. They are supported by a recently employed enrolled nurse (EN) who has a background as a pharmacy technician. The EN oversees medication administration and the electronic medication system. There is a casual registered nurse who covers on-call as required. The caregivers are long standing and are experienced in their field.</p> <p>Sandringham House has an annual business quality and risk management plan. Plans, aims and ambitions of the business are resident, quality and environment focused and are reviewed annually. Progress towards achievement of goals is documented.</p> <p>The nurse manager has completed eight hours annually of professional development activities related to managing a rest home including study days held by the DHB around scope of practice, safety, and infection control. The nurse manager attends the local age residential care (ARC) meetings.</p>
<p>Standard 1.2.2: Service Management</p> <p>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 nurse manager, the enrolled nurse is responsible for the day to day running of the facility under the supervision of the casual registered nurse.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality</p>	<p>FA</p>	<p>The quality and risk management plan and quality and risk policies describe Sandringham House' quality improvement processes. Policies and procedures are maintained by an aged care consultant, who reviews policies to ensure they align with current good practice and meet legislative requirements. Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data, surveys, and complaints management. Data that is collected is analysed and compared monthly and annually for a range of adverse event data. Where improvements are identified, corrective actions are developed, implemented, and regularly evaluated. Information is shared with all staff as confirmed in meeting minutes and during interviews. Staff, residents, and the family member interviewed confirmed any concerns they had were addressed by management and quality initiatives implemented.</p> <p>There are monthly combined quality/ management infection control/health and safety meetings followed by the</p>

improvement principles.		<p>staff meeting. Meeting minutes evidence that quality data, trends, and analysis, including areas for improvement is discussed including infections, accidents and incidents, health and safety, concerns/complaints, internal audit outcomes and quality goals. Staff stated they are required to sign the meeting minutes when read. There is an internal audit programme that covers environmental and clinical areas. The nurse manager completes a monthly summary of audits with corrective actions, which are signed off as completed. Annual resident/relative satisfaction surveys are completed annually. All residents and families were very satisfied with the care and services provided. Results from the surveys are collated and fed back to participants through meetings.</p> <p>A risk management plan is in place. Staff receive health and safety training during orientation and ongoing. Health and safety is discussed and documented in the monthly quality/management and staff meetings. Actual and potential risks are documented on the hazard register, which identifies risk ratings and documents actions to eliminate or minimise the risk. The register is up-to-date and is reviewed at least annually. Falls management strategies include sensor mats, extra monitoring, and the development of specific falls management plans to meet the needs of each resident who is at risk of falling.</p>
<p>Standard 1.2.4: Adverse Event Reporting</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>	PA Low	<p>There is an incident reporting policy that includes definitions and outlines responsibilities. Individual reports are completed for each incident/accident. There is timely RN or EN assessment including after hours for accident/incidents. The incident reports have a section for next of kin (NOK) notifications which evidenced NOK were informed of all incidents. Incident/accident data is linked to the quality and risk management programme. Ten accident/incident forms were reviewed. Each incident involved a resident clinical assessment and follow-up by a nurse. Each incident report is reviewed and signed off by the nurse manager. Interviews with caregivers, identified they were fluent in describing protocols for managing emergencies after hours, including the completion of neurological observations. On review of unwitnessed falls, neurological observations had not been fully completed for unwitnessed falls with potential for head injuries. The owner and nurse manager confirmed they are aware of their responsibility to notify relevant authorities in relation to essential notifications. One section 31 notification form was completed for a non-facility acquired stage three pressure injury. There have been no outbreaks since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice</p>	FA	<p>There are human resources policies to support recruitment practices. Five staff files sampled (one enrolled nurse, two caregivers, one activities coordinator and one cook) contained all relevant employment documentation. The recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and suitability for the role. Performance appraisals were current. Current practising certificates were sighted for the nurse manager, the EN and allied health professionals. Sandringham house has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed believed new staff were adequately orientated to the service on employment. An annual training programme covering all the relevant requirements is implemented.</p>

<p>and meet the requirements of legislation.</p>		<p>Attendance records evidence good attendance at education. Staff are encouraged to gain a relevant qualification to their role. Clinical staff complete competencies relevant to their role, including medication competencies, manual handling, fire safety, code of rights and first aid. A catch-up education plan is in place to cover planned 2021 and missed sessions due to Covid19 in 2020.</p> <p>The nurse manager and the enrolled nurse are interRAI trained.</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>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a total of 18 staff. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The nurse manager and EN cover Monday to Friday and on-call.</p> <p>There are three caregivers on morning shift from 7am to 1pm. One caregiver covers afternoon shift (3pm to 11pm) and nightshifts (11pm to 7am). The cook/ caregiver and nurses (Monday to Friday) answer call bells and attend to residents needs during 1pm to 3pm. Activities hours are from 10.30am to noon.</p> <p>The cook is rostered from 6.30am to 3pm and the tea cook from 3.30pm to 7pm. The housekeeper works from 7am to 2.30pm daily.</p> <p>Caregivers stated there is enough time in their shift to complete all cares and cleaning and laundry duties throughout the shifts. There is the flexibility on the roster to increase hours to meet resident. The caregivers, residents and relatives interviewed, inform there are sufficient staff on duty at all times.</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>	<p>FA</p>	<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 in the locked nurses' station, where they cannot be accessed by people not authorised to do so.</p> <p>Individual resident files demonstrated 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</p>	<p>FA</p>	<p>There are entry to service policy and procedures for residents admitted to Sandringham House. Residents, family/whānau and enduring power of attorneys receive the Health and Disability Code of Rights and the Sandringham House advocacy and complaints procedure. In the files reviewed there was completed demographic detail, assessments, and signed admission agreements in accordance with contractual</p>

<p>a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>requirements.</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>Exit, discharge, or transfer is managed in a planned and coordinated manner. In the interview with the nurse manager and the enrolled nurse, it was confirmed that follow-up contact with referral services would be made to ensure they receive the transfer documents and receive handover. At the time of transition appropriate information is provided to the person/facility responsible for the ongoing management of the resident. All referrals are recorded in the progress notes. Residents and family/whānau are supported to access or seek referral to other health and/or disability service providers when required or if the need for other non-urgent services is indicated or requested.</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>The electronic medication management system is implemented to ensure that residents receive medicines in a secure and timely manner. Allergies are clearly indicated, and photos current for easy identification. As required (PRN) medication administration reason and outcome have been documented by the staff who administer medication. The nurse manager and enrolled nurse complete medication reconciliation. Medicine management policies meet the necessary guidelines. Medications are stored securely in the trolley and locked cupboards. Ten medication charts sampled identify that the general practitioner has seen and reviewed the resident three-monthly. Annual medication competencies are completed for all staff administering medications and medication training records were sighted. A caregiver was observed administering medicines and complying with required medication protocol guidelines and legislative requirements.</p> <p>Weekly and six-monthly controlled drug stock takes are conducted, with a six-monthly pharmacist stock review. Monitoring of medication fridge temperatures and the medication storage room was conducted, and records were sighted.</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</p>	<p>FA</p>	<p>Food service standards continue to be maintained. All food is prepared and cooked on-site. There are two main cooks that cover the day shift and two evening cooks. They have completed NZQA food safety units. There is a four-weekly rotating menu that has been reviewed by a dietitian. 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 confirmed that they are provided with alternative meals as per request. Meals are served directly from the kitchen to the dining room. Lunchtime was observed, and staff were observed assisting residents as needed. There is a current verified</p>

<p>component of service delivery.</p>		<p>food control plan.</p> <p>Fridge and freezer temperatures are recorded daily. Food temperatures are taken and recorded daily. A cleaning schedule is maintained. All residents are weighed monthly, and any identified weight loss is addressed. Residents interviewed all spoke positively about the meals provided.</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 by the organisation, where appropriate.</p>	<p>FA</p>	<p>Residents who are declined entry are recorded. The reason for declining would be if the client did not meet the level of care provided at the facility or there are no beds available. When a resident is declined entry, family/whānau are advised and the resident is referred back to the referral agency to ensure that they will be admitted to the appropriate service provider.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>Initial assessment tools and interRAI are used to assess the residents' needs, support requirements and preferences on admission. InterRAI assessments identify key risks and these link into the care plan interventions. Additional assessments are completed according to the need and this included pain, behavioural, falls risk, nutritional requirements, continence, skin, and pressure injury assessments. Activities assessments. and care plans were detailed and included input from the family/whānau, residents, and other health team members as appropriate and in a timely manner. Family/whānau and residents interviewed expressed satisfaction with the assessment process.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Low</p>	<p>Long term and short- term care plans are developed for acute and long-term needs. Goals are specific and measurable, and overall interventions were detailed to address the desired goals/outcomes identified during the assessment process.</p> <p>The interRAI assessment tool and paper-based assessments are being utilised for assessments and outcomes and are reflected into the long-term care plans. The interventions in managing acute health issues including wounds were documented on short-term care plans and transferred to the long-term care plan if not resolved within six weeks, however, not all care plans reviewed documented all required interventions.</p> <p>Long-term care plans evidenced resident and/or relative and staff input into the development of care plans.</p>

		<p>There was evidence of allied healthcare professionals involved in the care of the resident. The relative and residents interviewed, confirmed they were involved in the care planning process. The relative reported care delivery and support is consistent with their expectations and they were updated when changes were made to the plan of care. Staff members report they are informed about changes in the care plans.</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>The registered nurse/manager, enrolled nurse and caregivers follow the care plan and report progress against the care plan each shift at handover. If external nursing or allied health advice is required, the registered or enrolled nurse will initiate a referral. If external medical advice is required, this will be actioned by the GPs. Visual inspection confirmed there are sufficient medical supplies including continence are adequate. Staff confirmed they have access to the supplies and products they need. Specialist advice is available in continence, wound and palliative care as required, and the staff interviewed were able to describe this.</p> <p>Testing and monitoring for the residents with diabetes includes care plan interventions to measure blood sugar levels, nutritional plans, and action plans for low/high blood sugars. All files demonstrate integration of allied health and a team approach was evident. Short term care plans were developed for some short-term problems or in the event of any significant change with interventions to guide care (link 1.3.5.2). Review and updates are documented, and short care plans are closed out or integrated into the long-term care plan if not resolved .</p> <p>There was one wound, a wound that developed following a possible medical event, there has been external advice sought regarding this wound. Wounds have paper-based assessments with plans and evaluations in place.</p> <p>Monitoring occurs for weight, blood pressure, behaviour, wound, blood sugar levels, pain, neurological observations, and food/fluid charts. These were sighted in the files reviewed. Care plans reviewed were current and interventions reflect the assessments conducted and the identified requirements of the residents. Interviews with staff (nurse manager, enrolled nurse, and caregivers) and relatives confirm their involvement in the care planning process. Resident files include a urinary continence assessment, bowel management and continence products identified for day use, night use and other management.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their</p>	FA	<p>The activities coordinator works 22 hours a week and holds a current first aid certificate. The activities assessment and plan reflect the resident's individual goals and progression towards meeting goals. Sandringham House residents participate in community activities. These include (but are not limited to) visits to other aged care facilities for exercise programmes, men's groups, community choir and competitions.</p> <p>The noticeboard in the dining room has the activities planned for each week, there is room in the programme to attend activities that arise spontaneously. Activities include (but are not limited to): newspaper reading, housie, happy hour, speakers, van rides, pet therapy, monthly church services, games and visiting entertainers. These</p>

needs, age, culture, and the setting of the service.		activities are a good mix of group and individual activities which are within resident abilities and are meaningful to them. The facility has its own van which is used for outings and resident transportation to appointments as required. Residents interviewed were happy with the overall activity programme.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	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 in most cases had been updated when the outcomes were different from expected (link 1.3.5.2). Recent reassessments have been completed using the interRAI tool. The residents and family member 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.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	Referrals to other services are discussed with the resident's general practitioner. Residents are given a choice regarding the options they have when they want to access other health services, confirmed at the resident and relative interviews. The registered and enrolled nurses confirmed that processes are in place to ensure that all referrals are followed up accordingly. Referral documentation is maintained on residents' files. Resident files reviewed showed evidence of residents accessing other health services and specialist services from the Southern District Health Board. The resident, family/whānau and enduring power of attorney where activated are kept informed of the referral process, as verified by documentation and interviews.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or	FA	Staff follow policies and procedures for the management of waste and hazardous substances. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Safety data sheets and product information is available for staff. Appropriate protective clothing and equipment was available that was appropriate to the recognised risks and used by staff. Interviews with caregivers confirmed management of waste and chemicals, infection control and prevention policies and specific tasks/duties for which protective equipment is to be worn. Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. A hazard register and maintenance plan are in place.

hazardous substances, generated during service delivery.		
<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 form 12A in place as the building warrant of fitness which expires 7 July 2021. The owner is responsible for maintenance and employment/supervision of contractors. 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 18 November 2020. 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. Interviews with staff and observation of the facility confirmed there was adequate equipment. 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>All bathrooms and toilets are disability accessible with privacy locks and are maintained to a good standard with easy to clean walls and floors. There are adequate numbers of toilets and bathrooms for the numbers of residents. Four rooms have a private ensuite.</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</p>	FA	<p>The bedrooms have been personalised by the residents. There is adequate space in the bedrooms and enough space for the safe manoeuvring of mobility equipment.</p>

setting.		
<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. Group and individual activities take place in the communal areas. 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 private 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>	FA	<p>Sandringham House has a dedicated cleaner who works five hours per day, five days per week. This role is responsible for laundry and cleaning services, at other times the caregivers undertake these tasks. The laundry areas have a dirty to clean flow. On the day of the audit the laundry and cleaning processes were observed. Cleaning chemicals are appropriately labelled and stored in the locked laundry. Current safety material data sheets about each product are located with the chemicals. The housekeeper's basket is stored in the laundry when not in use. The residents and family/whānau interviewed confirm they were happy with laundry services.</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>	FA	<p>Emergency, disaster policies and procedures are documented for the service. The fire evacuation scheme has been approved by the Fire service. Fire drills occur every six months, last in March 2021. The orientation programme and annual education/training programme include fire, security, and emergency/civil defence situations. Flip charts are available for staff. Staff interviewed confirmed their understanding of emergency procedures. There are adequate supplies available in the event of a civil defence emergency including food, water, torches, and other civil defence supplies. The service has access to two 200 litre water tanks in the event of a civil defence. A gas BBQ is available for alternate cooking. There is emergency power back-up and a generator on site. There is a gas water and heating system installed in the facility. A call bell system is in place including all resident rooms and communal areas. Residents were observed in their rooms with their call bell within reach. There is at least one staff member on duty 24 hours a day with a current first aid/CPR certificate. The building is secure after-hours.</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>	FA	<p>The 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. All resident rooms have a panel heater which residents can adjust 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>	FA	<p>The nurse manager has overall responsibility for infection control. Responsibility for infection control is described in the job description. The infection control coordinator oversees infection control for the facility and are responsible for the collation of infection events. The infection control programme is reviewed annually at the management/ quality meeting.</p> <p>Posters are displayed at the entrance to the facility asking visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. There have been no outbreaks since the previous audit.</p> <p>All visitors and contractors entering the facility complete a wellness declaration and tracking and tracing sign-in or app is available in line with current guidelines.</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 meet the needs of the organisation.</p>	FA	<p>The infection control coordinators have both attended infection control and prevention education. The nurse manager attended an infection control study day held through the DHB. There is access to infection control expertise within the DHB, aged care consultant, wound nurse specialist, public health, and laboratory. The GP monitors the use of antibiotics.</p> <p>Covid19 was well planned for, staff residents and relatives were regularly updated with new guidelines and regulations to follow. Staff 'bubbles' were identified, and staff uniforms were laundered onsite. Changing and showering facilities were provided, emergency accommodation was offered to staff in a local motel. Staff were screened on arrival to work. Increased cleaning schedules were implemented and maintained. The management team attended local weekly ARC meetings held virtually. Education was held around isolation, hand washing and donning and doffing of personal protective equipment (PPE). Adequate supplies of PPE and hand sanitiser were sighted on the day of the audit. The DHB Covid 19 audit recommended identifying red and green areas which was implemented. The service worked in conjunction with the DHB when updating the</p>

		<p>pandemic plan. All residents and the family member interviewed praised the service for their prompt response to the pandemic and the care and attention residents received during the level 4 lockdown. The service has received compliments from relatives around the management of Covid 19. Staff interviewed stated they felt well informed all the way through the changing levels of lockdown. Resource folders are easily accessible with up-to-date information around procedures around each lockdown level. Staff reported they were confident implementing procedures during the last two changes in lockdown levels and reported the management team were a great support throughout.</p>
<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	<p>The infection control policies include a comprehensive range of standards and guidelines, including defined roles and responsibilities for the prevention of infection, and training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. The policies procedures and the pandemic plan have been developed by an aged care consultant and have been updated to include Covid19.</p>
<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	<p>The infection control coordinators are responsible for coordinating/providing education and training to staff. Training on infection control is included in orientation and as part of the annual training schedule. Staff complete infection control questionnaires. Hand hygiene competencies are completed during orientation and annually.</p> <p>Resident education is expected to occur as part of providing daily cares.</p> <p>Covid19 education included donning and doffing PPE, handwashing, and isolation procedures.</p>
Standard 3.5:	FA	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinators collate information obtained through surveillance to determine infection control activities and</p>

<p>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>		<p>education needs in the facility. Infection control data is discussed at the combined management/ quality meetings and staff meetings. Data and graphs of infection events are available to staff. The service completes monthly and annual comparisons of infection rates for types of infections. The nurse manager provides an annual analysis of infections. The GP signs-off the infection control data and a copy has previously been sent to the pathologist. Trends are identified and analysed, and preventative measures put in place. Systems in place are appropriate to the size and complexity of the facility.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There are current policies that reflect best practice and meet the restraint minimisation standard around restraints and enablers. The nurse manager is the restraint coordinator and has a job description that defines the role and responsibilities. No residents were using restraints or enablers on the day of audit.</p> <p>Staff receive training around restraint minimisation and managing challenging behaviours. Care staff interviewed were able to describe the difference between an enabler and a restraint. Caregivers' complete restraint questionnaires annually.</p>

## 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	The caregivers interviewed were knowledgeable around the need for completion of neurological observation following unwitnessed falls as per policy. On review of unwitnessed falls the GCS component of the neurological observations were fully completed and signed off by the nurse manager following review, however the vital signs component was not completed.	Three of four unwitnessed falls did not have a full set of neurological observations completed.	<p>Ensure both the GCS and vital signs are completed as a set of neurological observations following unwitnessed falls as per policy.</p> <p>90 days</p>
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	PA Low	The five resident files reviewed have a care plan in place. Staff interviewed were aware of care needs for all residents, however, not all care plans included interventions to support all assessed needs; These included nutritional support, monitoring for weight loss,	Three residents did not include all care plan interventions or strategies required to	(i) – (ii) Ensure interventions are documented to manage and support all assessed needs including acute

			<p>minimise the risk.</p> <p>(ii) Two residents with weight changes did not include interventions to manage all aspects of weight management.</p> <p>(ii) One resident did not have interventions documented to support the use and application of the medication prescribed.</p>	<p>changes in health status.</p> <p>90 days</p>
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## 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.