

Sunrise Healthcare Limited - Ascot House

Introduction

This report records the results of a Provisional 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:

Legal entity: Sunrise Healthcare Limited

Premises audited: Ascot House

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 6 May 2021 End date: 6 May 2021

Proposed changes to current services (if any): Sale of service and change of ownership based on outcome of this report with the sale date planned for 17 June 2021

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

Executive summary of the audit

Introduction

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

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

General overview of the audit

Ascot House rest home has been privately owned and operated by an experienced chief operating officer since the purchase of the facility in September 2020. The service is certified to provide rest home level of care for up to 27 residents with a 21-bed occupancy on the day of audit.

This provisional audit was conducted against the relevant Health and Disability services standards and the contract with the district health board. The audit process included a review of policies and procedures and other documentation; the review of residents and staff files; observations and interviews with residents, the chief operating officer, staff; an interview with the general practitioner; and an interview with the potential purchaser.

The prospective owner of the service owns two other care facilities and has extensive knowledge of the Aged Related Care contract. The prospective owner will continue to implement existing systems with a transition plan in place should the sale go ahead on confirmation of this audit.

There were two shortfalls identified around documentation of neurological observations and to medication documentation.

The service has been awarded a rating of continuous improvement (CI) for training and education.

Consumer rights

Ascot House provides care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. Policies are implemented to support individual rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy, and informed consent. Information about the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and related services is readily available to residents and families. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified ongoing involvement with community.

Organisational management

Ascot House has reviewed the quality and risk management programme and has a well implemented electronic management system that also collects quality data and supports reporting. Quality data is collated for accident/incidents, infection control, internal audits, concerns and complaints and surveys.

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 online 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

Residents' records reviewed, provided evidence that the registered nurse utilises the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The medication charts are reviewed at least three-monthly by the general practitioner.

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual needs and preferences for the consumer group.

All cooking and baking is done on site. Residents' nutritional needs are identified and documented. Choices are available and are provided. An external dietitian reviews the organisation's menu plans.

Safe and appropriate environment

Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. The building holds a current warrant of fitness. There are seven rooms with ensuites, and six other rooms share toilets and hand basins. All other rooms share communal toilets and showers. External areas are safe and well maintained with shade and seating available. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are monitored through the internal auditing system. Systems and supplies are in place for essential, emergency and security services.

Restraint minimisation and safe practice

The service has policies and procedures to appropriately guide staff around the use of enablers or restraints. The nurse manager/registered nurse is the restraint coordinator. There is a no-restraint policy and there are no residents using enablers or restraints. Staff receive training in restraint and managing challenging behaviour as scheduled.

Infection prevention and control

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (nurse manager) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. There have been no outbreaks since the last 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)
Standards	0	43	0	1	1	0	0
Criteria	1	90	0	1	1	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>Ascot House has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Staff interviewed on the day of audit included two caregivers, the nurse manager, cook and activities coordinator along with the chief operating officer (COO) and they were able to describe how they incorporate resident choice into their activities of daily living. The service actively encourages residents to have choices, and this includes voluntary participation in daily activities as confirmed on interview with six residents and two family members.</p> <p>The potential purchaser of the company was interviewed and was able to articulate the Health and Disability Commissioner's (HDC) Code of 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</p>	FA	<p>Informed consent processes are discussed with residents and families on admission. Written consents are included in the admission agreement and additional consents are signed by the resident or their EPOA. The admission agreements have been signed on admission in</p>

<p>choices and give informed consent.</p>		<p>the sample of files reviewed. Advanced directives sighted in the resident files were signed appropriately. The caregivers and nurse manager confirmed verbal consent is obtained when delivering care. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.</p>
<p>Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Residents are provided with a copy of the Code and advocacy pamphlet on admission. Interviews with residents and family confirmed they were aware of their right to access advocacy. Advocacy pamphlets are displayed in the main corridor. Advocacy is discussed at resident meetings (minutes sighted).</p> <p>Residents confirmed that the service provides opportunities for the family/EPOA to be involved in decisions. The resident files sampled included information on the residents' family and chosen social networks.</p> <p>The COO described links with the local advocate and is able to invite them in if needed.</p> <p>The potential purchaser was able to give a description of advocacy services and how they would be able to support residents if required.</p>
<p>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.</p>	<p>FA</p>	<p>Interview with residents confirmed relatives and friends can visit at any time and are encouraged to be involved with the service and care. Residents are encouraged wherever possible to maintain former activities and interests in the community. They are supported to attend community events, clubs, and interest groups in the community. Residents confirmed the staff help them access community groups.</p> <p>The managers and staff actively engaged with family on behalf of residents during the Covid lockdown period and they also support residents to engage with their family members through zoom and email. During Covid-19, there were Facebook updates daily and appointments for skyping on request. Emails were sent to family with photographs of activities for residents.</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>	<p>FA</p>	<p>There is a complaints policy to guide practice, which aligns with Right 10 of the Code. The COO leads the investigation of concerns/complaints. Complaints forms are visible for relatives/residents and staff were able to articulate where these were kept. A complaints procedure is provided to residents within the information pack at entry. The service has responded appropriately to three complaints raised since the change in ownership in September 2020. The complaints were addressed in a timely manner as per policy and the complainants were satisfied with the outcomes. The complaints were all minor.</p> <p>The complaints register is up to date. Management operate an “open door” policy.</p> <p>The potential purchaser has knowledge of managing complaints in other aged care facilities owned by them. They were able to describe processes including timeframes for responding to complaints.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>There is a welcome pack provided to potential residents and to residents on entry that includes information on how to make a complaint, Code of Rights pamphlet, advocacy, and Health & Disability (HDC) Commission. Aspects of the Code are discussed during the admission process with the nurse manager. Residents and relatives interviewed confirmed that information had been provided to them about the Code. Large print posters of the Code and advocacy information are visually displayed throughout the facility on noticeboards.</p> <p>Families and residents are informed of the scope of services and any liability for payment of items not included in the scope. This is included in the service agreement.</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>	<p>FA</p>	<p>The service has policies which align with the requirements of the Privacy Act 2020. The residents’ personal belongings are used to decorate their rooms. There are three double rooms with all others identified as being for a single occupant. All double rooms are currently occupied by a single resident. Curtains are able to be put up if residents</p>

<p>independence.</p>		<p>chose to share and if they did, each would sign a consent form agreeing to share. Adequate space is available for discussions of a private nature.</p> <p>Care staff interviewed reported that they knock on bedroom doors prior to entering rooms, and ensure doors are shut when cares are being given. Staff were observed knocking on doors before entering the resident rooms during the audit. All residents interviewed confirmed that their privacy is being respected.</p> <p>All residents' private information is kept in a secure area when not in use.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff have received training on abuse and neglect prevention in 2020. The nurse manager and COO stated that there is no evidence of any abuse or neglect by staff and there were no incidents since the last audit around abuse or neglect. Residents interviewed stated that there was no evidence of abuse or neglect.</p> <p>The potential purchaser was interviewed and understands responsibilities if abuse or neglect is identified. The interview with the potential purchaser confirmed that they had knowledge of processes and escalation of any issues.</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>	<p>FA</p>	<p>Ascot House has a Māori health plan and a cultural safety policy. Currently there are no residents who identify as Māori. Linkages with a Māori advisor is available and accessed as required. The service links with the district health board for advice and support if required related to Māori. Staff have all had cultural training in the past year.</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>	<p>FA</p>	<p>The resident and family are invited to be involved in care planning and any beliefs or values are further discussed and incorporated into the care plan. Care plans sampled included the residents' values, spiritual and cultural beliefs. Six monthly reviews occur to assess if the resident's needs are being met. Discussion with family and residents confirmed values and beliefs are considered. Residents are supported</p>

		<p>to attend church services of their choice and there are weekly spiritual services for residents.</p> <p>There are no residents who do not speak English. The nurse manager and staff stated that they would use interpreting services through the district health board as required and staff themselves speak different languages.</p> <p>The potential purchaser stated that they have links with the district health board already and will access these when required.</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>Staff described implementation of policies and processes around boundaries relating to discrimination, abuse and neglect, harassment, and exploitation. Training includes discussion of the staff code of conduct and prevention of inappropriate care. Staff interviewed stated that they were aware of the policies and were active in identifying any issues that relate to the policy.</p> <p>Job descriptions include responsibilities of the position and signed copies of all employment documents are included in the staff files sampled. Staff comply with confidentiality and the code of conduct. Job descriptions include responsibilities of the position with a job description sighted in staff files sampled.</p> <p>The orientation and employee agreement provided to staff on induction includes standards of conduct. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of the caregivers' role and responsibilities.</p> <p>Residents and family interviewed confirmed that they would formally complain to management if they felt that they were discriminated against. There were no complaints recorded in the complaints register since the last audit relating to any form of discrimination or exploitation.</p> <p>The potential purchaser was able to describe signs and symptoms of abuse and neglect along with clear processes to escalate if ever identified.</p>

<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The chief operating officer and nurse manager described being committed to providing services of a high standard, based on the service philosophy of care and shared values. This was observed during the day with the staff demonstrating a caring attitude towards the residents. The service has continued to review practice and to monitor quality and risk.</p> <p>All residents and family member interviewed were very positive about the care provided. The general practitioner was very satisfied with the care provided and stated that any issues were escalated in a timely manner. The general practitioner also stated that the staff and general practitioner have been working in the service for a long time and understand any challenges and manage these well.</p> <p>The service is using electronic quality and risk management. There are policies and procedures which have been developed by an external consultant.</p> <p>Staff have a sound understanding of principles of aged care and stated that they feel supported by the nurse manager and chief operating officer. Monthly meetings enhance communication between the staff and provide consistency of care.</p> <p>The potential purchaser stated that they would continue using all existing systems in the service as these had been tried and proved.</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 and for residents who do not have any family to notify. The chief operating officer and nurse manager confirmed family are kept informed. Relatives stated they are notified promptly of any incidents/accidents. There is documented evidence the family had been notified promptly of accidents/incidents in all incidents reviewed.</p> <p>Resident meetings encourage open discussion around the services provided (meeting minutes sighted).</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The nurse manager stated that information is given to a potential</p>

		<p>resident and family by the need's assessment service as well as the service at the time of enquiry into the service and when entering the service.</p> <p>There is access to an interpreter service as required.</p> <p>During the lockdown period of the Covid pandemic, there was evidence that the service had connected with residents and family through zoom and through emails. Residents were kept well informed. The potential purchaser described management of Covid-19 in other facilities with these matching Ministry of Health and district health board instructions.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Ascot House provides care for up to 27 rest home level of care residents. On the day of audit, there were 21 residents, with 20 of the 21 under the Age-Related Care Contract. One is a private paying resident. There were no residents under a long-term chronic health condition contract and none under a respite care contract.</p> <p>The service has a business plan 2021-2022 and this is reviewed quarterly. The business plan identifies the purpose, values, and scope of the business.</p> <p>Ascot House was purchased in September 2020. The chief operating officer has attended in excess of eight hours of professional development and is on site at regular times during the week. The nurse manager has attended extensive training in the past year with some forums facilitated by the district health board in the last year. The nurse manager has over 15 years' experience in aged care. Both the chief operating officer and nurse manager have a wealth of knowledge both of aged care and of service delivery.</p> <p>The potential purchaser owns three other facilities. The proposed sale of the business is set for 17 June 2021 or the date of confirmation through the audit. The COO and the potential purchaser stated that the COO would be on site for 20 working days to work with the potential purchaser so that the business has stability during the handover period. A transition plan has been documented by the potential purchaser. The potential purchaser will be facility manager following a successful sale.</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>The nurse manager provides cover in the absence of the chief operating officer as required. The chief operating officer (registered nurse with a current practicing certificate) provides cover for the nurse manager if on leave.</p> <p>The COO stated they would provide support for both the nurse manager and the registered nurse should either be on leave. They also stated that the COO and chief executive officer would work together to provide cover if one was on leave.</p> <p>The potential purchaser stated that the other facility managers and clinical managers would provide support to the facility should the facility manager or nurse manager be on leave.</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 improvement principles.</p>	<p>FA</p>	<p>Ascot House has a new quality and risk management system that includes policies and quality and risk management systems. The new system has been embedded in the service. The COO and the nurse manager use the system for the patient management system and for the quality programme with data inputted into the programme. The programme allows for collation of data, graphs and reporting.</p> <p>The nurse manager and COO provide monthly reports with these presented at staff meetings. These define progress against indicators for infection control, complaints, incidents and accidents including falls. The minutes of the monthly meetings captured results of audits, surveys and service delivery with improvements noted. The nurse manager and two caregivers interviewed were aware of quality data results, trends, and corrective actions. There is evidence of resolution of issues if corrective action plans are put in place or hazards are identified.</p> <p>There are policies and procedures purchased from an external consultant with these updated as required. Staff confirmed they are made aware of any new/reviewed policies. There are no plans to change the policies and procedures once the sale is confirmed.</p> <p>Annual resident and relative surveys are conducted. The resident and family survey has been completed for 2021 and this shows a 91.5%</p>

		<p>satisfaction with the service. There are no real areas for improvement identified.</p> <p>There is an internal audit schedule that is well implemented. The COO completes the audits. Corrective action plans are documented with evidence of resolution of issues. A monthly summary of internal audit outcomes is documented by the COO and provided to the management and staff meetings for discussion.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide practice. The health and safety representative (COO) is responsible for health and safety audits of the environment. There is a current hazard register. Staff confirmed they are kept informed on health and safety matters at meetings. Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.</p> <p>There are no planned changes to the quality, risk management or health and safety systems should the sale be realised.</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>	<p>FA</p>	<p>Fourteen accident/incident forms for recent months in 2021 were sampled. The nurse manager reviews all incidents and accidents, and a clinical assessment is completed within a timely manner (link 1.3.6.1). Accidents/incidents were recorded in the resident progress notes in the electronic resident information system.</p> <p>The service collects incident and accident data and reports aggregated figures to the staff meeting. Staff interviewed confirmed incident and accident data are discussed at the staff meeting and information and graphs are made available.</p> <p>Discussions with the nurse manager and the COO confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no notifications or investigations by external authorities since the last audit. The potential purchaser is also able to describe essential notifications.</p>

<p>Standard 1.2.7: Human Resource Management</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>There are human resources policies to support recruitment practices. Five staff files sampled (nurse manager, two caregivers, activities coordinator, and cook) contained all relevant employment documentation. A current practising certificate was sighted for the nurse manager and for allied health professionals. The service 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.</p> <p>There is an education planner in place that covers compulsory education requirements over a two-year period. An online education programme continues to be used by staff. The service has received a rating of continuous improvement for the way in which it has continued to improve the training programme since the last audit.</p> <p>Both the COO and the nurse manager are interRAI trained. Clinical staff complete competencies relevant to their role including medication, and safe manual handling.</p> <p>The potential purchaser has two other services with registered nurses who are interRAI trained. The potential purchaser confirmed that they will be able to support the nurse manager to complete interRAI assessments if required.</p> <p>There are seven caregivers, and all have completed some Careerforce training. There are now four staff with Careerforce level four completed; two with level 3 completed; one with level two.</p> <p>There are no planned changes to the training programme if the proposed sale goes ahead.</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. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The COO is on site most days of the week to support the nurse manager with clinical issues and to complete maintenance and is available after hours. The nurse manager is on duty 40 hours per week and on-call.</p> <p>There are three caregivers on duty in the morning on weekdays (one</p>

		<p>short and two long shifts), two caregivers on afternoon shifts (both full shifts), and one on overnight. The caregivers, residents and family interviewed stated there are sufficient staff on duty at all times.</p> <p>A review of the rosters for 2021 confirmed that staff were replaced when on leave with staff interviewed also confirming this.</p> <p>There are no plans to change staffing levels if the service is purchased. The potential purchaser stated that they will be able to provide support at any time if required and they will be able to respond to requests for extra staffing in response to acuity and numbers should extra support be required.</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 resident files are appropriate to the service type. All relevant initial information is recorded within required timeframes into the resident's individual record held on the electronic resident information system. All resident records containing personal information are kept confidential.</p> <p>Entries were legible, dated and signed by the relevant caregiver or registered nurse, including designation.</p> <p>The computer-based system is accessed by staff. Information is protected and stored on the "cloud" which is accessible from another site should there be a prolonged power failure.</p> <p>There are no planned changes to the record management system should the proposed sale go ahead.</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>	<p>FA</p>	<p>There is an implemented organisational admission policy. All residents have a needs assessment completed prior to entry that identifies the level of care required. The nurse manager and chief operations officer screen all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident.</p> <p>An information pack including all relevant aspects of the service, advocacy and health and disability information is given to residents/families/whānau at entry. All relatives interviewed were familiar with the contents of the pack. The admission agreement</p>

		provides information on services which are excluded, and examples of how services can be accessed that are not included in the agreement.
<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>	FA	<p>The service has a policy that describes guidelines for death, discharge, transfer, documentation and follow up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. The DHB 'yellow envelope' initiative is used to ensure the appropriate information is received on transfer to hospital and on discharge from hospital back to the facility. Communication with family is made. Care staff interviewed could accurately describe the procedure and documentation required for a resident transfer out of, and admission in to the facility.</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>	PA Low	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were no residents self-administering on the day of audit. There are no standing orders. There are no vaccines stored on site.</p> <p>The facility uses an electronic and robotic pack system. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. RNs and medication competent caregivers administer all medications. Staff attend annual education and have an annual medication competency completed. The nurse manager is syringe driver trained by the hospice. The medication fridge and room temperatures are checked daily. Eye drops are dated once opened.</p> <p>Staff sign for the administration of medications electronically. Ten medication charts were reviewed. Medications are reviewed at least three-monthly by the GP. There was photo identification and allergy status recorded. 'As required' medications had indications for use charted. Weekly stocktakes of controlled medications were not consistently carried out.</p> <p>There are no plans to change the medication system if the sale is realised.</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>	FA	<p>The lead cook oversees food procurement, and all cooking is undertaken on site. There is a seasonal four-week winter and summer menu, which is reviewed by an external contracted dietitian. A resident nutritional profile is developed for each resident on admission, and this is provided to the kitchen staff by the registered nurse. The kitchen is able to meet the needs of residents who require special diets, and the cooks work closely with the registered nurse on duty. Lip plates are available as required. Supplements are provided to residents with identified weight loss issues.</p> <p>There is a food control plan expiring July 2021. Both cooks are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller and freezers. Resident meetings, surveys and one to one interaction with the cook on duty allows the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food.</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>	FA	<p>The reason for declining service entry to potential residents should this occur, is communicated to the potential resident or family/whānau and they are directed to the original referral agent for further information. The reasons for declining entry would be if the service had no beds available or could not provide the level of care.</p>
<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>Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. InterRAI assessments had been completed for all long-term residents whose files were sampled. Overall, the goals were identified through the assessment process and linked to care plan interventions. Other assessment tools in use included (but not limited to) nutrition, pain, pressure injury risk and continence.</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>FA</p>	<p>Care plans reviewed demonstrated service integration and input from allied health. Resident care plans were resident centred and support needs and interventions were documented to reflect the resident's goals and current health status. Family members interviewed confirmed care delivery and support by staff is consistent with their expectations. Residents and family stated they were involved in the care planning and review process.</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>	<p>PA Moderate</p>	<p>When a resident's condition changes, the RN will initiate a GP consultation. Staff stated that they notify family members about any changes in their relative's health status. Care plans have been updated as residents' needs changed. The general practitioner interviewed was complimentary of the service and care provided.</p> <p>Care staff stated there are adequate clinical supplies and equipment provided, including continence and wound care supplies and these were sighted.</p> <p>Wound assessment, wound management and evaluation forms are in place for all wounds. Wound monitoring occurred as planned. Wounds included one chronic wound and one skin tear.</p> <p>Monitoring forms are in use as applicable, such as weight, vital signs, and wounds. Neurological observations had not been completed to meet timeframes as per policy.</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 needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>There is one activity coordinator who works 21 hours a week, planning and leading all activities. Residents were observed participating in planned activities during the time of audit.</p> <p>There is a weekly programme in large print on noticeboards in all areas, and residents may have a copy to keep in their room. Residents have the choice of a variety of activities which are varied according to resident preference and need. These include exercises, happy hour, crafts, games, quizzes, entertainers, pet therapy, floor games and</p>

		<p>bingo.</p> <p>Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as hand massage or social chats.</p> <p>There are regular outings and regular entertainers visiting the facility. Special events like birthdays, St Patrick's, Mothers' Day, and Anzac Day are celebrated. There are visiting community groups such as churches and local school.</p> <p>Residents have an activity assessment completed over the first few weeks following admission, that describes the residents past hobbies and present interests, career and family. Activity plans are evaluated at least six-monthly at the same time as the review of the long-term care plan.</p> <p>Residents interviewed were very positive about the activity programme.</p> <p>There are no plans to change the activities programme if the sale goes ahead.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Four of five resident care plans (excluding one recent admission) reviewed had a written evaluation by the registered nurse six-monthly or earlier if there was a change in health status. Activities plans are in place for each of the residents and these are also evaluated six-monthly. There are three-monthly reviews by the GP for all residents which family are able to attend if they wish to do so.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</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>Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There was evidence of where residents had been referred to a counsellor, dietitian and mental health services for older people. Discussion with the nurse manager and chief operations officer identified that the service has access to a wide range of support either through the GP, specialists, and allied health services as required.</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>Documented processes for the management of waste and hazardous substances are in place. Material safety datasheets were readily accessible for staff. Chemical bottles sighted had correct manufacturer labels. Chemicals were stored safely throughout the facility. Personal protective clothing was available for staff and seen to be worn by staff when carrying out their duties on the day of audit. A spills kit is available.</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 holds a current warrant of fitness which expires 14 July 2021. The co-owner is the maintenance person and gardener and works full time five days a week. Contracted plumbers and electricians are available when required.</p> <p>Electrical equipment has been tested and tagged. The hoist and scales are checked annually. Hot water temperatures have been monitored randomly in resident areas and were within the acceptable range. The communal lounges and hallway are carpeted. All bedrooms have vinyl. There are seven bedrooms downstairs. There are twenty rooms upstairs. There are three double rooms which are currently only occupied by a single resident. These have a privacy curtain track and there are consent forms for sharing. There is a lift between floors. The corridors are wide, have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>Care staff interviewed stated they have adequate equipment to safely deliver care for rest home level of care residents.</p> <p>The current owners (as owners of the building) will maintain property services as they will continue to own the property.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p>	FA	<p>Downstairs there are six rooms that share a toilet and hand basin but have communal showers. One room has an ensuite. Upstairs there are</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>		<p>seven rooms that have ensuites. Three rooms have hand basins but share toilets and showers. The remaining rooms share toilets and showers. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs if appropriate. There are signs on all shower/toilet doors that state engaged or vacant.</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>	<p>FA</p>	<p>All resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Staff interviewed reported that rooms have sufficient space to allow cares to take place. Residents are encouraged to bring their own pictures, photos and furniture to personalise their room, as observed during the audit. All but three rooms are single, curtain tracks are in place in the shared rooms, however currently all are occupied by a single resident only.</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>	<p>FA</p>	<p>There is a large lounge upstairs and down as well as small niches with two chairs and a table. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. The dining room is spacious, inviting and appropriate for the needs of the residents.</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>All laundry is done on site. There is a laundry/cleaning coordinator who stated that all caregivers assist when required and in the afternoon. The laundry is divided into a "dirty" and "clean" area. There is a laundry and cleaning manual and safety data sheets. Personal protective equipment is available. Cleaning and laundry services are monitored through the internal auditing system. The cleaner's equipment was attended at all times or kept in the laundry with chemicals removed from the trolley. All chemicals on the cleaner's trolley were labelled. There is a sluice in the laundry. The laundry is kept closed when not in use with chemicals locked away when there is no one in attendance.</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>There are policies and procedures on emergency and security situations including how services will be provided in health, civil defence or other emergencies. All staff receive emergency training on orientation and ongoing. Civil defence supplies are readily available within the facility and include water, food and supplies (torches, radio and batteries), emergency power and barbeque. The facility keeps sufficient emergency water for three litres per person, per day for over three days in an external 3000 litre tank. This would be used for residents and staff on site in the event of an emergency.</p> <p>There is an approved fire evacuation scheme in place and six-monthly fire drills have been completed. Fire safety is completed with new staff as part of the health and safety induction and is ongoing. All shifts have a current first aider on duty.</p> <p>Residents' rooms, communal bathrooms and living areas all have call bells. The buildings are secure at night, with all doors being locked at 6 pm and there is security lighting externally. The facility van is registered and has a current warrant of fitness.</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 bedrooms and communal areas have ample natural light and ventilation. There is electrical heating throughout the facility. Staff and residents interviewed stated that this is effective. All areas are smoke free.</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>There are clear policies and procedures for infection, prevention and control which minimises any risk of infection to residents, staff, and visitors. Infection control management is appropriate to the size and scope of the facility.</p> <p>There is an infection control coordinator (nurse manager) who is responsible for infection control across the facility. The coordinator liaises with and reports to the COO. The responsibility for infection control is described in the job description. The coordinator collates monthly infection events and reports. The infection control programme is reviewed annually by an external consultant.</p>

		<p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. Residents are offered the annual influenza vaccine. There have been no outbreaks since the last audit.</p> <p>There is a pandemic plan in place, and Covid-19 education has been provided for all staff, including hand hygiene, donning/doffing and use of PPE. There is a two-week supply of personal protective equipment (PPE).</p> <p>The COO stated that there will be no changes to the infection control programme should the sale go ahead.</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>There are adequate resources to implement the infection control programme at Ascot House. Information is shared as part of staff meetings and the infection control coordinator has completed annual training in infection control through the local DHB.</p> <p>External resources and support are available through an online learning portal, external specialists, microbiologist, GP, wound nurse and DHB when required. The GP, pharmacist and nurse manager monitor the use of antibiotics. Overall effectiveness of the programme is monitored by the facility management team.</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 were developed by an external infection control specialist.</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 coordinator is responsible for coordinating education and ensuring staff complete the online training available on the 'care online' internet-based clinical education system. Training on infection control is included in the orientation programme. Staff have</p>

		completed online infection control study in the last 12 months. The infection control coordinator has also completed infection control audits. Resident education occurs as part of providing daily cares and as applicable at resident meetings and includes Covid-19 specific information.
<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	<p>There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place appropriate to the complexity of service provided. The infection control coordinator collects the infection rates each month, identifies trends and uses the information to initiate quality activities within the facility, including training needs. Care staff interviewed were aware of infection rates. Systems in place are appropriate to the size and complexity of the facility.</p> <p>Surveillance data is collected and analysed monthly to identify areas for improvement or corrective action requirements. Infection control internal audits have been completed. Infection rates have generally been low. Trends are identified, and quality initiatives are discussed at staff meetings. These have been documented in the staff meeting minutes. There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections and systems are in place that are appropriate to the complexity of service provided.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There is a documented definition of restraint and enablers. The policy includes restraint procedures. The policy identifies that the service is restraint-free. The service has been restraint free for over two years, for a longer period than the last year. There were no enablers or restraints in use. The nurse manager is the restraint coordinator and has a job description that defines responsibilities of the role. Restraint/enablers are discussed at staff meetings.</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 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	There are systems and policies in place for the management and safe storage of controlled medications. Stock checks of controlled medications have been carried out by a registered nurse and a second checker; however, these have not been carried out consistently.	Weekly stocktakes of controlled medications were not consistently carried out.	<p>Ensure that medication checks are undertaken as per policy and protocol.</p> <p>60 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired</p>	PA Moderate	All resident's electronic clinical records reviewed included resident-focussed care plans, including short-term care plans for acute needs and changes to care. Resident and families agreed that the care provided was good and staff are caring and supportive. Not all	Neurological observations were not consistently completed as per care plan or policy. This included four unwitnessed falls from February to April 2021 where neurological observations were required to be taken for a specified time. Eight additional	Ensure neurological observations are taken and recorded as per organisational policy and as per care plan.

outcomes.		neurological observations had been completed as per individual care plan and organisational policy, and staff could not accurately describe the required protocols around neurological observations.	unwitnessed falls were reviewed as part of the resident file sample. All had baseline observations taken, however fourteen of fourteen unwitnessed falls in total did not have neurological observations taken post baseline. Staff were not familiar with the policy around taking of neurological observations.	90 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	CI	<p>The online training programme covers the required learning and education requirements. Education in emergency management and fire safety is provided by the nurse manager responsible for the clinical component of service delivery. Other education is provided by the COO, district health board specialists and others including the gerontology nurse specialist. The training schedule has continued to be implemented throughout lockdown periods of the Covid-19 pandemic.</p>	<p>The service received an award of continuous improvement at the last two audits for training and education. The service has continued to put more emphasis on providing training for staff and the gerontology nurse specialist is engaged throughout the year to provide clinical education. The COO is also very involved in providing training to the staff during monthly staff meetings, with staff confirming that there are short toolbox talks as well. A review of attendance records confirmed that all staff attend most training sessions. Staff stated that they were more knowledgeable and engaged in the training. The nurse manager and COO has continued to meet with individual staff to discuss their training and results after each session. Individual training records are maintained and there was documented evidence of increased staff participation. The COO and nurse manager have identified the role of the senior</p>

			caregiver to take an active role in overseeing the online programme. The same senior caregiver has been assigned to the role since the last audit to monitor completion of modules and outcomes and to chase staff up if they have forgotten to complete a training module within the set period.
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End of the report.