

## Summerset Care Limited - Summerset on Summerhill

**CURRENT STATUS: 06-Mar-12**

**The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.**

### GENERAL OVERVIEW

Summerset on Summerhill is a modern facility that is part of a wider village and is one of the Summerset group of villages. The facility provides care for up to 40 hospital and rest home residents in two wings. On the day of the audit, there were 25 hospital residents and 14 rest home residents.

Summerset on Summerhill has a comprehensive quality and risk management system in place that is well implemented and monitored and this generates improvements in practice and service delivery. Key components of the quality management system link to the monthly quality assurance, infection control, health and safety and various staff meetings.

The village manager is an experienced manager who has worked in the facility since 2008 and is supported by a new clinical manager and a team of staff including registered nurses, and caregivers. This audit has identified improvements required around aspects of care planning documentation, medication documentation and management, and call bells.

### AUDIT SUMMARY AS AT 06-MAR-12

Standards have been assessed and summarised below:

#### Key

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

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Day of Audit 06-Mar-12	Assessment
Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		<b>No short falls</b>

Organisational Management	Day of Audit 06-Mar-12	Assessment
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		<b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

Continuum of Service Delivery	Day of Audit 06-Mar-12	Assessment
Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		<b>Major shortfalls, significant action is needed to achieve the required levels of performance</b>

Safe and Appropriate Environment	Day of Audit 06-Mar-12	Assessment
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		<b>A number of shortfalls that require specific action to address</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 06-Mar-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>No short falls</b>

<b>Infection Prevention and Control</b>	Day of Audit 06-Mar-12	Assessment
Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		<b>No short falls</b>

## **AUDIT RESULTS AS AT 06-MAR-12**

### **Consumer Rights**

Information is fully available to residents and family about services provided and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). There are implemented policies to support rights, such as privacy, dignity, abuse / neglect, culture, values and beliefs, complaints, advocacy and informed consent. Annual staff training around the rights of residents and advocacy is provided. Care planning accommodates individual choices of residents and/or their family/whānau. Residents and relatives spoke very positively about care provided at Summerset on Summerhill. There is a Māori Health Plan and a range of supporting policies that acknowledge the Treaty of Waitangi, provide recognition of Māori values and beliefs and identify culturally safe practices for Māori. There is a strong commitment to staff development by way of education and in-service training. Complaints processes are implemented and complaints and concerns are actively managed and well documented.

### **Organisational Management**

Summerset on Summerhill has a quality and risk management system in place that is implemented and monitored and this generates improvements in practice and service delivery. Key components of the quality management system link to the monthly quality assurance, infection control, health and safety and various staff meetings. The service is active in analysing data. Corrective actions are identified and implemented. Accidents and incidents are well documented and corrective actions and trends identified and reported to all staff. Resident/family satisfaction surveys are completed and regular resident meetings are held. Health and safety policies, systems and processes are implemented to manage risk. Summerset on Summerhill has a comprehensive and up to date business plan, risk management plan and has a hazard register.

Human resource processes are robust and well documented and staff receive training well in excess of minimum requirements. There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice. Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes.

There is an improvement required around completion of some internal audits.

### **Continuum of Service Delivery**

Each stage of service provision is completed by registered nurses. A comprehensive assessment process is completed on entry to the service. Care plans are individualised and up to date. Short term care plans are utilised when residents require short term interventions and long term care plans are updated when appropriate. Residents' clinical notes are integrated to ensure service delivery reflects continuity of care including input from all providers involved. However improvements are required by the service around care plan evaluations.

The activities coordinator has five years of experience in this role as a diversional therapist. She is employed for 38 hours a week and has an assistant who works five hours a week. A range of activities are available and resident preferences and capabilities are considered in the delivery of the activities programme. Individual activity plans are reviewed at least six monthly and participation in the activities program is documented and families are updated regularly.

There are medication management policies that are comprehensive and direct staff in terms of their responsibilities in each stage of medication management. There are improvements required by the service to meet the medication standard around medication practice and documentation.

Food services at Summerset is contracted to Medirest and all foods are cooked on site. The nutrition profile/assessment completed on admission includes consideration of any particular dietary preferences or needs such as diabetes. Changes to residents' dietary needs are communicated to the kitchen. Special diets and resident likes/dislikes are noted in the kitchen. Staff interviewed are aware of resident's individual food preferences and dietary requirements.

### **Safe and Appropriate Environment**

Policies and procedures for the management of waste and hazardous substances are implemented which meet the requirements of legislation, local authorities and relevant standards. Any incidents are reported in a timely manner.

Summerset has several lounges and sitting areas for residents. Residents are able to access areas for privacy if required. Furniture is appropriate to the setting and arranged in a way which enables residents to mobilise safely. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. There is a maintenance plan and on-going maintenance of the building occurs. Hot water is monitored and kept at an appropriate temperature. There are policies and procedures for the effective management of laundry and cleaning practices. Laundry and cleaning processes are monitored for effectiveness.

Summerset has implemented policies and procedures for civil defence and other emergencies. Emergency training occurs at orientation and in-service training on emergency procedures and fire evacuations are held regularly. The building holds a current warrant of fitness. The audit identified improvements required around monitoring of resident's call bells and response time.

### **Restraint Minimisation and Safe Practice**

The service currently has two residents requiring bedrails that are assessed as restraint. There are no residents using enablers. There is a restraint register and a separate enabler register. Restraint minimisation and managing challenging behaviour training is completed each year and staff complete restraint competencies regularly. The restraint standards are being implemented and implementation is reviewed through internal audits and an annual review. There is a strong focus on interventions to minimise the use of restraint. Summerset on Summerhill also reviews restraint through its monthly quality meetings and six monthly audits

### **Infection Prevention and Control**

Summerset on Summerhill has a documented infection control programme that is implemented to minimize the risk of infection to residents, staff and visitors. The infection control officer is a registered nurse who is responsible for providing education and training to staff. All staff receive infection prevention and control education at orientation and as part of the on-going education programme.

Regular internal audits and environmental inspections assess compliance and infection control surveillance occurs. Summerset on Summerhill participates in a benchmarking programme that provides comparative data with other similar size Summerset facilities in New Zealand. Surveillance data is reported back to staff through meetings and on a daily basis at shift handovers. There is a surveillance policy and appropriate surveillance for all infections and multi-resistant organisms are included as part of the surveillance.