

Summerset Care Limited - Summerset at Heritage Park

Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

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

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

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

The specifics of this audit included:

Legal entity: Summerset Care Limited

Premises audited: Summerset at Heritage Park

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 25 May 2017 End date: 25 May 2017

Proposed changes to current services (if any): New care centre, which is part of the Summerset at Heritage Park Retirement Village. The care centre is across three levels. The ground floor and level two includes serviced care apartments. Twenty serviced apartments across the two floors were assessed as suitable to provide rest home level care. Level one includes 58 rooms (all dual-purpose hospital/rest home rooms). Opening of the care centre is identified for the 6 June 2017.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

Executive summary of the audit

Introduction

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

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

General overview of the audit

Summerset at Heritage Park is a new retirement village complex. The care centre is a three-level facility. The ground floor and level two includes serviced care apartments. Twenty of those serviced apartments have been assessed as suitable to provide rest home level care. There are 58 (rest home and hospital level) rooms on the first floor (all dual-purpose). The care centre plans to open 6 June 2017.

This partial provisional audit was conducted to assess the facility for preparedness to provide rest home and hospital level care in the new facility. The service could have a potential of 78 residents across the facility.

The service has a village manager who has been in the role since January 2015 and involved in the opening of the village. The village manager has a background in human resources and operations management. A care centre manager, who has experience in aged care and clinical management, has recently been appointed. An office manager, operations manager and regional quality manager also support the managers.

Summerset group has a well-established organisational structure which includes: a board; chief executive officer; operations managers; regional quality managers; and a clinical education manager. Each of the Summerset facilities throughout New Zealand is supported by this structure. Summerset group has a comprehensive suite of policies and procedures, which will guide staff in the provision of care and services.

The audit identified the new facility, staff roster, equipment and processes are appropriate for providing rest home and hospital level care and in meeting the needs of the residents. Summerset has a documented plan in place for the opening of the facility and there are clear procedures and responsibilities for the safe and smooth transition of residents into the new facility. The improvements required by the service are all related to the completion of the building project, staff training and implementation of the new service.

Consumer rights

Organisational management

Summerset group have in place annual planning and comprehensive policies/procedures to provide rest home and hospital level care. Senior managers develop policies and procedures and also provide regular updates and reviews. The newly built facility is appropriate for providing these services and in meeting the needs of residents.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Organisational human resources policies are implemented for recruitment, selection and appointment of staff. The organisation has an induction/orientation programme, which includes packages specifically tailored to the position such as cook, cleaners, kitchen hands, caregivers, registered nurses and nurse manager.

There is a 2017 training plan developed to be implemented at Summerset at Heritage Park.

There is a policy for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents and rosters are in place and are adjustable depending on resident numbers. There is a planned transition around opening each of the areas and this is reflective in the draft rosters and processes around employment of new staff.

Continuum of service delivery

The medication management system includes medication management policies and associated procedures that follow recognised standards and guidelines for safe medicine management practice in accord with the 2011 guideline: Medicine Care Guides for residential aged care. It is planned to implement a safe implementation of the medication system including ensuring registered nurses and care staff have completed medication training and competencies.

The facility has a large workable kitchen in a service area situated on the ground floor adjacent to the serviced care apartments. The menu is designed and reviewed by a registered dietitian. Food is to be transported in bain-maries, via a lift to the kitchenette on level one and the dining rooms on both serviced apartment floors. The service has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. All aspects of the food service will be provided by a contracted company and is yet to be fully established.

Safe and appropriate environment

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There will be appropriate protective equipment and clothing for staff.

There are to be handrails in ensuites and communal bathrooms. Two lifts between the floors are large enough for mobility equipment including a stretcher. The provider has purchased all necessary furniture and equipment. Fixtures, fittings, floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

Resident rooms are of sufficient space to ensure care and support to all residents and for the safe use of mobility aids.

Communal areas are well designed and spacious and allow for activities. Activities are to occur in any of the lounge areas and they are large enough to not impact on other residents not involved in activities.

Summerset has housekeeping and laundry policies and procedures in place. There is a large laundry in the service area of the ground floor with clean and dirty flow. The facility will have secure areas for the storage of cleaning and laundry chemicals. Laundry and cleaning processes will be monitored for effectiveness.

The emergency and disaster management policies includes (but not limited to) dealing with emergencies, fire, flood, civil defence and disasters. General living areas and resident rooms are appropriately heated and ventilated. All rooms have windows.

Restraint minimisation and safe practice

Infection prevention and control

There are clear lines of accountability, which are recorded in the infection control policy. A designated registered nurse will be the infection control officer. Monthly collation of infection rates will be forwarded to the nurse manager for analysis. Infection control is to be an agenda item in the monthly staff meeting. Summerset group undertakes monthly benchmarking of infections.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	10	0	5	0	0	0
Criteria	0	27	0	8	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)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Summerset at Heritage Park is a new retirement village complex. A staged building project has been underway, which includes retirement villas and facilities and a nearly completed care centre. The care centre is across three levels. The ground floor includes the service areas and 23 serviced care apartments. There are 58 (rest home and hospital level) rooms on the first floor (all dual-purpose). There are a further 34 serviced care apartments on level two. Twenty serviced apartments across the ground floor and level two were assessed as suitable to provide rest home level care. The service plans to open the care centre building on 6 June 2017.</p> <p>The service has a village manager who has been in the role for the last 18 months and involved in the opening of the village. The village manager has a background in human resources and operations management. A care centre manager, a registered nurse in New Zealand since 2009, has worked in aged care since this time. He has had two years of clinical management experience and was employed in January 2017. The care centre manager has been orientating at head office and other Summerset Villages since this time. An office manager, operations manager and regional quality manager also support the managers.</p>

		<p>Summerset group has a well-established organisational structure, which includes a board, chief executive officer, operations managers and a national clinical education manager. Each of the Summerset facilities throughout New Zealand is supported by this structure. The Summerset group has a comprehensive suite of policies and procedures, which will guide staff in the provision of care and services.</p> <p>Summerset group have a quality assurance and risk management programme and an operational business plan for the project. Quality objectives and quality initiatives are set annually. The organisation-wide objectives cover risk management, staff recruitment and development, resident care and the quality programme.</p> <p>The operational business plan includes governance structure, fiscal management and budgets.</p> <p>There is a transition plan with key tasks around opening of the care centre (Main Building Opening Operations Programme).</p> <p>There is a village managers and care centre manager's job description that includes authority, accountability and responsibility including reporting requirements. Both positions completed orientations at other Summerset villages.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The care centre manager will fulfil the village manager's role during a temporary absence with support from the national clinical education manager and the regional quality manager. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home and hospital level care. The appointment of staff and building of the facility are appropriate for providing rest home and hospital level care and in meeting the needs of residents.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Summerset has organisational documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Additional role descriptions are in place for infection control officer, restraint coordinator, health and safety officer, fire officer and quality coordinator.</p> <p>The service has a policy around competencies and requirements for validating professional competencies. The village manager advised that copies of practising certificates are obtained from newly employed staff.</p> <p>There are human resources policies and procedures, which includes the</p>

		<p>requirements of skill mix, staffing ratios and rostering.</p> <p>The nurse manager advised that to date they have employed four full-time and one part-time registered nurses (five interRAI trained) and eight full-time and seven casual caregivers. Advised, that several caregivers come with a recognised aged care certificate.</p> <p>At the time of the partial provisional audit, all staff employed to date (excepting management) are undergoing orientation at two other Auckland Summerset Villages. Registered nurses began orientation on 18 April 2017 and caregivers on 24 April 2017.</p> <p>There is a 2017 training plan developed for the organisation, which will be implemented. There is a list of topics that must be completed at least two-yearly and this is reported on. Advised that further training around equipment, safe chemical handling, emergency and fire training will be implemented as part of the orientation weeks being held before opening.</p> <p>The service has a contract with a local medical centre. Initially the medical centre will visit weekly. This medical centre provides a 24-hour service. A contract has been obtained with a physiotherapist, local chemist and podiatrist. Advised they also have access to a dietitian.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Human resources policies include documented rationale for determining staffing levels and skill mixes for safe service delivery (safe staffing policy). This defines staffing ratios to residents and rosters have been developed and are adjustable depending on resident numbers. There is also a document 'Guidelines for management of fluctuating occupancy'. Draft rosters were sighted for various resident numbers and levels. There is also a specific roster for the ground floor serviced apartments and level two serviced apartments. A caregiver is rostered on each of the serviced apartment floors. Level one hospital/rest home staff cover the serviced apartment floors during night shift.</p> <p>The service has developed an initial draft roster, which includes one registered nurse and two caregivers rostered on every shift. This will be adjusted as residents are admitted with general ratios of 1:5 for hospital level residents and 1:10 for rest home residents or a combination as resident needs dictate. The roster is designed for the increase in residents. There is 24-hour RN cover with the registered nurses currently employed.</p> <p>A proposed roster (including staff names) was sighted for care apartments and</p>

		<p>care centre. Other staff rostered includes the village manager, maintenance/property staff, activities staff (a part-time diversional therapist is employed and another activities staff member is being recruited) and housekeeping (who have been employed at the time of the audit).</p> <p>The following have been recently employed – property manager, property assistant/gardener, two housekeepers and a diversional therapist.</p> <p>The company contracted to provide the food service will provide the kitchen staff.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>The nursing manual includes a range of medication policies. The service is planning to use a two-weekly pre-packed sachet medication system, with a contract in place from a local pharmacy, for the provision of this service. There is one large medication room in the care centre on level one where all medications will be stored, including medications for the rest home residents in the care apartment, on the ground floor and level two.</p> <p>One medication trolley for each of the serviced apartment levels and two for the care centre level and a medication fridge are available. The medication room is not yet secure or complete. A self-medicating resident policy and procedure is available if required. The medication administration policies identify that medication errors are treated as an incident and captured as part of the incident management system and a medication error analysis is to be completed. Medication training and competencies have been completed during the orientation.</p> <p>Policies and procedures reflect medication legislation and reference the medicines care guides for residential aged care. Advised, that only registered nurses deemed competent, will be responsible for administration of medications. A competency policy and competency assessment is available. Caregivers have also received education and training and completed competencies as they may be required to check medications. The service is intending to roll out medi-map on opening. Training is being completed as part of the orientation around the implementation of medi-map.</p> <p>All registered nurses and senior caregivers responsible for administering and/or checking medication have completed medication training and competency. This is to be repeated annually. Training on medi-map and medication competencies have been completed for senior staff at the sites they are orientating at.</p> <p>The medication system is to be fully established at Summerset at Heritage Park.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>PA Low</p>	<p>Summerset has comprehensive nutritional management policies and procedures for the provision of food services for residents. The provision of meals at Summerset at Heritage Park will be contracted-out to White-tie catering who provide all aspects of the food service. The contracted company is responsible for kitchen staff recruitment, food service, food handling, menu, dishwashing, sanitation and personal hygiene. The food safety plan is not yet approved by the Ministry for Primary Industries.</p> <p>The facility has a large purpose-built kitchen on the ground floor adjacent to the café and dining area of the care apartments. There is a walk-in chiller and pantry. The menu is designed and reviewed by a registered dietitian. Food is to be transported in bain-maries to the satellite kitchen in the main dining room of the care centre on level one and scan boxes transport food to the dining areas in the serviced apartments. Meals are to be served to residents from a bain-marie in the satellite kitchen by staff. There is a lift near the service area, that will be used to transport food carriers to each floor and dishes back to the kitchen. Crockery, cutlery and resident food equipment has been purchased.</p> <p>All residents are required to have a nutritional profile completed on admission, which is provided to the kitchen. There is access to a community dietitian.</p> <p>As part of the food safety programme, regular audits of the kitchen fridge/freezer temperatures and food temperatures will be undertaken and documented. Food safety in-service training will be conducted.</p> <p>The food service is to be fully established at Summerset at Heritage Park.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>PA Low</p>	<p>There are documented policies and procedures for waste disposal and chemical storage. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is a cleaner's cupboard on each level of the care centre which will be locked. Chemicals will be automatically dispensed in the laundry. There is a sluice on every floor. The sluices are not yet secure.</p> <p>Waste management is part of the environment and equipment audit conducted as part of the quality assurance audit programme.</p> <p>During induction, all staff have completed training regarding the management of waste. Chemical safety training is a component of the compulsory two-yearly training and orientation training. All new staff have completed waste</p>

		<p>management training and PPE during orientation.</p> <p>Gloves, aprons and goggles have been purchased and are to be installed in the sluice rooms in the care centre, cleaners' cupboards and laundry. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>A staged building project has been underway, which includes retirement villas and facilities and care centre. The care centre is a three-level facility. On the ground floor, there are service areas and 23 serviced care apartments. On the two floor, there are 34 care apartments. Twenty serviced apartments have been assessed across the two serviced apartment floors as suitable to provide rest home level care. On level one, the care centre includes 58 single rest home and hospital level rooms (all dual-purpose).</p> <p>The building is designed in a 'U-shape'. There is a covered walkway on the ground floor to shorten the distance to dining/lounge areas and a covered bridge walkway on the first and second floors.</p> <p>The service plans to open on 6 June 2017, receiving residents on the ground and first floor initially. All resident rooms have windows, call bell system and lighting. Installation of floor coverings, soft furnishing and hand rails in toilets/bathrooms has not yet been completed in all areas. The building is near completion and therefore a certificate of public use has not yet been obtained. All building and plant have been built to comply with legislation.</p> <p>There are two large lifts between floors. These lifts are to be used to transport food trolleys from the kitchen and to be used by staff, visitors and residents. Advised that they have a contract with the installer of the lift to maintain service (including emergency service) when needed. The lifts are large enough for mobility equipment including a stretcher. There is a stairwell at either end of the building. There is a nurse's station at either end of the building on the first (care centre) level so the stair well can be easily monitored by staff. There is also a medication/treatment room, doctor's room and care centre manager's office.</p> <p>On the two serviced apartment floors, there is an area assigned for a nurse's station. These are yet to be fully installed including having secured storage for resident records.</p> <p>Residents can bring their own possessions into the home and are able to adorn their room as desired. The maintenance schedule includes checking of</p>

		<p>equipment.</p> <p>All electrical equipment and other machinery are to be checked as part of the annual maintenance and verification checks. The service has an extensive list of medical and nursing equipment purchased and awaiting installation. The new furniture and equipment is appropriate for this type of setting and for the needs of the residents.</p> <p>A new call bell system has been installed throughout the facility; however, this is yet to be commissioned (link 1.4.7.5). The call system is installed in all bedrooms, bathrooms, dining and lounge areas. The system is connected to an individual staff pager system, which all care staff will carry.</p> <p>No external areas are currently paved and seating and outdoor furniture is to be provided for residents. The lake in front of the building has not yet been formed and this will not be completed for approximately one year. There are not yet handrails in ensembles and bathrooms. As there are no handrails around any of the hallways on each floor, the service will need to ensure there are adequate seats around the hallways for residents to rest.</p> <p>All rooms and communal areas allow for safe use of mobility equipment. There is adequate space for storage of mobility equipment in each of three floors. There is adequate equipment for both wings of the level one care centre, so equipment such as hoists will not need to be borrowed.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate numbers of toilets and showers with access to a hand basin and paper towels. The care apartments on the ground floor and on level two each include a bathroom, kitchen and dining/lounge area. On level one care centre, there are 58 rooms. The majority have full ensuite facilities. There are mobility bathrooms/toilets near the four rooms that are not ensuited. There are communal mobility bathrooms available in each wing and close to lounge/communal areas.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Residents rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensembles and communal toilets and bathrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment,</p>	FA	<p>There is a café, dining room and large lounge area adjacent to the care apartments on the ground floor. There is also another dining and lounge area for</p>

<p>Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>rest home residents in serviced apartments on the ground floor and level two. On level one care centre, there is a kitchenette, large dining area and large lounge areas. There is another smaller lounge area down the end of one wing which is intended to be used as a family/whānau lounge. There are other areas available for sitting and resting (also link 1.4.2).</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>There are policies for cleaning and infection prevention and linen handling and processing. These policies ensure that all cleaning and laundry services are maintained and functional at all times. The laundry is in the service area on the ground floor and has an entrance for dirty laundry and an exit for clean. The laundry is large and will have a commercial washing machine and dryer. Dirty linen can be transported to the ground floor via a laundry chute in the laundry. Linen trolleys have been purchased. Care staff will initially manage laundry. Laundry staff will be employed as resident numbers increase.</p> <p>There are documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are to be commenced as per the quality assurance programme.</p> <p>The service will have a secure area for the storage of cleaning and laundry chemicals and a cleaning cupboard on each level (link 1.4.1.1). Laundry chemicals are within a closed system to the washing machine. Material safety datasheets will be provided by the contracted company and to be displayed in the cleaning cupboards, laundry and sluices in each area. The laundry and cleaning areas have hand-washing facilities.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Low</p>	<p>The site-specific emergency manual for Summerset at Heritage Park contains the emergency and disaster policies and procedures including (but not limited to) fire and evacuation and dealing with emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. Fire drills are scheduled for staff during induction, the week before opening. All staff employed to date have current first aid certificates.</p> <p>The service has cooking facilities (gas cooker) available in the event of a power failure. The service has access to a diesel generator available in the event of a power failure for emergency power supply. Battery operated emergency lighting is in place for two hours. There are also extra blankets available. There is a civil defence storage room which will include all necessary civil defence requirements.</p>

		<p>Water for emergency supplies will be stored there also. Water tanks are also available.</p> <p>A new call bell system has been installed throughout the facility; however, this is yet to be activated throughout the care centre. The call system involves a pager system whereby staff are alerted to a resident's call bell via the personal pagers held by each care staff member. There are emergency call bells in the lounges.</p> <p>As the facility has not yet opened, a fire drill or training around the fire evacuation procedure has not occurred. A trial run-through of the fire drill is planned for the orientation week prior to opening. The fire evacuation scheme is in draft but has not yet been approved by the NZFS.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>General living areas and resident rooms are appropriately heated and ventilated. Resident's rooms are heated by panel heaters in the care apartments and ceiling panels in the care centre. The communal living areas are heated and cooled via ceiling heating/cooling systems. All rooms have external windows with plenty of natural sunlight. All windows are double-glazed and all areas have good lighting.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>There are comprehensive infection control policies that meet the Infection Control Standard SNZ HB 8134.3.1.2008. There are policies including (but not limited to): a) infection control coordination; b) hand hygiene; c) surveillance; d) standard precautions; e) additional precautions and; f) standard definitions of infections. The infection control team will include the IC officer (registered nurse), nurse manager and various care staff. There are clear lines of accountability to report to the IC team on any infection control issues including a reporting and notification to nurse manager. There are documented IC responsibilities that includes reporting processes and an IC officer's job description.</p> <p>Infection control will be an agenda item on staff meetings and quality meetings. Annual review of the infection control programme will be conducted. Monthly benchmarking of infections is conducted for all Summerset facilities.</p>

Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	<p>The nursing manual includes a range of medication policies. The service is planning to use a two-weekly pre-packed sachet medication system. The service has obtained a contract with a local pharmacy for the provision of this service. There is one large medication room in the care centre on level one where all medications will be stored, including medication trolleys for the care apartment residents on the other two levels. As rest home resident numbers increase in the serviced apartment floors, the service will need to review the management and storage of medications on the ground floor and level two. Four medication trolleys are available. The medication room is not yet</p>	<p>The medication room is not fully ready for use or secure.</p>	<p>Implement a safe transition for the medication system.</p> <p>Prior to occupancy days</p>

		secure. A medication fridge will be available in the medication room. Medical equipment has been purchased for the new facility.		
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	PA Low	<p>Summerset has comprehensive nutritional management policies and procedures for the provision of food services for residents. The provision of meals at Summerset at Heritage Park will be contracted out to the White-tie food company who provide all aspects of the food service. The contracted company is responsible for kitchen staff recruitment, food service, food handling, menu, dishwashing, sanitation, and personal hygiene. The kitchen is not yet equipped with kitchen equipment. There is access to a community dietitian.</p> <p>Regular audits of the kitchen fridge/freezer temperatures and food temperatures will be undertaken and documented, as part of the food safety programme. Food safety in-service training will be conducted.</p> <p>The food service is to be fully established at Summerset at Heritage Park.</p>	<p>The kitchen is not yet equipped with kitchen equipment. The food service has not yet been commenced.</p> <p>The food safety plan has not yet been approved.</p>	<p>Kitchen service to be fully established and operational, including checking of temperatures, menu planning, delivery and storage.</p> <p>Ensure the food safety plan is approved by the Ministry for Primary Industries.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.1.1</p> <p>Service providers follow a documented process for the safe and appropriate storage and disposal of</p>	PA Low	<p>The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is a</p>	<p>The sluices and cleaners' cupboards do not yet have locks installed to ensure chemicals are safe.</p>	<p>Ensure all areas where chemicals are stored are secure.</p> <p>Prior to occupancy days</p>

waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.		locked cleaner's cupboard on each floor. Chemicals will be automatically dispensed in the laundry. The sluices are not yet completed and therefore do not have locks to ensure chemicals are safe.		
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	As the building is not yet completed, a certificate of public use has not been issued. Heating, lighting and hot water system is not yet fully functioning. All electrical equipment and other machinery are to be checked as part of the annual maintenance and verification checks. The service has an extensive list of medical and nursing equipment purchased and awaiting installation. The new furniture and equipment is appropriate for this type of setting and for the needs of the residents.	(i) The build including internal fit out is not yet completed and therefore the Certificate of Public Use has not yet been signed off; (ii) Hot water is not yet available, therefore monitoring of safe hot water temperatures has not occurred; (iii) Nurses stations on each of the serviced apartment floors are yet to be set up.	(i) A Certificate of Public Use must be sighted by DHB/HealthCERT prior to opening; (ii) Provide evidence that hot water temperatures in resident areas are within the required limits. (iii) Ensure a nurse's station and secure area for resident records on the serviced apartment floors are set up for nursing and care staff. Prior to occupancy days
Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	Gardens, pathed areas and access to the building are not yet completed. There is an outdoor courtyard on the ground floor that is yet to be completed with furniture. This is ramped for ease of access.	(i) There are two balconies on the first floor that are yet to be completed with furniture. (ii) External gardens, paths, roading and seating areas are not all yet completed.	Provide evidence that the external areas and surfaces are safe and accessible for residents. Prior to occupancy days
Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include	PA Low	The site-specific Summerset emergency manual contains the emergency and disaster policies and procedures including (but not limited to) fire and evacuation and dealing with emergencies and disasters. Emergencies, first aid	As the facility has not yet opened, staff have not completed a fire drill or training around the fire evacuation procedure.	Implement fire drills and emergency training for all staff at Summerset at Heritage Park. Prior to occupancy days

fire safety and emergency procedures.		and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. Fire drills are scheduled for staff during induction, the week before opening. All registered nurses will have current first aid certificates. As the facility has not yet opened, a fire drill or training around the fire evacuation procedure has not occurred.		
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	Fire and emergency management is detailed in the Summerset at Heritage Park emergency manual. Fire drills and training are scheduled to take place during orientation week prior to opening. The Fire Evacuation scheme is in draft and currently with the fire service.	The New Zealand Fire Service has not yet approved the fire evacuation scheme.	<p>Provide evidence that the NZFS has approved a fire evacuation scheme for Summerset at Heritage Park care centre.</p> <p>60 days</p>
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p>	PA Low	A new call bell system has been installed throughout the facility. The call system involves an individual pager system, which alerts staff when a resident activates a call bell. There are also various panels in hallways and other areas. Call bells are situated in resident rooms, ensuites, dining/lounge rooms in care apartments, in the communal dining and lounge areas on all levels. The call bell system is yet to be activated.	A call bell system is in place throughout the care centre; however, this is yet to be activated.	<p>Ensure that the call bell system is fully functioning throughout the care centre.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.