

Paramount Healthcare Sandringham House - Sandringham House

Introduction

This report records the results of a Provisional Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Paramount Healthcare Sandringham Limited

Premises audited: Sandringham House

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 26 June 2023 End date: 26 June 2023

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

Total beds occupied across all premises included in the audit on the first day of the audit: 16

Executive summary of the audit

Introduction

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

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

General overview of the audit

Sandringham House is certified to provide rest home level of care for up to 21 residents. There were 16 residents on the days of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Te Whatu Ora Health New Zealand - Southern. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The service is managed by a nurse manager, who is also the co-owner and is supported by a registered nurse. There are quality systems and processes implemented. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction and orientation programme are in place to provide new staff with appropriate knowledge and skills to deliver care. An ongoing in-service education programme is in place. This audit identified the service meets the intent of the standard.

The prospective purchasers are experienced in aged care and own another rest home/ hospital facility in Palmerston. A transition plan has been developed to ensure a smooth transition of business functions. The prospective owners stated that their organisation's quality management system, and policies and procedures will be transitioned into Sandringham House from takeover date. There will be no changes to the existing management, staff, rosters, or the environment. The planned take-over date is 10 July 2023.

The provisional audit identifies that improvements are required around care planning timeframes and assessments, and menu reviews.

Ō tatou motika | Our rights

Sandringham House provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan and a Pacific health plan are in place for the organisation. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The management are committed to working collaboratively to embrace, support, and encourage a te ao Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service, and there is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau.

Hunga mahi me te hanganga | Workforce and structure

The nurse manager/owner ensures equity through addressing barriers in service delivery and has incorporated this into their business plan. The service delivery supports diversity, inclusion, and equality for all residents.

The service has quality and risk management systems in place that take a risk-based approach, designed to meet the needs of residents and staff. Internal audits occur as scheduled, with corrective actions where required. A health and safety programme is implemented. Hazards are managed appropriately. Staff meetings and education occur as planned. Staff are competent to provide and deliver high quality healthcare for Māori, with corrective actions as indicated.

There are human resources policies including recruitment, selection, orientation and staff training and development. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an education programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

There is an admission package available prior to or on entry to the service. The nurse manager and registered nurse manager is responsible for each stage of service provision. They assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

Medication policies reflect legislative requirements and guidelines. The nurse manager, registered nurse and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

An activities coordinator provides and implements an interesting and varied activity programme. The programme includes meaningful activities that meet the individual recreational preferences.

Residents' food preferences and dietary requirements are identified on admission and all meals are cooked on site. The service has a current food control plan.

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

The building is single level. There is a current building warrant of fitness. Residents freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. All rooms are single occupancy and are personalised.

Documented systems are in place for essential, emergency and security services. Fire drills occur six-monthly. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty and on outings with a current first aid certificate. The building is secure at night to ensure the safety of residents and staff.

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection prevention control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme.

Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. A pandemic plan is in place and the service has access to personal protective equipment supplies. There has been one outbreak since the previous audit, which was well documented. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is the nurse manager. The facility has no residents with restraint. It would be considered as a last resort only after all other options were explored.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	2	0	0	0
Criteria	0	165	0	3	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim of this plan is equitable health outcomes for Māori residents and their whānau with overall improved health and wellbeing. Te Whare Tapa Whā which is based on the four cornerstones of Māori health, contributes to the model of care at Sandringham House. The service engages with Te Whatu Ora – Southern and the owners have community contacts to support them with planning, and support for Māori.</p> <p>There are recruitment processes in place to ensure a provision of an equitable recruitment process. The nurse manager interviews all suitably qualified Māori applicants when they apply for employment. At the time of the audit, there were no staff members who identified as Māori. The owners provided information confirming the service is embedding and enacting Te Tiriti o Waitangi within the service, welcoming, recognising and supporting Māori employees and residents. Five staff interviewed (three caregivers, one registered</p>

		<p>nurse (RN), one cook) and owners/management confirmed all cultures were treated equally and welcomed to the workplace.</p> <p>The service currently has no residents that identify as Māori. Staff have access to relevant tikanga guidelines. Cultural training has been provided for staff.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Staff interviewed were able to describe how care is based on the resident's individual values, preferences, and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>On admission all residents' ethnicity is recorded. There were no residents that identified as Pasifika. Resident's family/whānau are encouraged to be involved in all aspects of care. The service has policies in place that ensure culturally safe care is delivered; including a Pacific health plan provided by an external consultant.</p> <p>Sandringham House has links with the local Pacific community through the owners and current staff members who identifies as Pasifika. The nurse manager was able to confirm how Sandringham House is increasing the capacity and capability of the Pacific workforce through equitable employment processes. The service is actively recruiting staff and on review of onboarding documentation, there was evidence of equitable processes.</p> <p>Interviews with four residents, and two relatives identified that residents their family/whānau are at the centre of the Sandringham House services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is in the reception area in English and te reo Māori. Details relating to the Code are included in the information pack provided to new residents and their family/whānau. The nurse manager, or RN discuss aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the monthly</p>

<p>a way that upholds their rights and complies with legal requirements.</p>		<p>resident/ family/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>There are links to spiritual supports. All residents are able to attend a church of their choice if they wish.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents. Staff receive education in relation to the Code at orientation and through the education and training programme. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p> <p>Interview with the prospective purchaser confirmed residents' rights will continue to be upheld. The prospective owner interviewed knows and understands the Code and promotion of Māori motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff members interviewed described how they support residents' choice. Residents interviewed stated they had choice and examples were provided. Residents are supported in making choices to have family/whānau members to be involved in their care or other forms of support.</p> <p>The service's annual training plan demonstrates training is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in March 2023 confirmed that residents and families/whānau are treated with respect. This was also confirmed during interviews with residents and families/whānau.</p> <p>A policy about sexuality and intimacy is in place and is included in staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents.</p> <p>Residents and families/whānau interviewed were positive about the</p>

		<p>service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. There is signage in te reo Māori in various locations throughout the facility.</p> <p>Staff have attended cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice and supports residents to participate in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value both the younger and older persons, showing them respect and dignity. The residents and families/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised.</p>

		Review of resident care plans identified goals of care included interventions to promote positive outcomes. Care staff confirmed at interview their understanding of holistic care for all residents.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Information is provided to residents and relatives on admission. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. Bimonthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Accident/incident forms have a section to indicate if family/whānau are informed or if it is identified they are not to be informed not. This is also documented in the residents' progress notes. The accident/incident forms reviewed identified family/whānau are kept informed of adverse events, which was confirmed during interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents spoke English.</p> <p>The service communicates with other agencies that are involved with the resident, such as mental health and specialist services. The nurse manager described an implemented process where the RN or family/whānau member accompanies the resident to the GP for three-monthly reviews. In the event of an acute change of health, the resident's GP will visit and family/whānau are invited to attend and if they are unable to attend, they are updated afterwards.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p>	FA	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Five resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific</p>

<p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>consent had been signed by residents for procedures such as vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making where the resident receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' clinical file and activated as applicable for residents assessed as incompetent to make an informed decision.</p> <p>An advance directive policy is in place. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with staff members confirmed their understanding of the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training related to the Code of Rights, informed consent and EPOAs was part of the education programme.</p> <p>The service follows relevant best practice tikanga guidelines. Staff interviewed and documentation reviewed evidence staff consider the residents' cultural identity and acknowledge the importance of family/whānau input during decision making processes and planning care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p>	<p>FA</p>	<p>The complaints procedure is equitable and provided to all residents and relatives on entry to the service. The nurse manager maintains a complaints file containing all appropriate documentation, including formal acknowledgement, investigation, and resolution records in accordance with guidelines set by the Health and Disability Commissioner (HDC) and the organisation's own policy and</p>

<p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>procedures.</p> <p>There has been one written complaint in 2022 year to date and two verbal complaints in 2021 since the previous audit. There are no external complaints since the previous audit.</p> <p>Discussions with residents and family/whānau confirmed they are provided with the complaints process information. Complaints forms are readily accessible at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. The complaints process is equitable for Māori. The nurse manager confirmed complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for Māori.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held bimonthly, and there is an independent resident advocate available.</p> <p>Interviews with the nurse manager and registered nurse confirmed their understanding of the complaints process. Staff interviewed confirmed that they receive training on the complaints process, relative to their job role and responsibilities and in accordance with the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights. This training begins during their orientation to the service.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Sandringham House is a privately-owned service that provides rest home level care for up to 21 residents. On the day of audit there were 16 residents. All 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 over nine years. The wife is the nurse manager and is a RN with many years of experience in the aged care sector. The nurse manager is responsible for the clinical areas of the business. The husband (non-clinical) is responsible for maintenance, finance, and accounting. They are supported by an experienced registered nurse (RN). The RN oversees medication administration and the</p>

	<p>electronic medication system. The caregivers are long standing and are experienced in their field.</p> <p>The 2023 business plan is documented. A mission, philosophy and objectives are documented for the service. The weekly meeting provides an opportunity to review the day-to-day operations and to review progress towards meeting the business objectives. The nurse manager analyses internal processes, business planning and service development, to improve outcomes and achieve equity for Māori, and to identify and address barriers for Māori for equitable service delivery.</p> <p>The nurse manager collaborates with mana whenua in business planning and service development to improve outcomes and achieve equity for Māori. Barriers are identified and addressed for Māori to be provided with equitable service delivery. The satisfaction surveys and resident meetings provide forums for tāngata whaikaha to have input into the service. The nurse manager has access to cultural support related to te ao Māori via established external links to Moeraki Marae.</p> <p>The working practices at Sandringham House are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community.</p> <p>The nurse manager has maintained at least eight hours annually of professional development relating to their roles at Sandringham House, including demonstrating expertise in Te Tiriti, health equity, and cultural safety as core competencies through attending the same training as the staff. Further to this, she has completed an online mauri ora cultural competency course specific to Te Whare Tapa Whā and te ao Māori and attends the local aged residential care (ARC) meetings.</p> <p>The prospective purchasers are a husband-and-wife team who are experienced aged care providers. They own and operate another small facility within a forty-five-minute drive. The wife is a registered nurse and the clinical manager of the facility they currently own. There is a transition plan in place that identifies the rostered hours - caregivers, activities, housekeeping, and the RN will remain as it is currently. They intend to employ another full time RN to support the</p>
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		<p>current RN at Sandringham House and provide on-call cover. The clinical manager will be at Sandringham two days per week. Cover for annual leave will be arranged between the RNs and clinical manager. The new owners are intending to change the management of the kitchen by engaging an external contractor. The prospective purchaser interviewed was knowledgeable in the requirements to meet the Health and Disability Standard and obligations under the contract. It is the prospective purchasers' intention to facilitate a smooth transition at an operational level and to minimise disruption to staff and residents. Current policies and procedures at Sandringham House will be retained and maintained by prospective providers.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service has an established quality and risk management programme which includes performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Any corrective actions identified are used to improve service delivery and are being signed off when resolved and discussed at staff meetings. Quality data related to infections, incidents and wounds are collected, analysed, and discussed at staff meetings.</p> <p>Resident and family satisfaction surveys are completed annually. The surveys completed in 2022 reflect high levels of satisfaction with the service, with an average of 80% being either very satisfied, or satisfied.</p> <p>Policies and procedures are held in hard copy, and staff interviewed confirmed they were able to access policies and relevant documentation as and when required.</p> <p>The nurse manager evaluates interventions for individual residents. Each incident/accident is documented in hard copy. Accident/incident forms reviewed indicated that the forms are completed in full, signed off by the nurse manager, with documented opportunities to minimise risk. Neurological observations for unwitnessed falls had been completed as per policy requirements. Incident and accident data is collated monthly and reported in the</p>

		<p>staff meetings. Benchmarking occurs internally and with another local provider, comparing incident/accident, and infection rates to previous calendar periods.</p> <p>Health and safety meetings occur as part of the integrated staff/quality meetings. Hazards are documented and addressed. Staff received education related to hazard management and health and safety at orientation and annually. Policies reference current health and safety legislation.</p> <p>Discussions with the owners and the RN evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 reports required for HealthCERT. There has been one Covid-19 outbreak in May 2023. These were appropriately notified, managed, reported to Public Health and staff were debriefed after the event to discuss lessons learned.</p> <p>The service improves health equity through critical analysis of the organisation's practices, through internal benchmarking and an ongoing review process of their mission, philosophy, and annual business planning. The service has provided training, health literature resources, and support to ensure all staff are adequately equipped to deliver high quality health care for Māori.</p> <p>The prospective purchaser plans to continue with the current policies, procedures, and quality programme. The prospective purchasers confirm during interview they will ensure that the policies and the implementation of the quality programme continue to meet the requirements of the Ngā Paerewa subsection 2.2 Kounga me te mōrearea.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering required skill mix and changes required to respond to increase or change in acuity of the residents.</p> <p>The facility manager, a selection of caregivers and other staff hold current first aid certificates. There is at least one first aid trained staff member on duty 24/7. The RN works 30 hours per week. Interviews</p>

<p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>with caregivers and the RN confirmed their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule; this has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification, with a number of caregivers having achieved a level 3 NZQA qualification or higher.</p> <p>All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for: restraint; hand hygiene; correct use of personal protective equipment (PPE); medication administration (if medication competent); moving and handling; and cultural safety. A record of completion is maintained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training.</p> <p>Additional RN specific competencies include syringe driver and an interRAI assessment competency.</p> <p>Staff wellness is supported through debriefs, shared meals and extra support provided when required, including food packages during Covid-19 lockdown. Staff confirmed workplace initiatives that support staff wellbeing and a positive workplace culture.</p> <p>The transition plan completed by the prospective purchasers identifies they intend to continue with the current level of staffing. One of the new owners is a registered nurse. She intends to provide oversight across both facilities as clinical nurse manager. The existing RN will continue to be employed 30 hours a week. The new owners are aware of the Aged Related Residential Care (ARRC) contract requirements for staff training. Staff confirmed that staffing numbers are adjusted to meet the needs of the residents.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for the two RNs. The appraisal policy is implemented and all staff that had been in employment for more than 12 months had an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy and electronically. Electronic information is backed up and individually password protected. Resident files are stored securely in locked offices and cupboards.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care</p>

		<p>plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There is an admission and decline to entry policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service.</p> <p>Five admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family/whānau members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The nurse manager (RN) is available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with potential residents and family/whānau during the admission process and declining entry would be if the service had no beds available or could not provide the level of care required. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of this for the purposes of identifying entry and decline rates that is ethnicity focussed. The analysis of ethnicity data is documented in the monthly quality report developed by the nurse manager. The facility has established links with representatives from the Moeraki Marae and connections to local community Māori advisors, who are able to consult on matters in order to benefit Māori individuals and whānau, when there are Māori residents.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Five rest home residents' files were reviewed for this audit. All residents are on the age-related residential care contract (ARRC). The nurse manager (RN) or the RN are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in the paper-based progress notes. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. The nurse manager on interview confirmed the service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan when there are Māori residents. The Māori health plan includes provision of equitable outcomes for Māori health.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission; however, not all files evidenced a full assessment was completed at this time. All initial assessments and care plans were signed and dated. InterRAI assessments were completed; however, not all were completed within the stated timeframes of the contract. Initial long-term care plans were documented; however, not always within the required timeframes. Evaluations of files reviewed had been evaluated within the required six-month timeframe. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs. The care plan is holistic and aligns with the service's model of person-centred care. Challenging behaviour is assessed when this occurs. There is specific cultural assessment as part of the social and cultural plan; however, this is not consistently completed. The initial care plan, assessments, and long-term care plan were completed, and documented support required to maintain physical and medical needs, maintaining of community and family links (if there were any), assistance with communication and involvement in managing own daily routine. Short-term care plans were well utilised for issues such as infections.</p> <p>All residents had been assessed by the (GP) within five working</p>

	<p>days of admission and the GP reviews each resident at least three-monthly. All residents have continued to use their own GP's and GP's either visit the facility or attend the medical practise with family or staff. Results of all visits are reviewed by the RN and filed in the residents' file. There are after hours GP on-call services. The nurse manager is available for organisation and clinical on call and advice. The GP was unavailable on the day of audit. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A physiotherapist is available if required. A podiatrist, dietitian, speech language therapist, continence advisor and Te Whatu Ora - Southern wound care specialist nurse are available as required.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery (sighted). Progress notes are written daily by the caregivers. The nurse manager and/or RN further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN manager initiates a review with a GP. Family/whānau or EPOA were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status. There were no residents with wounds or pressure injuries at the time of the audit. The RN and nurse manager could describe the wound management process, should a resident have a wound or pressure injury.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; intentional rounding; and toileting regime. Neurological observations have been completed for unwitnessed falls and suspected head injuries according to the facility policy. All incident reports reviewed evidenced timely RN follow up of incidents.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities coordinator works weekdays from 10:30 to 3:30pm. The overall programme has integrated activities that is appropriate for the cohort of residents. The activities are communicated to all residents every morning and include exercises; chair yoga; word games; board games; household activities of resident's choice; knitting and craft; church services; van outings; housie; quizzes; and seasonal celebrations. The programme allows for flexibility and resident choice of activity. Many activities are resident led. There are plentiful resources. Community visitors include entertainers, and church services. Residents are encouraged to maintain links to the community.</p> <p>The service facilitates opportunities to participate in te reo Māori through phrases incorporated into the activities and culturally focused activities, and Māori language week is celebrated. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who do not wish to actively participate in communal activities. A variety of individual and small group activities were observed occurring at various times throughout the day of audit. There is access to interdenominational church services and links with community groups.</p> <p>A resident's social and cultural profile is completed within 24 hours of admission and include the resident's past and present interests, likes and dislikes, career, and family connections. A social plan is developed within 21 days and reviewed six-monthly. The cultural assessments and cultural section of the plan are not always completed (link 3.2.3). Attendance and the level of participation is documented in the resident file. Residents are encouraged to join in activities that are appropriate and meaningful.</p> <p>The service receives feedback and suggestions for the programme through resident meetings and resident surveys. The residents and family/whanau interviewed were happy with the variety of activities provided.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management policies are available for safe medicine management that meet legislative requirements. The nurse manager, RN and all caregivers who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. Caregivers could describe their role regarding medication administration. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in an office in a locked trolley. The medication fridge and office temperature are monitored daily, and the temperatures were within acceptable ranges. All medications are checked weekly. All eyedrops have been dated on opening. Over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. One resident self-medicates their own eyedrops. The care home follows their resident self-managing medication policy. The GP reviews the competency of the resident to self-administer their eye drops on a three-monthly basis. No standing orders are in use.</p> <p>Residents and relatives are updated around medication changes, including reasons for changing medications and side effects. This is documented in the progress notes. The nurse manager described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes, when there are Māori residents.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and</p>	<p>PA Low</p>	<p>The meals at Sandringham Rest Home are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in evidence,</p>

<p>consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>expiring in June 2024. The menu in current use has not been approved by a dietitian.</p> <p>There is a documented policy on nutrition management and a food service manual available in the kitchen. The cook receives resident dietary information from the RN or nurse manager and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods), or of any residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks. The nurse manager and caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa.</p> <p>The cook completes a daily diary and include fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in their rooms or in the dining room. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating. Food services staff have all completed food safety and hygiene courses.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback on a one-to-one basis with the cook at the resident meetings and through resident surveys.</p> <p>The current dining room and lounge spaces, including dining room tables, chairs and lounge furniture are adequate for the current resident numbers of 21. The new provider intends to change the provision of meals to an external contractor. This means food and snacks will be delivered daily with a contingency plan in the event of road closures or the external contractor being unable to provide this service.</p>
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<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident change, transfer, or termination policy and procedures are documented to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>The residents (if appropriate) and family/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The nurse manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Sandringham House is a single level rest home. All building and plant have been built to comply with legislation. The building warrant of fitness expires 26 August 2023. The environment is inclusive of peoples' cultures and supports cultural practices. The owner oversees maintenance of the site, and contractor management. Essential contractors such as plumbers and electricians, are available 24 hours a day, every day as required.</p> <p>Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to residents are checked when they are admitted. Testing and tagging of resident's electrical equipment is completed annually. Checking and calibration of medical equipment is completed annually. Caregivers interviewed stated they have adequate equipment and space to safely deliver care for rest home level of care residents.</p> <p>The care centre has a reception, lounge, and dining area. The kitchen is across from the dining area.</p>

		<p>All resident rooms are single occupancy. The resident rooms have space to provide cares and are suitable for disability access and manoeuvring of mobility aids. There are centralised hand basins in the facility with flowing hand soap, hand sanitiser and paper towels installed near hand basins. There are sufficient shared toilets and shower rooms. There are handrails in corridors and in communal bathrooms. All communal areas allow for safe use of mobility equipment. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external spaces. The external areas are maintained, and seating and shade is available.</p> <p>The facility has a mix of vinyl and carpeted floor surfaces. There is adequate space for storage of mobility equipment. Residents are able to bring their own possessions into the home and personalise their room as desired.</p> <p>The building is appropriately heated and ventilated. There are wall heaters throughout the facility. The temperature in each room can be individually set. There is sufficient natural light in the rooms. The facility is non-smoking.</p> <p>The service is not currently engaged in construction. The owner/nurse manager described utilising their links with their Māori advisor, to ensure the designs and environments reflect the aspirations and identity of Māori.</p> <p>The prospective purchaser has no plans to change the layout of the existing building and service.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service in April 2004. A recent fire evacuation drill in</p>

		<p>April 2023 has been completed and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage, a generator can be obtained. There are adequate supplies in the event of a civil defence emergency, including adequate water stores. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available 24/7 and on outings.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells within reach. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The nurse manager (RN) oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection prevention control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting systems. The infection control programme is reviewed annually by the management team. Infection control audits are conducted. Infection rates are presented and discussed at integrated quality, infection control and staff meetings. This information is available to staff at meetings. Infection control is part of the strategic and quality plans. The service has access to an infection control specialist from Te Whatu Ora – Southern.</p> <p>Visitors are asked not to visit if unwell. Covid -19 screening continues for visitors and contractors. There are hand sanitisers,</p>

		<p>plastic aprons and gloves strategically placed around the care home.</p> <p>The prospective purchasers understand the infection prevention and control plan for the service. There was adequate personal protective equipment sighted. There are no changes to the current infection control programme planned.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Sandringham House has a pandemic response plan (including Covid -19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The nurse manager is the infection control coordinator and has attended external training through Te Whatu Ora – Southern. There is external support from Te Whatu Ora – Southern infection prevention control nurse specialist. There is an adequate supply of personal protective equipment (PPE), and extra PPE equipment is available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team, in consultation with an external consultant. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention, which acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the</p>

		<p>daily cares. Residents and family/whānau were kept informed and updated on Covid -19 policies and procedures through resident meetings, newsletters, and emails. Posters regarding infection control practices were displayed in English and te reo Māori.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator/nurse manager procures high-quality consumables, personal protective equipment (PPE), and wound care products. The management team would liaise with their external consultants, should the design of any new building or significant change be proposed to the existing facility.</p> <p>The prospective purchaser will continue to implement the existing infection control systems.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the integrated quality, infection control and staff meetings, as well as to the licensee manager. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Reports are collated from the incident reports, clinical and medication records. The infection control coordinator/nurse manager works in partnership with the GP to ensure best practice strategies are employed at Sandringham House.</p> <p>The prospective purchasers (one of which will act as the clinical manager for the service) understands the infection prevention and control plan and antimicrobial stewardship for the service.</p>
Subsection 5.4: Surveillance of health care-associated infection	FA	Infection surveillance is an integral part of the infection control programme and is described in the organisation's control policy

<p>(HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at the integrated quality/staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data and incorporates this into surveillance methods and data captured around infections.</p> <p>There has been one outbreak in May 2023. The facility followed their pandemic plan. There were clear communication pathways with responsibilities and included daily outbreak meetings and communication with residents, relatives, and staff. Staff wore personal protective equipment, cohorting of residents occurred to minimise risks, and family/whānau were kept informed by phone or email. Visiting was restricted.</p> <p>The prospective purchasers have no plans to change surveillance processes.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in a locked area. Safety data sheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and face shields are available for staff, and staff were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training.</p> <p>Laundry is managed on site with clean and dirty entrances and a defined workflow. Cleaners' equipment and cleaning materials are attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. Cleaning and laundry services are monitored through the internal auditing system and overseen by the infection control coordinator.</p>

		<p>The washing machines and dryers are checked and serviced regularly. Environmental audits are completed and monitored by the nurse manager. The linen cupboards were well stocked.</p> <p>The prospective purchasers will use the same cleaning and laundry facilities for the service. Cleaning and laundry chemicals will continue to be stored in the existing secure chemical storage areas.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy, and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The nurse manager is the restraint coordinator and provides support and oversight for restraint management in the facility.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation. They are conversant with restraint policies and procedures. There are no residents with restraints in the facility. Restraint minimisation training for staff begins during their orientation and continues annually.</p> <p>The reporting process includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. If used, a review of the records for residents requiring restraint would cover the restraint assessment, consent, monitoring, and evaluation. Family/whānau approval would be sought should any resident be unable to consent to the use of restraint. Any impact on family/whānau would also be considered. The nurse manager as the owner would be informed of any restraint use at Sandringham House.</p> <p>The prospective purchaser is committed to continue to provide a restraint-free environment.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	<p>Initial assessments included a dietary assessment and nutritional profile in all files reviewed; however, additional assessments for skin, pain, falls risk, cognition, mobility, or cultural needs were not always documented. Initial care plans are developed with the resident or enduring power of attorney (EPOA), but not all evidenced completion within the required timeframe. A review of resident files identified that initial interRAI assessments were completed by an RN; however, not all were completed in the required timeframes. Initial long-term care plans had been documented; however, not all been completed within 21 days. Care plans are evaluated six-monthly.</p>	<p>(i). A full range of initial assessments had not been completed for two of five resident files reviewed.</p> <p>(ii). Three of five initial interRAI assessments in files reviewed were not within timeframes.</p> <p>(iii). Four of five resident files reviewed did not have a long-term care plan completed within 21 days.</p>	<p>(i). Ensure all required admission assessments are completed as per policy.</p> <p>(ii & iii)). Ensure initial interRAI assessments and initial long-term care plans are completed within 21 days of admission.</p> <p>60 days</p>
Criterion 3.2.3	PA Low	All residents have a care plan documented that	Five of five resident	Ensure care plans

<p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>is holistic and resident centred. All care plans have been developed by an RN in partnership with residents and relatives and align with resident's preferences. Policy includes the documentation of assessment and consideration of cultural needs; however, this was not evidenced in the files reviewed.</p>	<p>files reviewed did not include assessment and consideration of cultural needs, values, or beliefs.</p>	<p>include documentation on the resident's cultural needs, values, or beliefs.</p> <p>90 days</p>
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<p>Criterion 3.5.4</p> <p>The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.</p>	<p>PA Low</p>	<p>There is a current menu in place; however, this has not been reviewed by a dietitian for three years.</p>	<p>The current menu in use has not been reviewed by a dietitian for three years.</p>	<p>Ensure the menu is reviewed by a qualified dietitian two-yearly.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.