

Summerset Care Limited - Summerset Falls

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 Falls

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

Dates of audit: Start date: 17 March 2016 End date: 17 March 2016

Proposed changes to current services (if any): The service is completing a new two-storied wing that is connected to the current facility. The new building contains 36 serviced apartments (LTO), verified as suitable to provide rest home level care.

Total beds occupied across all premises included in the audit on the first day of the audit: 43



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 Falls currently provides rest home and hospital level care for up to 41 residents in the care centre and rest home level care across 10 certified serviced apartments. This partial provisional audit was completed to verify the appropriateness of a newly purpose built two-storied building that includes 36 serviced apartments. All were assessed as suitable to provide rest home level care. The new building is connected to the current building. With the increase in resident rooms the service can provide a total of 41 dual purpose beds in the care centre and a total of 46 rest home beds in the serviced apartments.

The service is currently temporarily managed by a non-clinical Summerset national village manager, while the organisation actively recruits a permanent village manager. The temporary village manager is supported by the Summerset clinical quality manager and currently a nurse manager who has been in the role for one year and has experience managing aged care services.

The audit identified the new wings, draft roster and equipment ordered is appropriate for providing rest home level care.

This audit identified improvements required around; completing the building, interior and landscaping, securing required storage areas, obtaining a certificate for public use and Fire Service approved evacuation plan and servicing of hoists.

Consumer rights

[Click here to enter text](#)

Organisational management

A relief Somerset manager will fulfil the village manager role during absence. There are human resources policies to support recruitment practices. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists. There is an annual education plan that is outlined on the 'clinical audit, training and compliance calendar'. This includes all required education as part of these standards. There is a safe staffing policy and safe staffing procedure, which describes staffing and is based on benchmarking information. Existing staff will increase hours to staff the new wing.

Continuum of service delivery

The service medication management system follows recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care 2011. There is one locked medication room for the upstairs hospital/rest home. The treatment room in the new building will service the new serviced apartments. The service will continue to implement an electronic medication system.

There is a large kitchen and all food is cooked on site by external contractors. The upstairs dining area has a kitchenette. The dining area is large enough for the increase in residents and mobility equipment.

Safe and appropriate environment

Documented processes for the management of waste and hazardous substances are in place. Material Safety Data sheets are available. The new wings are not yet fully completed. Planned and reactive maintenance systems are in place and maintenance requests are generated. There is a lift between the ground floor and the first floor. Equipment has been purchased for the new wings. The facility is spacious and includes sitting areas for residents. Resident rooms and bathrooms are large enough for mobility equipment. There are separate bathrooms in all serviced apartments. There are communal toilets near the lounge areas. There is a communal lounge and dining area in the new building. There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. The laundry is designed to demonstrate a dirty to clean flow. Appropriate training, information and equipment for responding to emergencies are provided. Fire evacuations are held six monthly. There is a civil defence and emergency plan in place. The call bell system is installed in all areas with indicator panels in each area. There is staff on 24/7 with a current first aid certificate.

Restraint minimisation and safe practice

[Click here to enter text](#)

Infection prevention and control

The infection control (IC) programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The responsibility for infection prevention control is clearly defined and there are lines of accountability for infection prevention control matters in the organisation leading to the leadership team, executive team and the board. The programme is reviewed annually. The facility has access to professional advice from the GP team and from within the organisation. There is a process for early consultation and feedback to the infection prevention and control team. Infection surveillance forms are being implemented in line with company policy. There are guidelines and staff health policies for staff to follow ensuring prevention

of the spread of infection. Infection control matters are included in the monthly quality meeting and also discussed at both the RN and staff meetings

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	4	0	0	0
Criteria	0	29	0	5	1	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 Falls currently provides rest home and hospital level care for up to 41 residents in the care centre and rest home level care across 10 certified serviced apartments. As part of the staged development a further two-storied wing has been built that contains 36 serviced apartments, all were assessed as part of this partial provisional audit as suitable to provide rest home level care. The new wings are connected to the current building via an access corridor/bridge (link 1.4.2.1). With the increase in resident rooms the service can provide a total of 41 dual purpose beds in the care centre and a total of 46 rest home beds in the serviced apartments.</p> <p>There is a current risk management plan, a pandemic health plan and a current business plan. These plans include the development of the new building and the plans around increasing occupancy in these, including staffing requirements around this. The business plan for Summerset Falls includes business goals.</p> <p>The village manager position was recently vacated and the service is currently managed by a non-clinical Summerset National village manager while the service recruits a new village manager. The village manager is supported by the Summerset clinical quality manager and a nurse manager with management</p>

		<p>experience.</p> <p>The nurse manager has maintained at least eight hours annually of professional development activities related to managing a hospital.</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>Advised that a relief Summerset manager will fulfil the village manager role during absence (as was occurring at the time of the audit). If the nurse manager is on leave, a senior registered nurse is nominated to provide senior [clinical] cover or a relief Summerset nurse manager provides cover.</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>There are human resources policies to support recruitment practices. A list of practising certificates is maintained. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists. There is an annual education plan that is outlined on the 'clinical audit, training and compliance calendar'. This includes all required education as part of these standards. The plan is being implemented. A competency programme is in place with different requirements according to work type (e.g. caregiver, registered nurse, and kitchen). Core competencies are completed and a record of completion is maintained on staff files, as well as being scanned into 'sway' (sighted). Summerset employs a clinical education manager who is a registered nurse with a current practising certificate. She facilitates the orientation programme for new staff and supports the on-going education programme. There is a first aider on each shift.</p> <p>The new serviced apartment building will initially be staffed by staff currently employed at the service. Three caregivers, one registered nurse and an activities officer staff files were sampled (for staff that will cover the new wings) and all demonstrated appropriate employment practices and completion of orientation, ongoing training and competencies related to the role. The service has instigated a new performance management process and all staff files sampled had documented goals for the 2016 year, developed with the clinical manager, as part of this process.</p> <p>The book club is an initiative introduced as a means of alternative learning. Books are chosen by topic, the staff are surveyed prior to reading the book to</p>

		assess their knowledge on the specific topic.
<p>Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a safe staffing policy and safe staffing procedure, which describes staffing and is based on benchmarking information. The service will staff the new serviced apartment building with one staff member, 24 hours per day, from the admission of the first rest home level resident. There are clear guidelines for increase in staffing depending on acuity of residents. There is 24 hour RN cover in the facility which includes at least one RN each shift. A nurse manager is also rostered on a morning shift. The roster considers the building design and there is a nurses' station at each level of the new wing.</p>
<p>Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Low	<p>The service medication management system follows recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care 2011. There is currently one locked medication room for the hospital/rest home. A new treatment room will service the new wings but is not yet secured.</p> <p>The facility uses an electronic medication recording system and two weekly supplied robotic sachets for regular and prn medication, delivered by the supplying pharmacy. Medications are checked against the signing sheets on arrival at the facility. Any discrepancies are fed back to the pharmacy.</p> <p>All medications are kept in a locked trolley in the treatment room (once this is secured). The medication fridge temperature is recorded daily. A stock of hospital medications is kept in the rest home/hospital medication room. Standing orders are current. Locked drawers are available for those that choose to self-medicate.</p> <p>All RNs that administer medication are competent and have received medication management training. Senior caregivers co-sign for controlled drugs only and have received medication management training and have current competencies. This is an improvement since previous audit.</p> <p>Ten resident medication charts sampled included photographs and allergy status. The prescribing of regular and prn medications meets legislative requirements.</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>FA</p>	<p>There is a large kitchen and all food is cooked on site by external contractors. There is a comprehensive kitchen manual in place. There is a qualified chef on duty Monday to Friday and a weekend cook. They are supported by a morning and afternoon catering assistant. There is an eight week seasonal menu in place. The company dietitian last reviewed the menu September 2015. The chef receives a dietary profile for each resident with dietary requirements, special diets, food allergies, likes and dislikes. Alternatives are offered. The chef is notified of any dietary changes for the residents. Food is transported in hotboxes to the dining room where it is served from a bain marie. The new dining area has a kitchenette. The new dining area is large enough for residents and mobility equipment. Special diets are plated and labelled. The fridge and freezer have visual temperatures which are recorded daily. The facility fridges temperatures are monitored (records sighted). Temperature of food on delivery is recorded.</p> <p>Feedback on the service and meals is by direct verbal feedback, residents comment book in the dining room (checked daily) and customer services.</p> <p>There is a dining area for rest home residents in serviced apartments.</p> <p>Staff working in the kitchen have food handling certificates and receive on-going training.</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>FA</p>	<p>Documented processes for the management of waste and hazardous substances are in place. Material Safety Data sheets are available. Designated cleaners cupboards are not yet locked (link 1.4.6.3). There is protective clothing and equipment that is appropriate to the recognized risks associated with the waste or hazardous substance being handled, for example: goggles/visors, gloves, aprons, footwear and masks. Hazardous substances are correctly labelled. There is a sluice room with sanitizer on each floor of the new building.</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>The new wings and external areas are not yet fully completed. A certificate of public use has not yet been issued and hot water has not yet been turned on and monitored. Planned and reactive maintenance systems are in place and maintenance requests are generated through the on-line system using the Sway programme. There is a lift between the ground floor and the first floor. Equipment has been purchased for the new wing. The maintenance person for</p>

		Summerset Falls care centre and village is employed full-time and is available on call. A monthly maintenance schedule is generated on-line from head office and the maintenance person provides a monthly report. One of two hoists has been serviced in the past year. Preferred contractors are available 24/7. There is adequate and safe storage of medical equipment. Corridors are wide enough to allow residents to pass each other safely with access to communal areas and outdoor areas.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities 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.	FA	There are large, easy access bathrooms in all the serviced apartments. There are communal toilets near the lounge area. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. Communal toilet facilities have a system that indicates if it is engaged or vacant.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	All rooms are spacious with ensuites. There is adequate room to safely manoeuvre mobility aids. The doors are wide enough for ambulance access and the lift is large enough for ambulance trolleys. Residents and families are encouraged to personalise their apartments which are furnished by the resident.
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.	FA	There is a communal lounge and dining room in the new building for serviced apartment residents.
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.	PA Low	There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. The laundry is designed to demonstrate a dirty to clean flow. All laundry is completed onsite. There are covered linen trolleys available to be used by the caregivers. There are dedicated cleaners currently. Staff were observed wearing protective clothing while carrying out their duties. Cleaning trolleys are to be kept in designated cupboards that have not yet been secured.

<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>Appropriate training, information and equipment for responding to emergencies are provided. There is not yet an approved evacuation plan. Fire evacuations are held six monthly. Civil defence and emergency training was provided in 2015. There are staff at the facility 24/7 with a current first aid certificate. Two of the caregivers to be working in the new building having first aid certificates and the other two are booked to attend prior to the opening. There is a civil defence and emergency plan in place. The facility is well prepared for civil emergencies and has emergency lighting, a store of emergency water and a gas BBQ for alternative heating and cooking. Emergency food supplies sufficient for three days are kept in the kitchen. There is a store cupboard of supplies necessary to manage a pandemic. The call bell system is available in all areas with indicator panels in each area. However, this was not yet connected. There are emergency management plans in place to ensure health, civil defence and other emergencies.</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>All rooms have large external windows with ample natural light. Rooms on the ground floor have a door that opens to the outside area. Heating is mix of panel heating and ceiling heating. There are also provision for residents to have heat pumps and air conditioning installed in the new wings.</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 (IC) programme and its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The responsibility for infection prevention control is clearly defined and there are lines of accountability for infection prevention control matters in the organisation leading to the leadership team, executive team and the board. The programme is reviewed annually. The facility has access to professional advice from the GP team and from within the organisation. There is a process for early consultation and feedback to the infection prevention and control team. Infection surveillance forms are being implemented in line with company policy. There are guidelines and staff health policies for staff to follow ensuring prevention of the spread of infection. Infection control matters are included in the monthly quality meeting and also discussed at both the RN and staff meetings.</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 new serviced apartment building has a designated treatment room where medication will be stored. This room is not yet secure. The nurse manager reports that medications may initially be administered from the treatment room in the existing building if there are very few residents at rest home level care. Only registered nurses administer medication.</p>	<p>The treatment room in the new building is not yet secure.</p>	<p>Ensure the treatment room in the new building is secured prior to it being commissioned.</p> <p>90 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The building containing the new serviced apartments is due for handover in May 2016. Carpets and window furnishings and painting are currently being completed. Handrails have been installed in some bathrooms. Outdoor areas are planned but not landscaped. There is a river along the boundary of the grounds that runs behind the</p>	<p>(i) The building is not yet completed so painting, floor and window coverings and installation of handrails has not yet occurred in all areas.</p> <p>(ii) Hot water has not</p>	<p>(i) Ensure the building is completed and the interior finished including installation of handrails.</p> <p>(ii) Ensure hot water is turned on and the temperature monitored to ensure it is within the safe</p>

		new building. A sky bridge is currently being built to connect the new building to the existing building. Hot water is installed but not yet turned on. One of the two hoists was serviced in the past year when a fault was repaired.	yet been turned on so temperature requirements have not been tested. (iii) A certificate for public use has not yet been issued. (iv) One of two hoists has not been serviced in the past year.	range. (iii) Provide evidence of a certificate of public use. (iv) Ensure all hoists are serviced annually. Prior to occupancy days
Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.	PA Moderate	The plan for the finished complex includes landscaped areas around the new building. The temporary village manager reported that plans include fencing the creek that runs behind the new building near the egress from the communal lounge to ensure the safety of rest home level residents.	Ensure safe external areas are completed and that this includes provision to minimise the risk posed by the creek behind the new building.	Ensure safe external areas are completed and that this includes provision to minimise the risk posed by the creek behind the new building. Prior to occupancy days
Criterion 1.4.6.3 Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.	PA Low	There is a designated cleaning cupboard on the ground floor of the new building where all chemicals will be stored. This cupboard has not yet been secured.	The cleaning cupboard is not yet locked.	Ensure chemicals are stored safely. Prior to occupancy days
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Low	There was a New Zealand Fire Service approved evacuation scheme for the existing building but the scheme for the new building had not yet been approved.	The New Zealand Fire Service had not yet approved the evacuation scheme that includes the new building.	Provide evidence of a New Zealand Fire Service approved evacuation scheme.

				Prior to occupancy days
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p>	PA Low	<p>Call bells are installed in the lounge and bedroom and two call bells are available in the bathroom (one near the toilet and one near the shower). The call bells activate to a central panel. Call bell pendants are available. The call bell system had not yet been activated.</p>	<p>The call bell system in the new building was not yet operational.</p>	<p>Ensure all call bells are operational.</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.