

Summerset Care Limited - Summerset By the Sea

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 By the Sea

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

Dates of audit: Start date: 7 August 2015 End date: 7 August 2015

Proposed changes to current services (if any): This partial provisional audit was to review the level of preparedness of Summerset by the Sea to provide rest home, medical and hospital level services for up 30 beds in the new care centre and rest home level care across 10 serviced apartments on the ground floor.

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 by the Sea is part of the Summerset group of facilities.

This partial provisional audit was to establish the level of preparedness of Summerset by the Sea to provide rest home, medical and hospital level services for up 30 beds in the care centre. An additional 10 apartments on the lower ground floor were also reviewed as part of this audit to provide rest home level care.

The audit identified that the building, staff, policies and procedures are appropriate for providing rest home and hospital/medical level care. The resident rooms, lounges and dining area are spacious enough to accommodate hospital level equipment. The village manager has been with the retirement village since 2013. A nurse manager has been appointed. The service is actively recruiting staff.

Improvements are required by the service around the new build and include, receiving a certificate of public use (CPU), fire service approval of evacuation scheme and operational call bell system.

Consumer rights

Not audited.

Organisational management

The Summerset Group Limited Board of Directors has overall financial and governance responsibility and there is a company strategic business plan in place that identifies the development of the care centre and serviced apartments at the village. The village manager has been in the role since the opening of the village complex in 2013. A nurse manager has been appointed. All newly appointed staff will undergo a full orientation, skills competency assessments, medication competency, first aid and will attend on-going education. There are relevant organisational and clinical policies that reflect current good practice.

The team is supported by the clinical education manager for Summerset and the clinical quality manager. During the temporary absence of the manager, the nurse manager will undertake the role of manager.

The service has policies, procedures, processes and systems that support the provision of clinical care and support, including care planning. There are comprehensive human resources policies as part of the policy manual, this includes job descriptions. The service is in the process of recruiting staff (registered nurses and caregivers). There is a documented staffing plan and staffing will increase as numbers of residents increase.

Continuum of service delivery

The medication policy and procedures follows recognised standards and guidelines for safe medicine management practice in accord with Medicines Care Guides for Residential Aged Care 2011. There is a secure medication room. There is a medication competency test ready to be implemented. There is a policy on self-medication. The clinical education manager advised that medication competencies will be completed during induction prior to residents being admitted.

The service has a main kitchen. The food services are contracted out. Meals will be delivered in scan boxes to the care centre kitchenette and serviced apartment dining room. There is a large kitchen in the main care service floor (ground floor). It is well designed and includes a food preparation side and a clean-up side with appropriate new equipment. A hot/cold serving trolley will be used to transport food. The kitchen is well designed and will be able to provide meals for both the hospital and rest home residents and serviced apartment residents with capacity to spare. There is a lift beside the kitchen that will enable food to be transported between floors. The kitchen opens to a spacious dining area that can easily accommodate hospital level residents and any mobility aids. There is also an alternative dining area for residents who need additional assistance with meals.

Safe and appropriate environment

The service has policies and procedures in place for the management of waste and hazardous. There is locked storage areas designated for the safe storage of chemicals throughout the facility. The new building is purpose built and building is near completion. All building and plant have been built to comply with legislation. There is an open spacious dining area with kitchenette from which meals will be served. There is a large spacious lounge off the dining room. There are landscaped outdoor gardens on the ground floor that can be accessed by residents and families. There is a first floor courtyard that can be safely accessed from the lounge. The courtyard provides shade.

All resident rooms are spacious and allow for the safe delivery of care with transferring equipment. There is a call bell system in place that is not yet operational. There are emergency management policies and procedures in place and adequate civil defence supplies. A new laundry has been constructed on the ground floor with a linen chute in the care centre.

Restraint minimisation and safe practice

Not audited

Infection prevention and control

The infection control manual outlines a comprehensive range of policies, standards and guidelines and procedures includes (but not limited to); hand hygiene, standard precautions, surveillance, outbreak management, training and education of staff. The infection control programme in place is appropriate for the size of the service. There is an infection control coordinator with defined responsibilities for the management of infection control throughout the facility.

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	12	0	3	0	0	0
Criteria	0	32	0	4	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>The Summerset Group Limited Board of Directors have overall financial and governance responsibility and there is a company strategic business plan in place. The business plan (sighted) includes the build of the 30 new beds on the first floor of the care centre and the serviced apartments (which will be completed in stages). The service has presented the business case to the district health board and the portfolio manager is visiting the site on 10 August 2015. Summerset by the Sea has a Maori Health plan, which identifies a link with local Iwi.</p> <p>Summerset has developed an organisational standard plan for new facilities. The Main Building Opening Operations Programme (MOPS) identifies the task, due date, resources required and person responsible. The MOPS is reviewed regularly, last dated 27 July 2015. The MOPS plan covers staffing requirements, documentation, contracts, facilities, property and maintenance, resident communication, services, village procedures, computer technology (ICT), audits/certification requirements, consumables and medical supplies and licenses.</p> <p>A partial provisional audit was completed to view the services readiness to provide; 1) rest home/hospital level care in the new 30 bed care centre on the first floor, and 2) provide rest home care in the 10 new serviced apartments that are on the ground floor of the care centre. There are organisational policies and</p>

		<p>processes appropriate for providing rest home/hospital level care.</p> <p>The village manager (non-clinical) has been in the role at Summerset by the Sea retirement village since the opening in 2013. The village manager has experience in hospitality services and has completed a business management course. The village manager has attended at least eight hours of professional development relevant to the role. A nurse manager has been appointed and commences 10 August 2015. The nurse manager is currently working in the role at another Summerset facility. The team is supported by an operations manager and a clinical and quality manager who have been overseeing the new build and progress against the MOPS plan.</p> <p>D17.4b (hospital): A nurse manager will receive orientation to the facility on commencement (four weeks prior to occupation). The company educator will be on-site to support the nurse manager through orientation and the required training as per the training plan.</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>Summerset has a national relieving operations manager, village managers and nurse managers to cover temporary absences of clinical and non-clinical roles within the villages.</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>	PA Low	<p>The recruitment and staff selection process requires that relevant checks, including police checks are completed to validate the individual's application, qualifications and experience. The village manager file viewed, contained the required documents.</p> <p>There are comprehensive organisational human resources policies including recruitment, selection, orientation and staff training and development.</p> <p>A comprehensive orientation/training plan (sighted) over one week includes (but not limited to); facility layout, fire system and fire evacuation drill, call bells, infection control, civil defence, use of equipment, clinical education including medi-map system, chemical safety and security. First aid training is scheduled in the first week. RN's commence orientation two weeks prior to opening and care staff commence one week prior to opening. The Summerset clinical educator facilitates the training requirements and is on-site for the first month to support</p>

		<p>staff through orientation and the opening phase. The service is actively recruiting staff including two housekeepers to cover seven days a week. An agreement is made with all new employees to commence Career Force training. There is a Summerset annual training plan that will be implemented at the service.</p> <p>17.7d: There are organisational competencies for registered nurses, care staff and support staff relevant to their roles.</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>	FA	<p>There is a staffing resources policy that includes roles and responsibilities, rostering, handover duties, overall staffing level rationale and on call systems. There is a policy called registered nurse and caregiver backfill that supports replacement of a registered nurse or caregiver if there is an absence. The nurse manager is responsible for implementing this process.</p> <p>The service has an opening staff roster, half occupancy and full occupancy rosters that meet the staffing requirements and skills mix for rest home and hospital level of care. There is a separate roster for the serviced apartments with one caregiver on duty 24/7. The registered nurse (RN) on duty is required to complete a physical resident round each shift in the serviced apartments as per company policy.</p> <p>Five of seven RNs required on opening have been offered positions. Five caregivers have been appointed. An offer has been made to appoint a recreational therapist who will be supported by divisional therapists within the Summerset group. An office administrator will transfer in from another facility, to assist with setting up of office administration procedures and equipment.</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>	FA	<p>There is one main medication room (viewed) in the new 30 bed rest home/hospital area. Medication storage meets legislative requirements. Contracts have been secured with a supplying pharmacy and oxygen supplier. The service has a programme for the installation of the medi-map medication system. Medication competency and training (including medi-map) is included in the orientation training programme. The organisation has medication policies and procedures that meet medication management regulations. Rest home residents in the serviced apartments will be managed from the one treatment room.</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>	FA	<p>The food service is contracted out. The main kitchen is fully operational, supplying food for the on-site café and meals for village residents as requested. The chef manager is responsible for the daily operations of the kitchen and staff management. Scan boxes have been purchased to transport food to the rest home/hospital floor. Bain-maries have been installed in the kitchenette area and meals will be served from the bain-marie. The kitchen in the rest home/hospital is fully functional with an oven that can be used for baking activities and to encourage families to use the oven for family meals. Rest home residents in the care apartments may choose to have meals in their apartment rooms or in the serviced apartment dining room.</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>	FA	<p>Chemicals are provided by an approved supplier. Chemicals are stored in a locked area for the food services and cleaners. Chemicals sighted had manufacturer labels on the bottles. There are sufficient supplies of personal protective equipment. There is a sluice room in the new 30 bed build with a locked chemical cupboard. There is a designated cleaner's cupboard. There are waste management policies and procedures that meet legislative requirements. Chemical safety training is included in the opening training programme.</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>	PA Low	<p>The service has applied for the code of compliance. There is a lift and stair access between the floors. The assistant property manager is responsible for ensuring the reactive and planned maintenance plan is maintained. For the care centre, there is a company capex plan for the purchase of rest home and hospital level equipment required that includes specialised recliner chairs, tilting shower chairs, electric beds and hoists and outdoor furniture. The building completion date is 31 August 2015 and the fit out of the rest home/hospital is scheduled for the week 1 to 4 September 2015.</p> <p>The bedrooms, ensuite, shower rooms, hallways and communal areas are spacious and allow for the manoeuvre of mobility aids and hospital level equipment.</p> <p>The 10 bedroom apartment building provides appropriate internal facilities with a communal dining and lounge area.</p> <p>There are landscaped outdoor gardens on the ground floor that can be accessed by residents and families. There is a first floor courtyard that can be safely</p>

		accessed from the lounge. The courtyard provides shade.
<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>Care centre: Of the 30 rooms assessed, 24 of the bedrooms have their own ensuite. Six bedrooms without ensuite have shared toilet and shower facilities located near the bedrooms. All ensuite and shower/toilet rooms have the walls, flooring and fixtures made of easy clean surfaces. The flooring is non-slip. Handrails are appropriately placed. Call bells are within reach. There is sufficient space in the ensuite to safely manoeuvre transferring equipment.</p> <p>The 10 apartments are self-contained with ensuite. All ensuite walls, flooring and fixtures are of made of easy clean surfaces. The flooring is non-slip. Handrails are appropriately placed. Call bells are within reach. There is adequate space to manoeuvre shower chairs if required.</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>The 30 resident rooms being certified to provide hospital or rest home level of care are all single. They are spacious with adequate room to safely manoeuvre a hoist and other transferring equipment. The bedrooms have built-in wardrobes, shelving and clothes storage. The doors are wide and when opened allow for bed or ambulance trolley access.</p> <p>The self-contained apartments have a separate bedroom, which is spacious enough for the residents to mobilise around with the use of mobility aids.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, 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>	FA	<p>There is an open spacious dining area with kitchenette from which meals will be served. There is a large lounge off the dining room that is spacious and has doors that open out onto a courtyard. There is a smaller family lounge available with tea making facilities. Activities can take place in the dining room or lounge. The area in the dining room is spacious enough for entertainment to occur. The activity resource room is situated in the lounge area.</p> <p>The 10 apartments have a kitchenette and open plan dining, lounge area. There is an open plan dining and lounge area. Rest home residents in the apartments will have the choice to attend rest home or village activities.</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>The main laundry on the ground floor is under construction to be completed 31 August 2015 (link 1.4.2.1). The installation of laundry equipment is included in the MOPS plan. There is a defined clean and dirty area. There is an upstairs locked laundry room with a chute for linen bags that drop down into the main laundry room.</p> <p>All staff will complete laundry training during their orientation.</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>A trial evacuation is planned in the first week of staff orientation. An approved evacuation scheme is not yet obtained. Designated civil defence cupboards are located in the care centre. There is 3,000 litre of water storage in tanks, adequate food supplies and barbeques for alternative cooking.</p> <p>First aid training scheduled in the training plan, will ensure there is at least one first aider on duty at all times. There are staff already employed with current first aid certificates. There is a call bell system in place in all bedrooms, ensuite, communal areas and all communal toilet/shower areas. Call bells light up outside of the bedroom, in corridor panels and main panel in the nurse's station. Staff wear pagers and a walkie-talkie system is available. Call bells in the serviced apartments, are linked to the care centre call bell system.</p> <p>There are security gates to the village that are locked after hours. Village residents have access and there is a phone at the gates with calls directed to the care centre. CTV is located within the care centre.</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>	<p>FA</p>	<p>The resident rooms in the care centre have at least one window allowing adequate natural light into the room. The dining room and lounges are light with adequate ventilation. Doors from the rest home/hospital lounge open out onto a courtyard. There is ceiling heating throughout the care centre. The lounge has an electric log fire as well as ceiling heating.</p> <p>The apartments have at least one window in the bedroom and without door access from the lounge. There is appropriate heating throughout the apartments. There is adequate ventilation with opening windows and doors.</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>	<p>FA</p>	<p>The infection control company manual outlines a comprehensive range of policies, standards and guidelines, and procedures that meet the infection control standards. There has been infection control specialist input into the development of the company infection control manual. The nurse manager (appointed to commence 10 August 2015) is the infection control coordinator at another Summerset village. Infection control coordinators attend infection control education annually. The service will engage in benchmarking with other Summerset facilities.</p>
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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 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	<p>There is a clinical education manager for Summerset who is a registered nurse with a current practicing certificate. She will facilitate the orientation programme for new staff and support ongoing education and training.</p> <p>The service has started the process of recruiting staff and has employed a number already. The nurse manager has been appointed. The service has five RNs under offer. Five caregivers have been appointed. Staff are required to commence orientation and training prior to opening day. There is a two week orientation already planned that will see all staff ready to work on the first day that residents are admitted. This will include registered nurse cover 24 hours a day.</p>	The service is in the process of recruiting staff (registered nurses and caregivers).	<p>Ensure there is adequate staff, including registered nurses to cover across all shifts.</p> <p>Prior to occupancy</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant,</p>	PA Low	The existing ground floor with the recreational area and café has a current certificate for public use. The building for rest home and hospital residents and 10 serviced	The service has a current CPU for the ground floor. The first floor is in the process of being	Ensure the building code of compliance

and equipment comply with legislation.		apartments is scheduled to be completed 31 August 2015. The new building is purpose built and building is near completion. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment. Residents will be able to bring their own possessions into the home. There are handrails in ensuites and communal areas as necessary. All rooms and communal areas allow for safe use of mobility equipment. Resident rooms are of appropriate size to ensure safety is not compromised	completed and therefore the code of compliance has not been completed.	is obtained. Prior to occupancy
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Low	A trial evacuation, fire safety and civil defence training is included in the first week of the training plan. A fire panel is located in the nurse's station. All staff are required to participate in trial evacuation which is scheduled to be held during orientation.	The evacuation plan is currently in draft and they are awaiting the fire evacuation approval.	Ensure the service has an approved fire evacuation scheme. Prior to occupancy
Criterion 1.4.7.5 An appropriate 'call system' is available to summon assistance when required.	PA Low	The call bell system is available in all resident areas within the care centre and serviced apartments. The supplier is scheduled to provide staff training on the call bell system.	The call bell system is not yet operational in the care centre or serviced apartments.	Ensure the call bell system is operational. Prior to occupancy

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.