

Summerset Care Limited - Summerset at Aotea

Introduction

This report records the results of a Certification 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 Aotea

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 16 June 2016 End date: 17 June 2016

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 20

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.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Summerset at Aotea provides rest home level care for up to 46 residents living in apartments within a village complex. On the day of the audit, there were 20 rest home residents. An experienced non-clinical village manager and an experienced clinical nurse leader manage the service. The residents and relatives interviewed spoke positively about the care and support provided.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff and a general practitioner.

There were no areas for improvement identified in this certification audit. The service has been awarded continuous improvement ratings for meals and meaningful activities.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Summerset at Aotea provides care in a way that focuses on the individual resident. There is a Māori health plan and cultural safety policy supporting practice. Cultural assessment is undertaken on admission and during the review process. The service functions in a way that complies with the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and related services is readily available to residents and families. Policies are available that support residents' rights. Care plans accommodate the choices of residents and/or their family. Complaints processes are being implemented and complaints and concerns are managed and documented. Residents and family interviewed verified ongoing involvement with the community.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Summerset at Aotea has a well-embedded quality and risk management system that supports the provision of clinical care. Key components of the quality management system link to a number of meetings including monthly quality improvement meetings. Annual surveys and monthly resident meetings provide residents and families with an opportunity for feedback about the service. Quality performance is reported to staff at meetings and includes discussion about incidents, infections and internal audit results. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an in-service training programme covering relevant aspects of care. Staffing levels and skills mix policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.

All standards applicable to this service fully attained with some standards exceeded.

The service has assessment processes and residents needs are assessed prior to entry. There is a well-developed information pack available for residents and families/whānau at entry. The clinical nurse leader and registered nurses completed assessments, InterRAI assessments, resident centred care plans, interventions and evaluations within the required timeframes. Risk assessment tools and monitoring forms were available and implemented. Resident-centred care plans were individualised and reflected the resident's current needs and supports.

A recreational therapist for the rest home and village coordinates and implements an integrated activity programme. The activities meet the individual recreational needs and preferences of the consumer groups. There are outings into the community and visiting entertainers.

There are medicine management policies in place that meets legislative requirements. Staff responsible for the administration of medications complete annual medication competencies and education. The general practitioner reviews the medication charts three monthly.

The food service is contracted to an external company. Resident's individual dietary needs were identified and accommodated. Staff have attended food safety and hygiene training. Residents commented positively on the meals provided.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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There were documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals were stored safely throughout the facility. The building has a current warrant of fitness. Resident apartments are spacious and personalised. All communal areas within the facility are spacious and accessible. The outdoor areas are safe and easily accessible and seating and shade is provided. The service has implemented policies and procedures for civil defence and other emergencies and six monthly fire drills are conducted. There is one person on duty at all times with a current first aid certificate. Housekeeping/laundry staff maintain a clean and tidy environment. Laundry and linen for rest home residents are laundered on-site. There is plenty of natural light in all rooms and the environment comfortable with adequate ventilation and heating.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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A restraint policy includes comprehensive restraint procedures. A documented definition of restraint and enablers aligns with the definition in the standards. There are currently no residents with enablers or on restraint. Staff are trained in restraint minimisation and managing behaviours that challenge.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

The infection control programme is appropriate for the size and complexity of the service. The infection control officer (RN/clinical nurse leader) is responsible for coordinating and providing education and training for staff. The infection control officer has attended external training. The infection control manual outlined the scope of the programme and included a comprehensive range of policies and guidelines. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This included audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Somerset facilities.

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	2	43	0	0	0	0	0
Criteria	2	91	0	0	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Discussions with six staff (two caregivers, one clinical nurse leader (CNL), one chef manager, one housekeeper and one recreational therapist) confirmed their familiarity with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Five residents and three relatives were interviewed and confirmed the services being provided are in line with the Code. Observation during the audit confirmed this in practice.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Informed consent processes were discussed with residents and families on admission. Written general and specific consents were evident in the five resident files (four rest home level and one respite resident) reviewed. Caregivers and the clinical nurse leader interviewed confirm consent is obtained when delivering cares. Resuscitation orders had been appropriately signed by the resident and general practitioner. The service acknowledges the resident is for resuscitation in the absence of a signed directive by the resident.</p> <p>Discussion with family members identifies that the service actively involves them in decisions that affect their relative's lives. Five admission agreements sighted were signed.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Residents are provided with a copy of the Code on entry to the service. Residents interviewed confirmed they are aware of their right to access independent advocacy services and advocacy pamphlets are available at reception. Discussions with relatives confirmed the service provided opportunities for the family/enduring power of attorney (EPOA) to be involved in decisions. The resident files include information on residents' family/whānau and chosen social networks.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents and relatives interviewed confirmed open visiting. Visitors were observed coming and going during the audit. Activities programmes include opportunities to attend events outside of the facility, for example, shopping and attending cafes and restaurants. Interviews with staff, residents and relatives, informed that there is support and encouragement for residents to remain involved in the community and external groups. Relatives and friends are encouraged to be involved with the service and care.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The organisational complaints policy states that the village manager has overall responsibility for ensuring all complaints (verbal or written), are fully documented and investigated. A complaints register included relevant information regarding the complaint. There was only one complaint recorded in the register from January 2015 to date. The complaint reviewed noted acknowledgement, investigation, time lines, corrective action and resolution. Discussion around complaints is a standing agenda item for the various facility meetings. A complaints procedure is provided to residents within the information pack at entry. Feedback forms are available for residents/relatives in the facility.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The service provides information to residents that include the Code, complaints and advocacy. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents and relatives interviewed identified they are well informed about the Code of Rights. Regular resident meetings provide the opportunity to raise concerns. An annual residents/relatives survey is completed. Advocacy and Code of Rights information is included in the information pack and is available at reception.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p>	FA	<p>Staff interviewed, were able to describe the procedures for maintaining confidentiality of resident records, residents' privacy and dignity. Staff sign house rules and a code of conduct at commencement of employment. Contact details of spiritual/religious advisors are available. Resident files include cultural and spiritual values. Residents and relatives interviewed reported that residents</p>

Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.		are able to choose to engage in activities and access community resources. There is an elder abuse and neglect policy and training has been provided for staff.
Standard 1.1.4: Recognition Of Māori Values And Beliefs Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.	FA	Summerset has a Māori health plan that includes a description of how they achieve the requirements set out in the contract. There are supporting policies that provide recognition of Māori values and beliefs and identify culturally safe practices for Māori. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged. Links are established with disability and other community representative groups as requested by the resident/family. Cultural needs are addressed in the care plan. Staff interviewed, were able to describe how they can ensure they meet the cultural needs of residents identifying as Māori.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	An initial care-planning meeting is carried out where the resident and/or whānau as appropriate/able are invited to be involved. Individual beliefs or values are further discussed and incorporated into the care plan. Six monthly multi-disciplinary team meetings occur to assess if needs are being met. Family are invited to attend. Discussion with relatives confirms values and beliefs are considered. Residents interviewed confirm that staff take into account their culture and values.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	Staff job descriptions include responsibilities and staff sign a copy on employment. The quality improvement (full facility) meetings occur monthly and include discussions on professional boundaries and concerns as they arise. Management provide guidelines and mentoring for specific situations. Interviews with the village manager, clinical nurse leader and caregivers confirmed an awareness of professional boundaries. Training has been provided.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	Residents and relatives interviewed spoke very positively about the care and support provided. Staff have a sound understanding of the principles of aged care and state that they feel supported by the village manager and clinical nurse leader. All Summerset facilities have a master copy of policies, which have been developed in line with current accepted best practice and are reviewed regularly. The content of policy and procedures are sufficiently detailed to allow effective implementation by staff. A quality improvement programme includes performance monitoring against clinical indicators and benchmarking against like services within the group is undertaken.

		<p>There is a culture of ongoing staff development with an in-service programme being implemented. There is evidence of education being supported outside of the training plan. Services are provided at Summerset that adheres to the Health & Disability Services standards. There are implemented competencies for caregivers and registered nurses (RN) including but not limited to, insulin administration, medication, wound care and manual handling. RNs have access to external training.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents and family members stated they were welcomed on entry and given time and explanation about services and procedures. Family members interviewed also stated they are informed of changes in the resident's health status and of incidents/accidents. Resident/relative meetings are held every four months with an advocate from Age Concern present. The village manager and the clinical nurse leader have an open door policy. The service produces a newsletter for residents and relatives. The service has policies and procedures available for access to interpreter services for residents (and their family/whānau). If residents or family/whānau have difficulty with written or spoken English, the interpreter services are made available.</p>
<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>	FA	<p>Summerset at Aotea provides care for up to 46 residents at rest home level care in a serviced apartment complex. On the day of audit there were 20 residents receiving rest home level care (including one resident on respite). All permanent residents were under the ARC contract.</p> <p>Summerset Group Limited Board of Directors have overall financial and governance responsibility and there is a company strategic business plan in place. Summerset at Aotea has a site-specific business plan and goals that has been developed in consultation with the village manager, clinical nurse leader and regional operations manager. The Summerset at Aotea quality plan is reviewed regularly throughout the year. A full evaluation has been conducted for 2015.</p> <p>A non-clinical village manager who has been in the position since June 2014, manages the service. She has been with Summerset over nine years in an administrative role. The clinical nurse leader, who is a registered nurse with five years of experience in aged care, supports the village manager. She has been in the role for one year and eight months. A regional operations manager and a clinical education manager based at the head office also provide support. Village managers and clinical nurse managers attend annual organisational forums and regional forums over two days.</p> <p>The village manager has maintained at least eight hours annually of professional development activities related to managing a rest home.</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>During a temporary absence, the clinical nurse leader will cover the village manager's role. The regional operations manager and the clinical education manager provide oversight and support.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Summerset at Aotea is implementing the organisation's quality and risk management system. There are policies and procedures being implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. Policies are reviewed on a regular basis. The content of policy and procedures are detailed to allow effective implementation by staff.</p> <p>The Summerset group has a 'clinical audit, training and compliance' calendar. The calendar schedules the training and audit requirements for each month and the clinical nurse leader completes a 'best practice' sheet confirming completion of requirements. The best practice sheet reports (but not limited to) meetings held, induction/orientation, audits, competencies and projects. This is forwarded to head office as part of the ongoing monitoring programme.</p> <p>There is a meeting schedule including monthly quality improvement (full facility) meetings that includes discussion about clinical indicators (eg, incident trends, infection rates). Health and safety, infection control and restraint meetings occur three monthly. There are other facility meetings held, such as kitchen and activities. The service is implementing an internal audit programme that includes aspects of clinical care. Issues arising from internal audits are developed into corrective action plans. Monthly and annual analysis of results is completed and provided across the organisation. An annual residents/relatives survey completed (August 2015) reports overall 93% feedback of experience being good or very good.</p> <p>There are monthly accident/incident benchmarking reports completed by the clinical nurse leader that break down the data collected across the rest home and staff incidents/accidents. Infection control is also included as part of benchmarking across the organisation. Health and safety internal audits are completed. Summersets clinical education manager analyses data collected via the monthly reports and corrective actions are required based on benchmarking outcomes. Summerset has a data tool 'Sway - the Summerset Way'. Sway is integrated and accommodates the data that is entered. There is a health and safety, and risk management programme in place including policies to guide practice. Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. Summerset at Aotea</p>

		also provides new residents with two pairs of non-slip socks in the residents welcome pack.
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Incident and accident data has been collected and analysed. Discussions with the service confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. Twelve resident related incident reports for May and June 2016 were reviewed (eight falls, three skin tears and one other category). All reports and corresponding resident files reviewed evidence that appropriate clinical care has been provided following an incident. The incident reporting policy includes definitions and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. Data is linked to the organisation's benchmarking programme and is used for comparative purposes. A section 31 incident notification form (police investigation) was completed in June 2016 (sighted). The matter referred to the police has been resolved.</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. Six staff files (one clinical nurse leader, one RN, one recreational therapist, one housekeeper, one gardener/health and safety officer and one caregiver) were reviewed and all had relevant documentation relating to employment. Performance appraisals had been completed annually. 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 (sighted in files of newly appointed staff). Staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service.</p> <p>There is an annual education plan that is outlined on the 'clinical audit, training and compliance calendar'. The plan is being implemented. A competency programme is in place with different requirements according to work type (eg, caregivers, registered nurse and kitchen). Core competencies are completed and a record of completion is maintained on staff files and well as being scanned into 'Sway'. Staff interviewed were aware of the requirement to complete competency training. Caregivers complete an aged care programme.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or</p>	FA	<p>The village manager and clinical nurse leader (CNL) each work 40 hours per week (Monday to Friday) and are available on call for any emergency issues or clinical support. There are three caregivers on morning shifts, three on the afternoon shifts and two on night shifts. A staff availability list ensures that staff sickness and vacant shifts are covered. Caregivers interviewed confirmed that staff are replaced. Staffing levels and skills mix policy is the documented rationale for determining</p>

experienced service providers.		staffing levels and skill mixes for safe service delivery. Residents and family interviewed also advised that there were sufficient staff rostered on.
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access. Progress notes were dated, timed and signed with the designation of the writer. Care plans and notes were legible and signed, and dated by a registered nurse including designation. Individual resident files demonstrate service integration. An allied health section contained general practitioner notes and the notes of allied health professionals and specialists involved in the care of the resident.
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>All residents have a needs assessment completed prior to entry that identifies the level of care required. The clinical nurse leader (CNL) screens all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident.</p> <p>Residents and relatives interviewed stated that they received sufficient information on admission and there was discussion regarding the admission agreement. The admission agreement reviewed aligns with a) - k) of the ARC contract.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	An exit discharge and transfer policy describes guidelines for death, discharge, transfer, documentation and follow-up. All relevant information is documented and communicated to the receiving health provider or service. Follow-up occurs to check that the resident is settled or, in the case of death, communication with the family is made.
<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	There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care 2011. The CNL, RN and senior caregivers are responsible for the administration of medications for rest home residents. Staff complete competencies for the checking and witnessing of medications as required. Medication competencies and education have been completed annually. All medications were checked on delivery with any discrepancies fed back to the supplying pharmacy. There was one self-medicating rest home resident with a self-medication

		<p>competency and monitoring in place. All medications were stored correctly.</p> <p>Ten resident medication charts and corresponding medication administration sheets were reviewed. The medication charts had photograph identification and allergy status recorded. Staff recorded the time and date of 'as required' medications. All 'as required' medications had an indication for use. All medication charts reviewed identified that the GP had reviewed the medication chart three monthly.</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>	CI	<p>An external food service company is contracted for the provision of meals on-site, and to the village café. The kitchen and main dining area is located on the second level. There is an eight-week rotating menu, which has been approved by the organisational dietitian. Resident likes/dislikes and preferences are known and accommodated with alternative meal options. The chef manager provides 'fine dining' and a chef's choice based on suggestions from residents. Special texture-modified meals, fortified foods, protein drinks and diabetic desserts are provided. Kitchen staff receive a dietary profile for each resident. The qualified chef manager (interviewed) is notified of any changes to resident's dietary requirements/preferences.</p> <p>The fridge, freezer and end cooked food temperatures are recorded twice daily. All foods are stored correctly and date labelled. Cleaning schedules are maintained. Chemicals are stored safely within the kitchen. Staff were observed wearing correct personal protective clothing. The chemical provider completes a monthly functional test on the dishwasher.</p> <p>Staff working in the kitchen have food handling certificates and chemical safety training.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The reason for declining service entry to potential residents should this occur, is communicated to the potential resident or family/whanau and they are referred to the original referral agent for further information. The reason for declining entry would be if there were no apartments available.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely</p>	FA	<p>The initial assessment and clinical risk assessments are developed with information received on admission, including discussion with the resident and relatives. Clinical risk assessments are completed on admission where applicable and reviewed six monthly as part of the InterRAI assessment. Outcomes of assessment tools are used to identify the needs, supports and interventions required to meet resident goals. The InterRAI assessment tool has been utilised for all</p>

manner.		residents.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Resident centred care plans describe the individual support and interventions required to meet the resident goals. The care plans reflect the outcomes of the InterRAI assessment and the additional risk assessment tools. Care plans demonstrate service integration and include input from allied health practitioners. The respite care resident has an initial assessment and initial support plan in place.</p> <p>Short-term care plans were in use for changes in health status. These are evaluated regularly and either resolved or if an ongoing problem added to the long-term care plan. There is documented evidence of resident/family involvement in the care planning process. Residents/relatives interviewed confirmed they participate in the care planning process.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>The RN initiates a review and if required, a GP or nurse specialist consultation when a resident's condition changes. Relatives interviewed state their relative's needs are met and they are kept informed of any health changes. There was documented evidence in the resident files of family notification of any changes to health, including infections, accidents/incidents, and medication changes. Residents interviewed state their needs are being met.</p> <p>Adequate dressing supplies were sighted. Initial wound assessments with ongoing wound evaluations and treatment plans were in place for two residents with wounds, and one resident with a chronic ulcer. Wounds are re-assessed at least monthly. Evaluation comments were documented at each dressing change to monitor the healing progress. The CNL confirmed there was a wound nurse specialist involved in the management of the chronic wound.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed.</p> <p>There are a number of monitoring forms and charts available for use including (but not limited to) pain monitoring, blood sugar levels, weight, wound evaluations, food and fluid intake.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a</p>	CI	<p>The service employs a recreational therapist (in DT training) for the rest home and apartment residents and a recreational therapist for the village. The activity team attends Summerset training sessions and the regional DT group. Both activity persons have current first aid certificates. The rest home resident programme is planned a month in advance and includes set activities, with the</p>

<p>consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>flexibility to add other activities of interest or suggestions made by residents. Activities meet the recreational needs of the residents, ensuring all residents have the opportunity for outings, shopping, and attending community groups/events including concerts, functions and lunches. Community visitors include monthly entertainers. There are meaningful activities that are integrated with rest home and village residents.</p> <p>Residents are encouraged to maintain their former community links. Church services are held. The service has a van for the outings.</p> <p>Resident meetings provide an opportunity for residents to feedback on the programme. The recreational therapist is involved in the multidisciplinary review, which includes the review of the activity plan.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>There is evidence of resident and family involvement in the review of resident centred care plans. The registered nurses evaluated all initial care plans of the permanent residents within three weeks of admission. Written evaluations were completed six monthly or earlier for resident health changes. There is evidence of multidisciplinary (MDT) team involvement in the reviews, including input from the GP and any allied health professionals involved in the resident's care. Families are invited to attend the MDT review and they are asked for input if they are unable to attend. The RN has evaluated short-term care plans (sighted). The GP completes three monthly reviews.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Referral to other health and disability services is evident in the sample group of resident files. The service facilitates access to other medical and non-medical services. The service recently initiated the use of a 'GO' bag, which is a ready packed bag with personal items and resident information. The initiative aims to prevent delays in transferring residents to hospital information and to have belongings readily available. This initiative has not been in place for sufficient time to evaluate for this audit. Referral documentation is maintained on resident files. The service provided examples of where a resident's condition had changed and the resident was reassessed for a higher level of care.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste,</p>	<p>FA</p>	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets were readily accessible for staff. Chemicals were stored safely throughout the facility. Personal protective clothing was available for staff and seen to be worn by staff when carrying out their duties on the day of audit. Relevant staff have completed chemical safety training.</p>

infectious or hazardous substances, generated during service delivery.		
<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>	FA	<p>The building has a current building warrant of fitness that expires on 12 October 2016. The building has three levels, with rest home residents located on the second and third levels. There is stair and lift access. A property manager oversees the village and care apartments.</p> <p>Planned and reactive maintenance systems are in place and maintenance requests are generated through the Sway (Summerset way) on-line system (property services requests). All electrical equipment has been tested and tagged. Clinical equipment has had functional checks/calibration annually. Hot water temperatures have been tested and recorded monthly, with readings between 42-45 degrees Celsius. Preferred contractors for essential services are available 24/7.</p> <p>Corridors are of sufficient width in all areas to allow residents to pass each other safely. There is safe access to all communal areas and outdoor areas. Outdoor areas provide seating and shade. External areas are well maintained. Environmental improvements include new dining chairs and outdoor furniture.</p> <p>The caregivers and CNL (interviewed) state they have all the equipment required to safely provide the care documented in the care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>All rooms are single and have full ensuites of an appropriate design to meet the needs of the residents. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. There are adequate numbers of communal toilets located near the communal areas. Communal toilet/shower facilities have a system that indicates if it is engaged or vacant.</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>There is adequate room to manoeuvre mobility aids and transferring equipment safely, such as a hoist, if required in the event of a fall. The doors are wide enough for ambulance trolley access. Residents and families are encouraged to personalise their units as viewed on the day of audit.</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>Communal areas within the facility include a large main lounge and dining room on level two where most activities take place. There are spacious communal areas on the first floor with outdoor areas including a bowling green. There are seating alcoves within the facility. The communal areas are easily accessible for residents.</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>	FA	<p>There are policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All linen and personal clothing is laundered on-site. The caregivers undertake cleaning/laundry for rest home level of care residents each day. There is a small domestic laundry should residents wish to launder their personal clothing.</p> <p>The laundry facility is well equipped and all machinery has been serviced regularly. There is a sluice area in the laundry with personal protective equipment available. The laundry has defined clean/dirty areas and an entry and exit door with adequate ventilation.</p> <p>Cleaning trolleys sighted were well-equipped and kept in designated locked cupboards when not in use. Internal audits monitor the effectiveness of laundry and cleaning processes.</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>	FA	<p>There are emergency and civil defence plans to guide staff in managing emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-service programme. There is a first aid trained staff member on every shift. Summerset at Aotea has an approved fire evacuation plan and fire drills are six monthly. Smoke alarms, sprinkler system and exit signs are in place. The service has alternative cooking and facilities (three BBQs and gas heating) available in the event of a power failure. There are two civil defence kits in the facility and stored water. Call bells were evident in residents' rooms, lounge areas and toilets/bathrooms. The facility is secured at night.</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</p>	FA	<p>Visual inspection evidences that the residents have adequate natural light in the bedrooms and communal rooms, safe ventilation, and an environment maintained at a safe and comfortable temperature.</p>

comfortable temperature.		
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control programme is appropriate for the size and complexity of the service. An infection control responsibility policy includes responsibilities for the infection control officer. The infection control officer (clinical nurse leader) has a signed job description. The infection control programme is linked into the quality management system and it is reviewed annually at head office, in consultation with infection control officers. The facility meetings include a discussion of infection control matters. At each infection control committee meeting, infection control goals are reviewed and discussed.</p> <p>Visitors are asked not to visit if they are unwell. Influenza vaccines are offered to residents and staff. Hand sanitisers are available throughout the facility</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control officer attends an annual Summerset training day for infection control officers and external training offered at the DHB infection control meetings.</p> <p>Infection-control committee meetings include caregivers on duty. The infection control committee meets quarterly and infection events are forwarded to head office for benchmarking.</p> <p>The facility has access to an infection control nurse specialist at the DHB, external infection control consultant, public health, laboratory, GPs and expertise within the organisation.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>There are comprehensive infection control policies that are current and reflected the Infection Control Standard SNZ HB 8134:2008, legislation and good practice. These are across the Summerset organisation and were reviewed last in September 2015. The infection control policies link to other documentation and cross reference where appropriate.</p>

<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control officer is responsible for coordinating and providing education and training to staff. The induction package includes specific training around hand washing competencies and standard precautions. Ongoing training occurs annually as part of the training calendar set at head office.</p> <p>Resident education occurs as part of providing daily cares. Care plans can include ways to assist staff in ensuring this occurs.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The infection control policy includes a surveillance policy including a surveillance procedure, process for detection of infection, infections under surveillance, outbreaks and quality and risk management. Infection events are collected monthly and entered onto the SWAY electronic system. The infection control officer provides infection control data, trends and relevant information to the infection control committee and clinical/quality meetings. Areas for improvement are identified, corrective actions developed and followed-up. The facility is benchmarked against other Summerset facilities of similar size and benchmarking results are fed back to the infection control officer and used to identify areas for improvement. Infection control audits are completed and corrective actions signed off (sighted). Surveillance results are used to identify infection control activities and education needs within the facility.</p> <p>There have been two outbreaks. One gastroenteritis outbreak (norovirus unconfirmed) in April 2016 and one viral chest infection (unconfirmed influenza) in June 2016. Both outbreaks were well managed and relevant personnel notified.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>A restraint policy includes comprehensive restraint procedures. A documented definition of restraint and enablers aligns with the definition in the standards. There are currently no residents with enablers or restraint. Staff are trained in restraint minimisation and managing behaviours that challenge. The service is committed to restraint minimisation and safe practice as evidenced in the restraint policy and interviews with the caregivers.</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.

No data to display

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.3.13.1</p> <p>Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.</p>	CI	<p>The contracted food service is responsible for the provision of all meals. Information relating to resident likes/dislikes and nutritional requirements are communicated to the kitchen staff. Discussion around food and meal service is a standing agenda item at resident meetings. The service has identified a project to improve the dining experience for residents.</p>	<p>The resident satisfaction survey in 2013 showed a decrease in satisfaction around breakfast meals. Communication and consultation included the chef, staff and residents, and suggestions for improvement implemented. The 2014 resident survey around breakfast service evidenced an increase in satisfaction; however, the result was lower around meals in general. The service identified a decrease in resident satisfaction around meals generally in the 2015 survey.</p> <p>The chef manager, village manager and staff were involved in regular meetings with all residents to identify areas of improvement and resident preferences. The chef manager received feedback from resident meetings and welcomed suggestions on the meal service. A 'happy or not' survey system was put in place within the dining room in December 2015. Daily reports are monitored and 'real time' results are addressed at the time, which has contributed towards greater resident satisfaction. Mini meal surveys have been collated monthly, and results discussed at resident and staff meetings.</p> <p>Results from January to May 2016 evidence scores of fours and fives (with five being the highest score) relating to all aspects of meals and dining experience. The breakfast meal has become a self-service meal with a variety of condiments</p>

			<p>available. This has promoted resident independence and choice. Residents now enjoy a more social interaction over breakfast and stay longer in the dining room socialising. Residents interviewed on the day of audit commented very positively on the meals provided. Meals served (sighted) were well presented. The service has been successful in achieving and maintaining a high level of resident satisfaction in meal service.</p>
<p>Criterion 1.3.7.1 Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	<p>CI</p>	<p>The rest home residents reside within their own apartments alongside village residents. Activities programmes are provided for rest home residents, apartment residents and people living in the retirement village.</p>	<p>In March 2014 the service identified an opportunity to provide a more meaningful integrated programme to ensure rest home living remains part of and is connected to village living.</p> <p>A monthly programme is planned which has set activities such as exercises provided in a variety of themes. The programme identifies activities within the village that rest home residents may wish to be involved. Integrated activities include rest home residents preparing decorations for village fundraisers and events (eliminating helplessness), rest home residents preparing Happy Hour snacks for all residents (eliminating boredom), almost all monthly 'Village Trips' include both village and rest home residents (promoting companionship) and residents helping to set dining tables, water planter boxes (eliminating helplessness). There has been a focus on encouraging rest home residents to become involved in the wider community, which has increased the residents feeling of 'belonging' in the community.</p> <p>Feedback documented in resident and village meeting minute's evidence improved satisfaction in meaningful activities with such comments as "really enjoyed being in the village bowls team" and "enjoy being part of the village activities". Event and activity attendance and feedback is monitored post event/activity. Results and meeting minutes evidence there are strengthened community links and enhanced integration between rest home and village residents.</p>

End of the report.