

Summerset Care Limited - Summerset at Karaka

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 Karaka

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

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

Proposed changes to current services (if any): New care centre – part of Summerset at Karaka Retirement Village which includes 10 serviced care apartments being assessed for rest home level care on level 1 the ground floor; 39 hospital/rest home rooms on level 1 (all dual purpose). The total number of beds on opening is 49.

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 Karaka is a new retirement village complex. A staged building project has been underway for the past 18 months, which includes retirement villas and facilities, and a nearly completed care centre. The care centre is a two level facility. The ground floor includes the service areas, and 10 serviced care apartments being certified to provide rest home level care. There are 39 (rest home and hospital level) rooms on the 1st floor (all dual purpose) across two wings.

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 will end up with a total of 49 resident beds.

The service has a village manager who has been in the role for the last 14 months with the opening of the village. The village manager has a background in home and community management. A nurse manager, who has many years aged care management experience, supports the village manager.

Summerset group has a well-established organisational structure, which includes a board, chief executive officer, operations managers, clinical/quality manager 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 and equipment requirements 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/orientation and implementation of the new service.

Consumer rights

N/A

Organisational management

Summerset group have in place annual planning and comprehensive policies/procedures to provide rest home and hospital level care. Policies and procedures are developed by senior managers who 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 resource 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 2015 training plan developed to be implemented at Summerset at Karaka.

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 ground floor adjacent to the serviced care apartments. The menu is designed and reviewed by a registered dietitian. Food is to be transported in hotbox food carriers, via a lift to the kitchenette in the care centre. 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 handrails in ensuite and communal bathrooms. There is a lift between the floors that is large enough for mobility equipment including a stretcher. The provider has purchased all necessary furniture and equipment. Fixtures, fittings and 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 a number of activities. Activities are to occur in either 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, civic defence and disasters. General living areas and resident rooms are appropriately heated and ventilated. All rooms have windows.

Restraint minimisation and safe practice

N/A

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	9	0	6	0	0	0
Criteria	0	24	0	11	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 Karaka is a new retirement village complex. A staged building project has been underway for the past 18 months, which includes retirement villas and facilities, and a nearly completed care centre. The care centre is a two level facility. The ground floor includes the service areas, and 10 serviced care apartments being certified to provide rest home level care. There are 39 (rest home and hospital level) rooms on the 1st floor (all dual purpose), across two wings.</p> <p>The service has a village manager who has been in the role for the last 14 months with the opening of the village. The village manager has a background in home and community management. A nurse manager, who has many years aged care management experience, supports the village manager.</p> <p>Summerset group has a well-established organisational structure, which includes a board, chief executive officer, operations managers, national clinical/quality manager 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, financial 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 manager's and nurse 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>	<p>FA</p>	<p>The nurse manager will fulfil the village manager's role during a temporary absence with support from the national clinical education manager and the clinical/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>	<p>PA Low</p>	<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 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 resource policies and procedures, which includes the requirements of skill mix, staffing ratios, and rostering.</p> <p>The nurse manager advised that they are currently in the process of employing registered nurses and caregivers. To date they have employed five registered nurses and 14 caregivers. The majority of caregivers come with a recognised</p>

		<p>aged care certificate.</p> <p>There is a 2015 training plan developed for the organisation, which will be implemented. There are a list of topics that must be completed at least two yearly and this is reported on. 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>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>Human resource policies include documented rationale for determining staffing levels and skill mixes for safe service delivery. 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.</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>Roster sighted for care apartments and care centre. There is one caregiver rostered specifically across the three shifts in the serviced apartments. Other staff includes the village manager, maintenance person, activities staff, and housekeeping.</p> <p>The following have been recently employed: property manager, gardener, weekend receptionist, one housekeeper, activity coordinator (6 hours a day, across five days). The service is currently looking to employ a diversional therapist as numbers increase.</p> <p>The kitchen staff will be provided by the company contracted to provide the food service.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely</p>	PA Low	<p>The nursing manual includes a range of medication policies. The service is planning to use a four weekly pre-packed sachet medication system, with a contract in place from a local pharmacy, for the provision of this service. There is</p>

<p>manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>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 ground floor. Two medication trolleys will be available and a medication fridge. The medication room is not yet secure. 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 are to be completed at orientation.</p> <p>Policies and procedures reflect medication legislation and reference the medicines care guides for residential aged care. Only registered nurses deemed competent, will be responsible for administration of medications. A competency policy and competency assessment is available. Caregivers will also receive education and training and complete competencies as they may be required to check medications. The service is intending to roll out Medi-Map. Training is to be booked around the implementation of Medi-Map.</p> <p>The medication system is to be fully established at Summerset at Karaka.</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 Karaka will be contracted out to the Medirest 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.</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 and a large upright freezer. The menu is designed and reviewed by a registered dietitian. Food is to be transported in hotbox food carriers to the satellite kitchen in the main dining room of the care centre on level one. Meals are to be served to residents from a Bain Marie in the satellite kitchen by Medirest staff. There is a lift near the service area, that will transport food carriers to the first level and dishes back to the kitchen. There is a dining room on the ground floor for rest home residents in serviced apartments. Food will be serviced from a hotbox. The contracted food company is responsible for employing kitchen staff. Crockery, cutlery and resident food equipment has been purchased.</p> <p>All residents are required to have a nutritional profile completed on admission,</p>

		<p>which is provided to the kitchen. 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 Karaka.</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>	PA Low	<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 locked cleaner's cupboard in each level of the care centre. Chemicals will be automatically dispensed in the laundry. The sluices are not 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 are required to complete training regarding the management of waste. Chemical safety training is a component of the compulsory two yearly training and orientation training. All new staff will complete waste management training and PPE at orientation through the employees induction programme (link #1.2.7.4).</p> <p>Gloves, aprons, and goggles have been purchased and to be installed in the two 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>	PA Low	<p>A staged building project has been underway which includes retirement villas and facilities, and care centre. The care centre is a currently a two-level facility which includes service areas and serviced care apartments on the ground floor. Ten serviced apartments have been assessed as suitable to provide rest home level care. On level one, the care centre includes 39 rest home and hospital level care beds (all dual purpose).</p> <p>The service plans to open receiving residents across either level. All resident rooms have windows, call bell system and lighting. Installation of floor coverings and soft furnishing has not yet been completed. The building is near completion</p>

		<p>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 is a large lift between floors. This lift is to be used to transport food trolleys from the kitchen and also to be used by staff, visitors and residents. One lift is sufficient for the current size of the facility. Advised that they have a contract with the installer of the lift to maintain service (including emergency service) when needed. The lift is large enough for mobility equipment including a stretcher. There is a stair well at either end of the building – the stair well situated at the resident room end of level two will not be easily monitored by staff and requires safe accessibility for residents.</p> <p>On level one, there is a nurse’s station, medication/treatment room, doctor’s room and nurse manager’s office.</p> <p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired. The maintenance schedule includes checking of 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. 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>External areas are paved and seating and outdoor furniture is to be provided for residents. There are handrails in ensuite and bathrooms. All rooms and communal areas allow for safe use of mobility equipment. There is adequate space for storage of mobility equipment in each of the two wings on level one. There is adequate equipment for both wings, so equipment such as hoists will not need to be borrowed.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities Consumers are provided with adequate</p>	<p>FA</p>	<p>There are adequate numbers of toilets and showers with access to a hand basin and paper towels. There are 10 care apartments on the ground floor, which each include a bathroom, kitchen and dining/lounge area. On level one care centre</p>

<p>toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		<p>there are 39 rooms, 35 have full ensuite facilities. There are two single rooms on each of the two wings. 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 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 ensuites and communal toilets and bathrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</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 rest home residents in serviced apartments on the ground floor. On level one, there is a kitchenette, large dining area and two large lounge areas. There are other areas available for sitting and resting.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<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. Jaysol have been contracted to provide chemicals for the service. Dirty linen is to be transported to the ground floor via a laundry chute and then moved to the laundry for processing. Linen trolleys have been purchased. Laundry will initially be managed by care staff. 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. Laundry chemicals are within a closed system to the washing machine. Material safety data sheets 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</p>

		have hand-washing facilities.
<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>	PA Low	<p>The site-specific emergency manual for Summerset at Karaka 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 registered nurses will 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 on the ground floor, which will include all necessary civil defence requirements. 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.</p> <p>As the facility has not yet opened and staff are yet to be employed, 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 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 via under floor heating; communal living areas are heated and cooled via ceiling heating/cooling systems. General living areas and resident rooms are appropriately heated and ventilated. 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>	<p>FA</p>	<p>There are comprehensive infection control policies that meet the Infection Control Standard SNZ HB 8134.3.1.2008. There is policies including (but not limited to); a) Infection control coordination, b) hand hygiene, c) surveillance, d) standard precautions, e) additional precautions, 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 is a documented IC responsibility 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>
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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>The nurse manager is booked to complete InterRAI management training in October. All RNs employed will be required to complete InterRAI training as a priority. The service is currently negotiating with a local family medical centre and pharmacy. The village manager advised that the medical centre and pharmacy has plans to build a new centre next door to the facility. A contracted physiotherapist is available through the organisation as needed. A dietitian is available through the contracted food service. A contracted podiatrist has been appointed.</p>	<p>There are currently no registered nurses trained to complete InterRAI assessments. Contracts are not yet formalised with the local medical centre and pharmacy.</p>	<p>Ensure there is at least one qualified staff member available to complete InterRAI assessments on admission and training is booked for all RNs. Ensure contracts are established with the medical centre and pharmacy.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.2.7.4</p>	PA Low	<p>All new staff are required to complete</p>	<p>Orientation for staff is yet to be</p>	<p>Ensure the facility</p>

<p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>		<p>an induction and orientation. The organisation has an induction/orientation programme, which includes packages specifically tailored to the position such as nurse manager, registered nurses, caregivers, activities staff, and housekeeping staff.</p> <p>Human resource management policies are in place for the recruitment of staff including the selection process, including police and reference checking.</p> <p>Staff orientation policy provides guidelines regarding the orientation programme for all new staff and includes general orientation and specific orientation for registered and enrolled nurses. At the end of September, prior to opening, all new staff will complete a week long orientation which will include health and safety, fire safety training, infection control, medication management, use of medical equipment and supplies, incontinent products and manual handling. The registered nurses are scheduled for a week's clinical training as part of their orientation. Competencies such as medication will also be completed at this time.</p> <p>All newly employed caregivers are required to complete competencies as part of the Career Force orientation for caregivers.</p>	<p>provided. The newly employed staff commencing will all receive a one week orientation/training at the facility prior to opening. The all-employee orientation packages will be completed. Onsite specific training (such as fire drill/safety) is to be provided before opening. Registered nurses are to complete an extra week orientation week, specific to their role.</p>	<p>orientation is completed.</p> <p>Prior to occupancy days</p>
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<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>	<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. They are in the process of obtaining 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 medication trolleys for the care apartment residents on the ground floor. Two medication trolleys will be available. The medication room is not yet secure. A medication fridge will be available in the medication room. Medical equipment has been purchased for the new facility.</p>	<p>The medication room is not fully ready for use or secure. A pharmacy contract is in the process of being completed.</p>	<p>Implement a safe transition for the medication system.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	<p>PA Low</p>	<p>All registered nurses and senior caregivers responsible for administering and/or checking medication will complete medication training and competency. This is to be completed at commencement of employment and annually.</p>	<p>Registered nurses will be employed to manage and administer medications. Medication competencies will be completed during induction and annually.</p>	<p>For new staff commencing who will have medication administration responsibilities, ensure all have completed medication competencies.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage,</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 Karaka will</p>	<p>The kitchen is not yet equipped with kitchen equipment. The food service has not yet been commenced.</p>	<p>The kitchen service to be fully established and operational including checking of temperatures, menu planning, delivery and</p>

<p>transportation, delivery, and disposal comply with current legislation, and guidelines.</p>		<p>be contracted out to the Medirest 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 Karaka</p>		<p>storage.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.1.1 Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.</p>	<p>PA Low</p>	<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 locked cleaner's cupboard on each floor. Chemicals will be automatically dispensed in the laundry. The sluices do not have locks to ensure chemicals are safe.</p>	<p>The sluices do not have locks to ensure chemicals are safe.</p>	<p>Ensure all areas where chemicals are stored are secure.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1 All buildings, plant, and equipment comply with</p>	<p>PA Low</p>	<p>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</p>	<p>a) The build including internal fit out is not yet completed and therefore the Certificate of Public Use has not yet been signed off; b) hot water is</p>	<p>a) A Certificate of Public Use must be sighted by DHB/HealthCERT prior to opening; b) provide</p>

legislation.		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.	not yet available, therefore monitoring of safe hot water temperatures has not occurred	evidence that hot water temperatures in resident areas are within the required limits. 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 and pathed areas are completed within the internal courtyard. Areas around the outside of the building are in the process of being completed. There is an outdoor courtyard on the 1st floor that is yet to be completed with furniture and ramped for ease of access.	There is an outdoor courtyard on the 1st floor that is yet to be completed with furniture and ramped for ease of access. External gardens, paths and seating areas required completion.	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 fire safety and emergency procedures.	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 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	As the facility has not yet opened, staff have not completed a fire drill or training around the fire evacuation procedure.	Implement fire drills for all staff at Summerset at Karaka. Prior to occupancy days

		have current first aid certificates. As the facility has not yet opened and staff are yet to be employed, 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 Karaka emergency manual. Fire drills and training are scheduled to take place during orientation week prior to opening. The Fire Evacuation scheme has not yet been approved by the New Zealand Fire Service	The fire evacuation scheme has not yet been approved by the New Zealand Fire Service.	<p>Provide evidence that the NZFS has approved a fire evacuation scheme for Summerset at Karaka care centre.</p> <p>30 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. Call bells are situated in resident rooms, ensuite, dining/lounge rooms in care apartments, in the communal dining and lounge areas of level one and level two. The call bell system is yet to be activated.	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.