

# Paramount Healthcare Sandringham House - Sandringham House

## Introduction

This report records the results of a Certification 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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Paramount Healthcare Sandringham Limited
<b>Premises audited:</b>	Sandringham House
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 21 May 2024    End date: 22 May 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	12

# 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 tātou 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 haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

## General overview of the audit

Sandringham House is part of Paramount House and provides rest home level of care for up to 21 residents. At the time of the audit there were 12 residents.

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

An experienced nurse manager oversees the day-to-day operations of the facility. Experienced health care assistants and an experienced facility manager support the nurse manager.

Quality systems and processes are being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An orientation and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. The service has completed environmental improvements since the previous audit.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

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 Pacific health plan are documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports cultural safe care delivery to Pacific peoples.

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 opinions of the residents and effectively communicates with them about their choices and preferences. 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. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

Sandringham House has a documented structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The nurse manager is supported by the facility manager and oversees the day-to-day operations of the service. The

business plan informs the site-specific operational and clinical objectives which are reviewed on a regular basis. Sandringham House has a documented quality and risk management system. Quality and risk performance is reported across meetings and to the facility's support team. Sandringham House collates clinical indicator data and comparison of data occurs. Benchmarking occurs monthly. There are human resources policies including recruitment, selection, orientation and staff training and development.

The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligned with contractual requirements and included skill mixes. Residents and family/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.

There were no shortfalls identified at this audit.

**Ngā huarahi ki te ora | Pathways to wellbeing**

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. Care plans viewed demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities programme meets the individual needs, preferences, and abilities of the residents. The activities staff provide and implement a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

All food and baking is prepared and cooked on site in the kitchen. Residents' food preferences and dietary requirements are identified at admission. The menu is designed by a dietitian at a facility level. Individual and special dietary needs are accommodated. Residents and family/whānau interviewed responded favourably to the food that is provided. A current food control plan is in place.

Transfer between services is coordinated and planned.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building has a current warrant of fitness displayed. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Resident rooms are spacious and personalised.

Emergency systems are in place in the event of a fire or external disaster. There is always a staff member on duty with a current first aid certificate. Management have planned and implemented strategies for emergency management. Fire drills occur six-monthly.

Security of the facility is managed to ensure safety of residents and staff.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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Infection prevention and control management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection prevention and control programme is implemented and meets the needs of the facility and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the facility. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on in a timely manner. Comparison of data occurs.

The service has a robust pandemic and outbreak management plan in place and there are sufficient supplies of protective equipment. The internal audit system monitors for a safe environment. There has not been a Covid-19 outbreak since the last audit.

Documented processes are in place for the management of waste and hazardous substances in place, 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

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinator is the nurse manager. No restraints are used and the managers and staff are committed to maintaining a restraint-free environment. The training plan includes management of behaviours that challenge and potential use of restraint. The service considers least restrictive practices, implementing de-escalation and support techniques and alternative interventions, and would only use an approved restraint as the last resort.

## 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	27	0	0	0	0	0
Criteria	0	168	0	0	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.

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>	FA	<p>A Māori Health plan is in place alongside cultural policies. The plan and associated policies acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently does not have residents who identify as Māori. Sandringham House is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau, as documented in the resident care plan. Māori mana motuhake is recognised and residents are supported to make choices around all aspects of their lives where possible, as evidenced in the care plans reviewed.</p> <p>At the time of the audit there were no Māori staff at Sandringham House. The nurse manager stated that they support a culturally diverse workforce and would encourage increasing the Māori capacity within the workforce. Furthermore, the nurse manager stated they will interview Māori applicants when they apply for employment opportunities. The Māori health plan and business plan documents the commitment of Sandringham House to build cultural capabilities, partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The quality and risk plan includes a statement on cultural safety in the provision of care. The nurse manager described how at a local level they have established relationships with the Māori community, local iwi, and Māori community disability services in the Southern area.</p>

		Through these relationships the nurse manager can access cultural support to advise the owners (the facility manager and nurse manager) on matters to ensure equity for staff and residents.
<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>The Pacific plan is in place and is the basis of the policy related to residents who are Pacifica. The cultural policy provides a framework to uphold the cultural principles of all residents and to provide an equitable service for all. The nurse manager has established links with Pacific community groups.</p> <p>On admission all residents state their ethnicity. There are currently no residents that identify as Pasifika. The nurse manager stated Pacific peoples' cultural beliefs and values, knowledge, arts, and identity are respected when in their care.</p> <p>The Code of Rights information is accessible English, te reo Māori. Sandringham House has no staff that identify as Pasifika. The nurse manager described how Sandringham House would increase the capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Interviews with five staff (three HCAs, one activities coordinator and housekeeper (who also does the kitchen assistant role) identified that the service provides person-centred care.</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 a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Residents, enduring power of attorneys (EPOA), family/whānau, or their representative of choice are consulted in the assessment process to determine residents' wishes and support needs when required.</p> <p>Details relating to the Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The nurse manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Three family/whānau interviewed reported that the service respects residents' rights. Interactions observed between staff and residents during the audit were respectful.</p>

		<p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support and links are documented in the spirituality and counselling policy. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan. Church services are held. Staff receive education in relation to the Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</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>	FA	<p>The Sandringham House annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, health equity and the impact of institutional racism and cultural competency.</p> <p>It was observed that residents are treated with dignity and respect and was also confirmed during interviews with residents and family/whānau.</p> <p>An intimacy and sexuality policy is in place, with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were no married couples in the facility. At the time of the audit, all rooms were single occupancy. Staff were observed to respect residents' privacy by knocking on bedroom doors before entering.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the 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 resident's preferred names. Values and beliefs information is gathered on admission with residents and family/whānau</p>

		involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available.
<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>	FA	<p>Sandringham House has a policy that identifies good employer processes and cultural diversity. Staff are educated to look for opportunities to support Māori. The Māori health plan is underpinned by the principles of Te Tiriti o Waitangi to ensure wellbeing outcomes for Māori are prioritised.</p> <p>The Māori health plan and business plan reflects cultural strategies include a goal to understand the impact of institutional racism on resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions. An abuse and neglect policy is being implemented. Staff understand their responsibilities around reporting abuse and neglect. There are educational resources available online.</p> <p>Cultural days are held to celebrate diversity. Staff complete code of conduct and abuse and neglect training. The education sessions provided encourages reflectiveness, self-awareness and thoughtfulness within the team and foster the desire to be effective with people they come into contact with. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy readings, cultural training, available resources, and the house rules.</p> <p>Family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The staff interviewed stated they are supported with a positive working environment that promotes teamwork.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with the nurse manager and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>The philosophy of Sandringham House promotes a holistic strengths-</p>

		based model of care that ensures equitable wellbeing outcomes for Māori, as evidenced in the care plans reviewed.
<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>Policies and procedures relating to adverse events (accident/incidents), complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any adverse events that occurs. Adverse events forms are electronic and have a section to indicate if family/whānau have been informed (or not) of an event. This is also documented in the progress notes. The adverse events forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required. All residents could speak and understand English.</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 residents, family/whānau and EPOA are informed prior to entry of the scope of services and any items that are not covered by the agreement. There is information available to residents and family/whānau related to rest home care.</p> <p>The service communicates with other agencies that are involved with the resident such as Health New Zealand – Te Whatu Ora - Southern specialist services (e.g., physiotherapist, district nurse, dietitian, speech language therapist, mental health services for older adults, and pharmacist). The nurse manager described an implemented process around providing residents with support and time for discussion around care, and opportunity for further discussion when planning care, if required. There was documented evidence that family/whānau are invited to care planning and reviews.</p> <p>Residents and family/whānau interviewed confirmed they are advised of what is happening within the facility through emails and phone calls and felt informed regarding events or other information. The family/whānau interviewed stated communication has improved and this was evident in the communication recorded in the progress notes. The quarterly</p>

		<p>residents' meetings have occurred as planned since the last audit. Staff have completed annual education related to communicating effectively with residents' with behaviours that challenge. Surveys for both the staff and resident/family/whānau have been completed recently; however, the data has yet to be collated and shared at staff and residents meetings. A review of the comments made in the surveys indicate satisfaction by the staff and resident/family/whānau.</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> <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>	FA	<p>A policy that guides informed consent is in place and includes guidance on advance directives. The nurse manager discusses informed consent processes with residents and family/whānau on admission. Five electronic 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 consents had been signed for procedures such as influenza, and Covid -19 vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and providing personal care.</p> <p>Admission agreements are signed and in the electronic resident file. Enduring power of attorney (EPOA) documentation is filed in the residents' files and is activated where required.</p> <p>Advance directives and shared goals of care for health care including resuscitation status had been completed by the GP. Interviews with family/whānau identified that the service informs them of any health care changes. Discussions with the HCA and nurse manager confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around Code of Rights, that included informed consent.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy guides the cultural responsiveness to Māori perspective in relation to informed consent.</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>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>	FA	<p>A documented process is in place to address concerns and complaints. The complaints procedure is provided to residents and family/whānau on entry to the service. The nurse manager uses an electronic register to maintain a record of all complaints, both verbal and written. This register is maintained. There have been no complaints, external or internal documented since the last audit. Several compliments were recorded throughout the year 2023 and 2024 year to date. A quality improvement plan has been documented and progress monitored.</p> <p>The nurse manager confirmed their understanding of the complaints process and associated documentation and guidelines from the Health and Disability Commissioner (HDC). The complaints register evidenced complaints can be allocated a theme and a risk severity rating. The nurse manager stated they are confident in investigating and providing of a root cause analysis when they do receive serious complaints. Family/whānau confirmed during interview the nurse manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori (when required) in the complaints process. Interpreters contact details are available. The nurse manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include family/whānau participation.</p> <p>Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Staff are informed of complaints (and any subsequent corrective actions) in the staff meetings (meeting minutes sighted).</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</p>	FA	<p>Sandringham House provides rest home care for up to 21 residents. On the day of audit there were 12 residents all residents are on the ARRC. The service is set in a rural setting and has “Country living, family values” as their philosophy. The service tailors the care to suit residents’ individual needs and ability; identifying and reducing any barriers to care or information to provide equitable services for all residents as evidenced through policy and interview with one of the owners. The owners are a</p>

<p>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>husband-and-wife team who have owned a rest home facility for nearly one year. One of the owners is a RN and is the nurse manager and the other works as the facility manager and has a background in information technology and provides maintenance support and expertise. The nurse manager implements the quality programme. The owners confirmed their knowledge of the sector, regulatory, Health New Zealand and other mandatory reporting body requirements. The nurse manager lives close by and is on call 24/7.</p> <p>Outcomes for tāngata whaikaha are optimised through a regular clinical assessment and review process. A team of experienced long-standing HCAs support the owners. The nurse manager has maintained at least eight hours of professional development in relation to management of a rest home, including infection prevention and control and cultural training.</p> <p>The business/quality plan has an identified mission, philosophy, values, scope, direction, and goals. The organisational performance will be monitored annually against the direction and goals. The business/quality plan includes strategies that support outcomes to achieve equity addressing barriers for Māori and collaborate with whānau to participate in planning, monitoring, and evaluation of the service delivery. Cultural safety is embedded within the documented quality programme and staff training. The owners and all staff have completed a cultural competency and cultural training to ensure that they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety.</p> <p>The cultural policy includes the inclusion of the Whakamaaua; Māori Health Action Plan 2020-2025. This is comprehensive and includes commitment to provision of equitable services for Māori and tāngata whaikaha, as evidenced in resident care plans, policies and confirmed during interviews with the manager and staff. Sandringham House has links with a local kaumātua who provides support and guidance as necessary to support the provision of equitable delivery of care and input if required to organisational operational policies. Sandringham House has effective communication systems and working relationships to deliver coordinated services. A governance policy with clearly defined roles and responsibilities is in place.</p>
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<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>	FA	<p>Sandringham House is implementing a quality and risk management programme developed by an external contractor. The quality system includes performance monitoring, internal audits, resident satisfaction, staff retention and the collection, collation, and benchmarking of clinical indicator data. The analysis of data indicates a health equity approach to care of the residents. Results from internal audits, clinical indicator data, surveys and corrective actions identified and implemented are shared in the monthly general staff and combined management/quality improvement meetings. Quality data and trends are shared at staff meetings and the information is available in the staff office. Policies and procedures and associated implementation systems provide a satisfactory level of assurance that the facility is meeting accepted good practice and adhering to relevant standards.</p> <p>A document control system is in place. Policies are developed and reviewed by the external contractor and the management team and have been updated to meet the Ngā Paerewa Health and Disability Services Standard 2021. New policies or changes to policy are communicated to staff, evidenced in meeting minutes. Resident and family/whānau surveys have been completed in April 2024. Whilst the survey results have not been reported to the staff, resident, and family/whanau overall, the satisfaction was of a positive level. There were no corrective actions required from the surveys.</p> <p>A health and safety system is being implemented. The facility manager/owner has attended health and safety training. Manual handling training sessions are in place for staff. Hazard identification forms and an up-to-date hazard register are in place, last reviewed in May 2024. Hazards are classified by their risk and priority. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed at staff/quality meetings. In the event of a staff accident or incident, a debrief process is implemented and actioned. Adverse events are completed as evidenced in the forms reviewed. Incident and accident data is collated monthly and analysed. The service identifies risks and opportunities including potential inequities and develops strategies and plans to respond to them.</p> <p>Cultural competency of the staff is assessed to ensure a high-quality services are provided for Māori. Te ao Māori and Te Tiriti o Waitangi are included in the education plan. Discussions with the nurse manager</p>
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		evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications and there have been no outbreaks since the last audit.
<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>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>The staffing policy includes staff skill mix, staffing levels and includes a procedure for replacing and increasing staff on short notice (e.g., when a resident's acuity changes). The roster provides sufficient and appropriate cover for the effective delivery of care and support. The nurse manager communicates changes to staffing levels/changes to residents formally through regular resident and family/whānau meetings and informally through daily activities. The facility manager and nurse manager work full time from Monday to Friday. The nurse manager provides on-call for any clinical support required. When the nurse manager/owner is off site for any period of time, then one of the senior HCAs takes a leadership role. Staffing is flexible to meet the acuity and needs of the residents, this was confirmed during interviews with the nurse manager and staff. Interviews with residents and family/whānau confirmed staffing overall was satisfactory.</p> <p>The annual education and training schedule has been met for 2023 and continues in 2024. All mandatory training has been completed in 2023 and further mandatory training is scheduled for the rest of this year. The service provides face to face training at the monthly general staff meeting. A competency programme is in place. Core competencies have been completed (medication, restraint, infection control and manual handling), and a record of completion is maintained. The service invests in staff health equity expertise and sharing of high-quality Māori health information through its cultural training programmes and cultural competency assessments. The service supports and encourages health care assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. There are ten HCAs in total including two who are level 4 and four who have achieved level 3. Four who are new to aged care and interested in enrolling to complete the New Zealand Certificate in Health and Wellbeing.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information, which includes training in relation to Māori health outcomes and disparities and health equity. The nurse</p>

		<p>manager has completed interRAI training. The nurse manager has training opportunities provided through Health New Zealand – Southern. Staff wellbeing programmes include offering employees counselling services, maintaining an ‘open-door’ relationship, and celebrating holidays as a group. Staff commented cultural diversity of staff and residents through food and dress. Staff interviews confirmed they feel supported by the manager. Staff turnover is reported as low.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, staff surveys (April 2024) and performance appraisals. Staff interviewed stated the nurse manager has a transparent process when making decisions that affects staff. Results from the staff survey evidence a positive workplace environment.</p>
<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>	FA	<p>Human resources policies are in place, including recruitment, selection, orientation and staff training and development. Staff files are held securely. Six staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. The appraisal policy and appraisal schedule is part of the human resources and employment policies. 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 programmes support staff to provide a culturally safe environment to Māori. 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 to return to</p>

		work when injured.
<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>	FA	<p>Resident files and the information associated with residents and staff are retained in hard copy format. Electronic information (the electronic medication management system) is regularly backed-up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Specimen signatures are available and include the name and designation.</p> <p>Facility related documents that are not in use are securely destructed. The nurse manager is the privacy officer for Sandringham House and has to approve requests for health information from third parties. Health Information is kept confidential and cannot be viewed by other residents or members of the public. There is an appropriate secure storage area for archiving of documents (sighted). 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>	FA	<p>There is an implemented admission policy and procedures to safely guide service provision and entry to the service. All residents have a needs assessment completed prior to entry that identifies the level of care required. The nurse manager screens all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident. Sandringham House has an information pack available for residents and family/whānau at entry, with specific information regarding admission. The admission information pack outlines access, assessment, and the entry screening process. The service operates twenty-four hours a day, seven days a week. Comprehensive information about the service is made available to referrers, potential residents, and their family/whānau. Resident agreements contain all details required under the ARRC agreement. The five admission agreements reviewed meet the requirements of the ARRC agreement and were signed and dated. Exclusions from the service are included in the admission agreement.</p> <p>The nurse manager is available to answer any questions regarding the</p>

		admission process. The nurse manager communicates with potential residents and family/ whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. The service collects ethnicity information at the time of enquiry and on admission to identify entry and decline rates for Māori. The nurse manager reported they have made links and are strengthening working partnerships with local Māori groups.
<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>	FA	<p>Five resident files were reviewed. The nurse manager is responsible for conducting all assessments and for the development of care plans. There is documented evidence of resident, and family/whānau participation in care planning.</p> <p>All residents have admission assessment information collected and an initial care plan completed within required timeframes. Risk assessments conducted on admission include those relating to falls; pressure injury; behaviour; continence; nutrition; skin; and pain. For the resident files reviewed, the outcomes of the assessments formulate the basis of the long-term care plan. Documented interventions were recorded in detail to manage early warning signs and clinical risks. All interRAI assessments, re-assessments, care plans development and reviews have been completed within the required timeframes and were all current.</p> <p>Although the service does not currently have residents who identify as Māori, the clinical lead demonstrated awareness of how the service would support Māori residents and family/whānau to identify their own pae ora outcomes in their care plan. Specific cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. Care plan evaluations are scheduled and completed at the time of the interRAI re-assessment. Care plan evaluations reviewed were detailed and demonstrated progress towards meeting the goals. Short term care plans are utilised for acute changes in resident condition such as infections, wounds, and any changes in behaviour. These are reviewed at least weekly and are either resolved or added to the long-term care plan.</p>

		<p>All residents had been assessed by their own general practitioner (GP) within five working days of admission. The GP reviews the residents at least three-monthly or earlier if required. The GP service after ours service through the week in the evenings, and the local emergency department provides after-hours support overnight. Residents who are able are encouraged and supported to attend GP visits at the health centre. Transport is provided. Or the residents GP visits the facility on request to see residents who choose not to attend the health centre. Consultation notes are printed and filed in the resident file. There is good communication (sighted) between the GP and the nurse manager via the medication management system, email, and phone. The GP (interviewed) commented positively on the care, and communication. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health specialist, local hospice and wound care specialist nurse is available as required through Health New Zealand service. The physiotherapist is available on request. When a resident's condition alters, the nurse manager initiates a review with the residents GP. The resident records reviewed provided evidence that family/whānau have been notified of changes to health, including infections, adverse events, GP and specialist visits, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and was found to be comprehensive in nature. Healthcare assistants complete the progress notes every shift. The nurse manager documents in the progress notes at least weekly to complete a registered nurse review of the care provided, and also documents when there is an incident or changes in health status. There is regular documented input from the GP and allied health professionals.</p> <p>Five chronic wounds (two residents) are being managed by the service at the time of the audit. There were no residents with current pressure injuries. A wound register has been fully maintained. All five wounds had an individual comprehensive wound assessment and wound management plan. wound dressing timeframes were adhered to. Written evaluations and photographs evidenced progression towards healing. The nurse</p>
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		<p>manager updates the GP regularly of wound progression or deterioration as evidenced in the medication management system and GP consultation notes. The wound specialist is available as required. Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. (sighted) There is access to a continence specialist as required from Health New Zealand- Southern.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid chart; and blood glucose levels. Monitoring charts had been completed as applicable and as scheduled. Where behaviour charts were completed, these described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. Monitoring charts are routinely evaluated by the nurse manager. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management. Incident reports reviewed evidenced timely follow up by the nurse manager, and any opportunities to minimise future risks were identified and implemented.</p>
<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>	FA	<p>The activities coordinator has been in the role for two years and has a current first aid certificate. The activity coordinator works a total of 22 hours a week over five days a week.</p> <p>The programme reflects the physical and cognitive abilities of the resident group. There is a weekly programme displayed on the noticeboard. Residents participate in a range of activities that are appropriate to their cognitive and physical capabilities. These include (but not limited to): exercises; board games; newspaper; music, baking, church services; craft; and twice weekly van trips. Those residents who prefer to stay in their room or who need individual attention, have one-on-one visits to check if there is anything they need and to have a conversation. The facility has a van with a current warrant of fitness and registration. This is available for the resident outings.</p> <p>There are a wide range of community outings to the local Opera House,</p>

		<p>sing a long and trips around the countryside. The residents are invited to attend weekly men's group and ladies groups in the community. Volunteers visit the facility providing happy hour entertainment and pet therapy. Residents' birthdays and special events such as Mother's Day, Father's Day, Matariki, Anzac Day, World Peace Day, and World Bee Day. The residents participate in making decorations for the upcoming celebrations. The local Māori choir has performed at the facility. While there are no residents who identify as Māori, there are residents who grew up around Māori culture and enjoy hearing stories of Māori history. The management and activities coordinator ensure that staff are aware of how to support Māori residents in meeting their health needs, aspirations in the community and would facilitate opportunities for Māori to participate in te ao Māori as required.</p> <p>Within the first week of admission, the activities coordinator meets with the resident and family/whānau to discuss their past and present interests, skills, preferences, and capabilities for their care plan using the social, cultural, and recreational profile. The profile is completed by the resident and/ or family/whānau within two weeks of admission (if the resident chooses to have this completed). The activity coordinator also has access to relevant information from current and previous interRAI assessments regarding activities and interests. The activities coordinator then develops an individualised plan to reflect the resident's interests and well-being. An attendance record is maintained, and this is reviewed at the end of each month, there is a short review of the residents' care plan three months and an overall review at six months. Residents are encouraged and supported to maintain links with existing community contacts. Quarterly residents' meetings are held as a general forum to provide feedback. Regular newsletters keep residents and family/whānau up to date with what happens at Sandringham House. Residents interviewed reported they discuss activities they would like to do with the activities coordinator who (where able) accommodates their requests. They are happy with the current activity programme which allows for spontaneity. The family/whānau interviewed reported the residents are as busy as they choose to be, and there are plenty of activities on offer.</p>
Subsection 3.4: My medication	FA	There are policies and procedures in place for safe medicine management. Medications are stored safely and securely. Staff



<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>responsible for medication administration have completed annual medication competencies and education around medications has been provided. Regular medications and 'as required' medications are delivered in blister packs. The nurse manager checks the packs against the electronic medication chart and a record of medication reconciliation is maintained electronically. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to the pharmacy in a safe and timely manner. There were no residents self-administering their medications on the day of audit; however, the nurse manager and HCAs were fluent in describing this process. There are policies documented around self-administration of medications.</p> <p>Medication fridge and room air temperatures are checked weekly, recorded, and were within the acceptable temperature range. Observation of the medication trolley confirmed that creams and eyedrops in use were dated on opening and within expiry date. Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. All medications are charted either regular doses or 'as required'. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the electronic medication system.</p> <p>Standing orders are not in use. Over the counter medications and supplements are prescribed on the electronic medication system by the GP.</p> <p>The nurse manager and GP provides appropriate support, advice, and treatment for all residents and are available to discuss treatment options to ensure timely access to medications. The resident files included documented evidence that the residents, and family/whānau are updated about medication changes, including the reason for changing medications and side effects. The nurse manager described an understanding of working in partnership with Māori residents to ensure the appropriate support is in place if needed, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>A nutritional assessment is undertaken by the nurse manager for each resident on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed as described by the housekeeper (kitchen assistant) who was aware of the dietary needs, likes, dislikes and cultural needs of residents and can easily access the nutritional profiles and the likes/ dislikes chart. These are accommodated in daily meal planning. Where there are residents identifying as Māori, the nurse manager and housekeeper reported that information is gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan. There are Māori and Pasifika options available on the menu where requested. The housekeeper, HCAs and management were all aware of, and adhere to the principles of tapu and noa.</p> <p>Meals and baking are provided by an external catering company. Morning, afternoon tea, lunch and dinner meals are delivered each day of the week (including weekends). Food is heated to the correct temperature (which is recorded) and food is plated and served directly to the residents in the dining room adjacent to the kitchen. The menu has been reviewed by a dietitian. Resident likes and dislikes are accommodated (alternatives are provided) and there is close communication between the management and the catering company. The residents interviewed expressed satisfaction with the meals.</p> <p>A current food control plan is in place. The housekeeper interviewed has completed food safety training. Food temperatures are recorded on the catering company 'app' on arrival to the facility and cooked temperatures are recorded. Reports are easily accessible. Decanted food (cereal) is dated on opening, displays the expiry date, and is stored in sealed plastic containers and stock rotation is evident. The kitchen was observed to be clean, and the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. Temperatures of fridges and the freezer are monitored and recorded daily and were within safe limits.</p> <p>Residents and family whānau can provide feedback around food services at resident meetings and satisfaction surveys. The housekeeper and</p>
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		management report the residents provide feedback on the day if they are not happy with the meal provided.
<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>	FA	<p>Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The transfer documents include (but not limited to) transfer form; copies of medical history; admission form with family/whānau contact details; resuscitation form; medication charts; and last GP consultation records. The service uses the Health New Zealand – Southern yellow transfer envelope. The residents, family/whānau were involved for all transfers and discharges to and from the service. Discharge notes are saved in the resident's electronic records and discharge instructions are incorporated into the care plan. Residents, and family/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required.</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>	FA	<p>There is a current building warrant of fitness displayed. The nurse manager is responsible for maintenance and employment/supervision of contractors. There is a maintenance book for staff to record any maintenance/repairs/replacements required and this is signed off once completed. There is a current maintenance plan which is maintained. Calibration of medical equipment occurs annually as planned. The hot water temperatures are monitored monthly. Review of the records reveals water temperatures of 45 degrees Celsius and when out of range, the facility manager describes corrective actions and calling the plumber if required. There is sufficient room for residents to move around the facility with mobility aids. Interviews with staff and observation of the facility confirmed there was adequate equipment. All external areas are well maintained.</p> <p>All communal areas are spacious enough for residents to move around freely with mobility aids. Group and individual activities take place in the large lounge areas. The open plan dining room is adjacent to the kitchen and is large enough for all residents to dine together comfortably. There</p>

		<p>are small seating areas within the facility for more private conversations or those requiring some quiet time.</p> <p>The resident rooms have been personalised by the residents to their individualised taste. There is adequate space in the bedrooms for the safe manoeuvring of mobility equipment. There are two large double rooms which provide space and privacy for two residents sharing. All bathrooms and toilets are disability accessible with privacy locks and are maintained to a good standard with easy to clean walls and floors. There are adequate numbers of toilets and bathrooms for the numbers of residents. Four rooms have a private ensuite.</p> <p>The communal areas are well ventilated and heated with heat pumps. All resident rooms have a panel heater which residents can adjust to suit their preferred temperature. All rooms have external windows that open allowing plenty of natural light.</p> <p>There are no plans for major refurbishments or building; however, the management are aware of their obligation to include Māori input to ensure Māori aspirations are adhered to.</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>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Fire evacuation drills have been completed every six months since the last audit. 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>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>In the event of a power outage, a barbeque is maintained with gas bottles, should gas cooking be needed. The service has a relationship with a local provider for access to a generator in case of emergency. There are adequate supplies in the event of a civil defence emergency, including a large 1000 litre tank of drinking water. The water is changed regularly.</p>

		<p>Information around emergency procedures is provided for residents and family/whānau in the admission information provided. The orientation programme for staff includes fire and security training. Staff interviewed confirmed their awareness of the emergency procedures. A minimum of one person trained in first aid is available in the facility at all times and for resident van outings.</p> <p>There are call bells in the residents' rooms, ensuites, communal toilets, bathrooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. Security cameras are in place in communal areas, corridors of the facility and outdoor areas. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. Staff complete regular security and safety checks overnight. There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols.</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>	FA	<p>Infection prevention and control and antimicrobial stewardship (AMS) are integral parts of the Sandringham House business and quality plan to ensure the environment minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and AMS can be accessed through Public Health and Health New Zealand - Southern. Infection control and AMS resources are accessible.</p> <p>Infection prevention and control is part of the monthly staff and quality meetings. Infection rates are presented and discussed. The data is summarised and analysed for trends and patterns. This information is also displayed on staff noticeboards. Significant events are managed using a collaborative approach involving the support from Health New Zealand - Southern infection prevention and control specialists, the GP, and the Public Health team. Infection control and AMS issues are communicated by the nurse manager (owner) to the facility manager (owner).</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.</p> <p>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.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control manual provides a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by an external contractor and the nurse manager. Policies are available to staff. The response plan is clearly documented to reflect the current expected guidance from Health New Zealand - Southern. The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and risk associated with Sandringham House. Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control and AMS programme is reviewed annually by the nurse manager who is the infection prevention and control coordinator. The annual review was completed and documented in September 2023.</p> <p>The infection control coordinator job description outlines the responsibility of the role relating to infection prevention and control matters and antimicrobial stewardship (AMS). The infection prevention and control coordinator attended the regional infection prevention and control day in May 2023. The nurse manager has access to a network of professional aged care peer support within the Southern area when required.</p> <p>During interview, the infection prevention and control coordinator described the pandemic plan, and confirmed their experience in implementation of the plan in their previous roles. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. The infection prevention control audit monitors the effectiveness of education and infection control practices.</p> <p>The infection prevention and control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection prevention and control resources were readily accessible to support the pandemic plan if required. Health care assistants interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies</p>

		<p>and procedures.</p> <p>The service has infection prevention and control information and hand hygiene posters in te reo Māori. The infection prevention and control coordinator and HCAs work in partnership with Māori residents (when required) and family/whānau for the implementation of culturally safe practices in infection prevention and control, acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system.</p> <p>Meeting minutes (sighted) evidence a clear process of involvement from the infection prevention and control coordinator during new installation and maintenance of the building. There are no major refurbishments planned.</p> <p>The infection prevention and 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 hand hygiene, and personal protective equipment competencies. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated through emails and phone calls.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care and HCAs were seen using these on the days of the audit. Handbasins all have flowing soap.</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</p>	FA	<p>The service has an antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff and quality meetings. The nurser manager/infection prevention and control</p>

<p>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>		<p>coordinator (owner) provides a monthly summary of infections to the facility manager (owner). Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The GP and nurse manager provide oversight on antimicrobial use within the facility.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (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>	FA	<p>Infection surveillance is an integral part of the infection prevention and control programme and is described in the Sandringham House infection prevention and control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are recorded as incidents and entered into the infection register.</p> <p>Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends and patterns. Infection prevention and control surveillance is discussed at staff and quality meetings. The nurse manager has incorporated ethnicity data into surveillance methods and analysis of ethnicity is documented as part of the analysis of infection rates. Meeting minutes and graphs are displayed for staff. Action plans, where required for any infection rates of concern, are documented, and completed. Internal infection prevention and control audits are completed with corrective actions for areas of improvement. Clear communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a HAI. The nurse manager discusses infections and events of concern to the facility manager. Benchmarking occurs as the nurse manager compares the data from month to month and quarterly. A full review of the years infection data will be done when the nurse manager has been at Sandringham House.</p> <p>The service receives information from Health New Zealand - Southern for any community concerns. There have been no Covid - 19 outbreak since the new owners took over in July 2023.</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>	FA	<p>Sandringham House has policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled. Cleaning chemicals are kept on the cleaning trolleys and the</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>trolley is kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. Eye protection wear and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is done on site. The housekeeper and HCAs undertaken laundry duties. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on a dedicated trolley. There is enough space for linen storage. The linen cupboards were well stocked and the linen sighted appeared in good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. There were no residents using commodes.</p> <p>The infection prevention and control coordinator is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing infection prevention and control practices in relation to the building. There are no plans for any future construction or renovations. In the event of any plans for this, input from the infection control coordinator would be sought.</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>	FA	<p>There is a restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the nurse manager will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility continues to be restraint free with no residents using restraints. The nurse manager (restraint coordinator) confirmed that Sandringham House is committed to providing services to residents without use of restraint and maintaining a restraint free environment.</p> <p>The nurse manager demonstrated a clear understanding of the restraint process, documentation, and cultural considerations to be aware of if restraint were ever to be required. The restraint approval process would</p>

		<p>include the resident, family/whānau, the nurse manager staff Māori representative (where required) and the GP. If restraint was ever considered, the nurse manager described how they would collate and report data to staff and this would also be reported at the management meetings.</p> <p>Education is provided to staff around restraint, management of challenging behaviours and falls management. The staff interviewed described alternatives to the use of restraint included sensor mats and sensor lighting to alert staff when residents at high risk of falls are moving around. Healthcare assistants could easily describe what a restraint is and why there are no restraints used at Sandringham House. The nurse manager plans to discuss restraint at the next resident and family/whānau meeting to explain what a restraint is, and the risks associated with the use of restraints. This will also be reinforced in the next newsletter.</p>
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# 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.

No data to display
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# Specific results for criterion where a continuous improvement has been recorded

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

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End of the report.