Summerset Care Limited - Summerset At Aotea

CURRENT STATUS: 28-Aug-12

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Surveillance 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 Aotea is a modern purpose-built village that is managed by the Summerset group. The facility of 46 serviced apartments is stand-alone and is situated within a retirement village. The service currently provides rest home level care for eight residents within these apartments. There is an experienced manager, she is supported by a nurse manager. The facility has a stable staff and turnover is low. Residents and relatives interviewed spoke very positively about the care and support provided by staff and the ability for the residents to be cared for in their own apartments.

Fourteen required improvements were identified during the previous certification audit in July 2011. Following this surveillance audit, 12 of the required improvements have been addressed. The two required improvements that continue to be on-going are: ensuring assessed needs of residents are consistent interventions, and continue to monitor and implement corrective actions to mitigate risk in the medication management system. There are two required improvements identified during this surveillance audit: document close out of corrective actions following internal audit and ensure progress notes include staff designation and time of entry.

AUDIT SUMMARY AS AT 28-AUG-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 28-Aug-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.		**No short falls**

Organisational Management	Day of Audit 28-Aug-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.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Continuum of Service Delivery	Day of Audit 28-Aug-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.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Safe and Appropriate Environment	Day of Audit 28-Aug-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.		**No short falls**

Restraint Minimisation and Safe Practice	Day of Audit 28-Aug-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		**No short falls**

Infection Prevention and Control	Day of Audit 28-Aug-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.		**No short falls**

Summerset Care Limited - Summerset At Aotea

CURRENT STATUS: 14-September-11

Progress Report

Summerset Aotea took immediate and effective improvements and action to remedy the shortfalls in relations to medication management . The District Health Board is satisfied following a site visit that this provider meets the required standard given the changes that are in place.

Continuum of Service Delivery	Day of Site Visit 23-Aug-11	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.		**A number of shortfalls that require specific action to address**

Summerset Care Limited - Summerset At Aotea

CURRENT STATUS: 27-Jul-11

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 Aotea is a modern purpose-built village that is managed by the Summerset group. The facility of 46 serviced apartments is stand-alone and is situated within a retirement village. The service currently provides rest home level care for eight residents within these apartments. There is an experienced manager, she is supported by a relieving clinical manager. The facility has a stable staff and turnover is low. Residents and relatives interviewed spoke very positively about the care and support provided by staff and the ability for the residents to be cared for in their own apartments.

The following areas for improvements are required by the service and include; quality system, incident reporting, care plan interventions, medication management.

AUDIT SUMMARY AS AT 27-JUL-11

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

Indicator	Description	Definition
	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
	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 27-Jul-11	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.		**No short falls**

Organisational Management	Day of Audit 27-Jul-11	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.		**A number of shortfalls that require specific action to address**

Continuum of Service Delivery	Day of Audit 27-Jul-11	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.		**Major shortfalls, significant action is needed to achieve the required levels of performance**

Safe and Appropriate Environment	Day of Audit 27-Jul-11	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.		**No short falls**

Restraint Minimisation and Safe Practice	Day of Audit 27-Jul-11	Assessment
Includes 3 standards with outcomes where: • Consumers receive and experience services in the least restrictive manner through restraint minimisation • Consumers requiring restraint receive services in a safe manner • Consumers requiring seclusion receive services in the least restrictive manner		**No short falls**

Infection Prevention and Control	Day of Audit 27-Jul-11	Assessment
Includes 6 standards which require: • There is a managed environment, which minimises the risk of infection to consumers, service providers and visitors appropriate to the size and scope of the service. • There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation. • Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislation requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe and appropriate/suitable for the type of service provided. • The organisation provides relevant education on infection control to all service providers, support staff and consumers. • Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme. • Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians.		**A number of shortfalls that require specific action to address**

AUDIT RESULTS AS AT 27-JUL-11

Consumer Rights

Summerset Aotea provides information and discussion on the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) to ensure residents and their family/whanau understand their rights and are able to raise concerns and access support services. There are implemented policies to support rights such as privacy, dignity, abuse / neglect, culture, values and beliefs, complaints, advocacy and informed consent. There is a Maori Health plan. Spiritual, cultural, values and beliefs are considered by the service and included in care planning. Family members and residents at the service indicated that they were treated respectfully by staff . Complaints management is well documented.

Organisational Management

Summerset uses an overarching business planning approach that is implemented by each site. Summerset Aotea's business action plan is established for 2011. Aotea has a quality and risk management system in place that is implemented and monitored and this generates improvements in practice and service delivery. The organisation has well developed policies, procedures, processes and systems that support the provision of clinical care and support. These are implemented at Summerset Aotea. An annual resident and relative satisfaction survey is completed. There is an active resident meeting. Residents and families interviewed were supportive of the care provided. Key components of the quality management system link to the monthly quality meeting and other relevant meetings. Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a comprehensive orientation programme and an in-service education programme that exceeds eight hours annually.

Staffing levels are appropriate and staff turn over is low. There is registered nurse input two days a week and on call 24/7. Staffing guidelines are in place for increasing rest home beds. The following improvements are required by the service including closing quality loop, and incident reporting documentation.

Continuum of Service Delivery

The service has a well developed assessment process and resident's needs are assessed prior to entry. Adequate and accurate information about the service is made available. Interviews with staff, residents and relatives identified that the care being provided is consistent with the needs of residents. Links are maintained with services involved in the support needs of the resident. Each stage of service provision is completed by the registered nurse. Care plans are individualised and up to date. Overall resident files demonstrate service integration. There is a comprehensive assessment process implemented. Care plans are evaluated six monthly or more frequently when clinically indicated. The following improvements are required around care planning and these include care plan interventions and meeting contractual timeframes. Weekly activities programmes are planned in consultation with residents. Activities reflect normal patterns of life and the programme is implemented across five days. There is an improvement required by the service in relation to development and review of the individual plans. The kitchen facility is located on the ground floor and attached to the village cafe. Resident interview and 2011

consumer satisfaction survey confirm that residents are highly satisfied with meals. Resident long term care plans are individually developed , comprehensive and up to date but evaluation of long term care plans are not documented and nursing and medical interventions are not always consistent with resident's assessed needs. There are medication procedures documented in line with accepted guidelines. Staff competencies are completed. There are improvements required by the service to meet the medication standard around medication practice and documentation.

Safe and Appropriate Environment

Summerset Aotea was built in 2006 and all equipments and furniture is new. There are 46 serviced apartments across three levels. There are eight residents who receive rest home level care, all have their own apartments including en-suites. The facility is new and spacious. All building, plant and equipment comply with legislation. There is a large dining area and separate lounge area on the third floor and the ground floor has a café that adjusted to spacious dining lounge area. There is also a library and recreation room. The service has policies and procedures for civil defence and other emergencies. There is emergency equipment available and staff have received training at induction and as part of the in-service programme.

The service has in place policies and procedures for effective management of laundry and cleaning practices. There is a large laundry and the laundry services are well managed. Effectiveness of laundry and cleaning services are monitored.

Restraint Minimisation and Safe Practice

There is a restraint minimisation policy. There are no residents that have requested enablers or require restraint. There is a clear restraint/enabler flowchart should restraint be required. There is a restraint/enabler assessment and review form and the process is documented including a flowchart. The service has completed comprehensive training around management of challenging behaviour and restraint/enabler.

Infection Prevention and Control

There are established infection control policies and procedures applicable to the size and type of the service. There is a process in place to ensure Infection Control team involvement in development and review of the policies and procedures. Infection control education is provided as part of the orientation programme and ongoing in-service education on infection control is provided to staff. The audit identified corrective actions around access to specialist training and implementation of the IC surveillance program.