Summerset Care Limited - Summerset at the Course

Introduction

This report records the results of a Surveillance 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 the Course
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 5 August 2016 End date: 5 August 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: 49

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 the Course provides rest home and hospital level care for up to 43 residents in the care centre and up to 20 rest home level of care residents in care apartments. On the day of the audit, there were 49 residents.

A non-clinical village manager, who has been in the role 10 months and has experience in business management and leadership, manages the service. The nurse manager has been in the role for two months. She is a registered nurse with clinical and management experience in aged care. Operational and clinical managers at head office support the management team. The residents and relatives interviewed spoke positively about the care and services provided.

This unannounced surveillance audit was conducted against a sub-set of 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 the general practitioner.

The previous audit finding around interventions remains an area for improvement.

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.

Residents and relatives interviewed report that they are kept informed on all changes to health. Regular residents and relative meetings are held. Residents and their family/whānau are provided with information on the complaints process on admission. Staff are aware of the complaints process and to whom they should direct concerns or complaints. Complaints processes are being implemented, managed and documented.

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.

Services are planned and are appropriate to the needs of the residents. A village manager and nurse manager/registered nurse are responsible for the day-to-day operations of the facility. Quality and risk management processes have been established including a site-specific quality plan and goals, risk management programme, incident and accident reporting, infection control data, internal audits, surveys, quality and service meetings, and health and safety processes.

Residents receive services from qualified staff. Human resources are managed in accordance with good employment practice, meeting legislative requirements. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an ongoing in-service training programme covering relevant aspects of care. Registered nursing cover is provided 24-hours a day, seven days a week. There are adequate numbers of staff on duty to ensure residents are safe.

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.		Some standards applicable to this service partially attained and of low risk.

The registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration and were evaluated at least six monthly. Resident files included medical notes by the GPs and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and caregivers responsible for administration of medicines complete education and medication competencies. The medicine charts reviewed meet prescribing requirements and were reviewed at least three monthly.

A recreational therapist is responsible for providing an activity programme for residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreation, physical, cultural and cognitive abilities and preferences for each consumer group. Residents and families report satisfaction with the activities programme.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The kitchen is well equipped for the size of the service. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirement/modified needs were being met.

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.

There is a current building warrant of fitness in place.

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.

Staff receive training around restraint minimisation, the management of challenging behaviour and complete restraint competencies. The service has appropriate procedures and documents for the safe assessment, planning, monitoring and review of restraints and enablers. On the day of audit, the service had seven residents who voluntarily requested enablers and five residents on restraint.

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 surveillance programme is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated and used to determine infection control activities, resources and education needs within the facility. The service engages in benchmarking with other Summerset 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	0	15	0	1	0	0	0
Criteria	0	40	0	1	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
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints policy states the village manager has overall responsibility for ensuring all complaints (verbal or written) are fully documented and investigated. An on-line complaint register included relevant information regarding the complaint including the timeframes for acknowledgement of the complaint investigation, follow-up letters with offer of advocacy and resolution. The number of complaints received each month is reported monthly, to staff via the various meetings. The register is current. There have been five care centre complaints received the last year. There has been one complaint forwarded to the Health and Disability Commissioner, which has been closed. A complaints procedure is provided to residents within the information pack at entry. Feedback forms are available for residents/relatives in the main entrance of the facility.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective	FA	Residents (one hospital and two rest home) and relatives (one of a rest home resident and four of hospital residents) stated they were welcomed on entry and given time and explanation about services and procedures. The relatives stated they were kept informed of changes in the resident's health status and any incidents/accidents. Resident meetings are held monthly. The resident advocate holds a relative meetings three monthly. The advocate communicates any concerns to the village manager. The village manager and nurse manager have an open door policy. Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services

communication.		for residents and their family/whānau.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	The service provides care for up to 43 residents at hospital and rest home level care in the care centre. On the day of audit, there were 16 rest home residents and 26 hospital residents (including one under DHB respite care). All 43 beds in the care centre are dual-purpose. There are 20 care apartments certified for rest home level of care. On the day of the audit, there were six rest home residents in the care apartments. All permanent residents were under the ARC contract. There were no younger people or residents under the medical component of the certified services. The Summerset Group Limited Board of Directors have overall financial and governance responsibility and there is a company strategic business plan in place. Summerset at the Course has a site specific business plan and goals for 2016. The 2015 plan has been reviewed with some ongoing goals included in the 2016 quality plan such as falls reduction programme and the wound management project. The site includes a retirement village, with overall management of the site provided by a village manager. The village manager (non-clinical) and the nurse manager/registered nurse (RN) are supported by a regional operations manager, clinical education manager (interviewed) and support staff at head office, including a clinical director. The village manager (employed November 2015) and nurse manager (employed June 2016) have completed at least eight hours of education since commencing their employment, including induction and attending the two-day Summerset conference for managers in August 2016. Registered nurses and caregiver's are supported by a clinical nurse leader/RN who has been in the role two years.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	The organisation's clinical quality manager oversees quality. Policies and procedures reflect evidence of regular reviews as per the document control schedule. Policies reflect the implementation of the InterRAI assessment and changes in pressure injury prevention and management. New and/or revised policies are made available for staff to read and sign that they have read and understand the changes. Village managers and nurse managers are held accountable for their implementation. The monthly collating of quality and risk data includes (but is not limited to) residents' falls (with and without injury), bruises, challenging behaviours, infection rates, skin tears and pressure injury. Data is collated monthly on the SWAY (Summerset way) database and it is benchmarked against other Summerset facilities to identify trends. There are a number of facility meetings such as quality improvement, infection control and health and safety, management, restraint and clinical (RN and caregivers). Meeting minutes distributed to staff evidence discussion around quality data, trends/analysis, internal audit outcomes and corrective actions. A resident satisfaction survey is conducted each year. Results for October 2015 were analysed with an overall result of 96% placing Summerset at the Course second ranking against Summerset facilities.

		An annual internal audit schedule was sighted with audits completed as per the schedule. Audits include clinical, environmental, infection control and service audits. Corrective actions have been raised for non-compliance with re-audits and ongoing monitoring as required. A health and safety officer, who is the property manager, oversees the health and safety programme. The health and safety officer has completed a worksite safety course, and the health and safety transition training. The health and safety committee includes representative's nominated form each area of work. Staff have the opportunity to have any health and safety concerns addressed at the meeting and the outcomes are fed back to the staff. Hazard identification forms are available and a current online hazard register is in place. Health and safety representatives conduct a weekly walk around for a hazard inspection of the workplace. Falls prevention strategies are in place that include the identification of interventions on a case-by-case basis to minimise future falls. Sensor mats are utilised. A physiotherapist is available for resident concerns, mobility assessments and to provide staff training for safe manual-handling and hoist use. A lounge carer has been implemented for close supervision of residents.
Standard 1.2.4: Adverse Event Reporting 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.	FA	Incident and accident data has been collected, analysed and entered into the SWAY database (sighted). Thirteen resident related incident reports for July 2016 were reviewed. Incident forms identified timely RN assessment, corrective action and follow-up. Neurological observations had not been completed as per protocol (link 1.3.6.1). Corresponding progress notes reviewed documented incidents and interventions. Care plans reviewed included appropriate interventions, repetitive falls screening as appropriate and physiotherapy involvement. Data is linked to the organisation's benchmarking programme and is used for comparative purposes. Discussions with the service confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	There are job descriptions available for all relevant positions that describe staff roles, responsibilities and accountabilities. The practising certificates of nurses and allied health professionals are current. Six staff files were reviewed (one nurse manager, one clinical nurse leader/registered nurse (RN), casual RN, two caregivers, two RNs and one recreational therapist - RT). Evidence of signed employment contracts, job descriptions, orientation, and staff training were available in staff files. Annual performance appraisals for staff are conducted. Newly appointed staff complete an orientation that is specific to their job duties. Interviews with four caregivers could describe the orientation programme that includes a period of supervision. The service has a training policy and schedule for in-service education. The in-service schedule is implemented and attendance is recorded. Staff complete competencies relevant to their role. The service has two

		Careerforce assessors to support staff in achieving the aged care qualifications.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	The village manager and nurse manager work 40 hours per week Monday to Friday and are available on call for any emergency issues or clinical support. The service provides 24-hour RN cover. There are two RNs on morning shift, with one on the afternoon shift and night shift. There are adequate numbers of caregivers, including one caregiver each shift in the care apartments. A staff availability list ensures that staff sickness and vacant shifts are covered. Clinical staff interviewed confirmed that staff are replaced and there are sufficient staff on duty. Staffing levels and skills mix policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery.
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.	FA	There are policies and procedures in place for safe medicine management that meet legislative requirements and guidelines. Clinical staff who administer medications (RNs and senior caregivers) have been assessed for competency. Education around safe medication administration has been provided and staff were observed to be safely administering medications. An electronic system for charting and the recording of medications administered is in use. All 10 medication charts sampled met legislative prescribing requirements and the GPs had reviewed the medication charts three monthly. Standing orders are not used and all medications had been administered as prescribed. One resident is self-medicating via an inhaler. A self-medication competency was completed and reviewed by the GP and RN three monthly. The medication fridge temperature is recorded weekly.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	All meals at Summerset on the Course are prepared and cooked onsite by a qualified chef and kitchen staff. There is an eight-week menu for spring/summer and another for autumn/winter, which has been reviewed by a dietitian (16 March 2016). Dietary needs are known with individual likes and dislikes accommodated. Dietary requirements and cultural and religious food preferences are met, and additional or modified foods are provided when needed. Staff were observed assisting residents with their meals and drinks in the dining rooms. One-to-one comment, resident meeting minutes and surveys generally, provide feedback on the meals and food service. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes. Fridge and freezer temperatures are taken and recorded daily, and the temperature of frozen (incoming) food and food at each meal. The chemical supplier checks the dishwasher regularly.

		All food services staff have completed training in food safety and hygiene and chemical safety. Nutritional and safe food policies define the requirements for all aspects of food safety. A kitchen-cleaning schedule is in place and implemented. Containers of food are labelled and dated.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	PA Low	When a resident's condition alters, the registered nurse initiates a review and if required, GP and relevant allied health input sought. There is evidence that family members are notified of any changes to their relative's health including (but not limited to) accidents/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are documented in the resident file and regular reviews are included in the multidisciplinary booklet. Adequate dressing supplies were sighted in the treatment room. Wound management policies and procedures are in place. Wound assessments, plans and evaluations were in place for all current wounds and skin tears. There was one pressure injury on the day of audit. Wound nurse specialist is available as required. Continence products are available and residents' files include a continence assessment and continence products to use. Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission identifying resident nutritional status and preferences. Monitoring occurs for weight, vital signs, blood glucose, and pain and food/fluid intake. Neurological observations had not been completed for unwitnessed falls. The previous finding around documented interventions remains. Short-term care plans document appropriate interventions to manage short-term changes in health.
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.	FA	The service has a recreational therapist who is currently working towards attaining a diversional therapy qualification. She works 80 hours per fortnight providing individual and group activities for care apartment rest home residents, rest home and hospital residents. The monthly programme is an inclusive programme where both rest home and hospital residents (as appropriate) are invited to where the activity or entertainment is being held, which is usually in the main lounge area. There are outings/drives for the more able residents. One-on-one activities such as individual walks, massage, and arts and crafts occur for residents who are unable, or chose not to be involved in group activities. Activities provided are appropriate to the needs, age and culture of the residents. The activities are physically and mentally stimulating. The recreational therapist belongs to the diversional therapist association where she gets ideas and motivation. An activity assessment is completed on admission in consultation with the resident/family (as appropriate). Weekly progress notes are maintained for each resident detailing what they wish to participate in/enjoy/or are

		not interested in. Families are invited to the resident meeting. The service also receives feedback and suggestions for the programme through surveys and one-on-one feedback from residents (as appropriate) and families.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Initial care plans are evaluated within three weeks. Long-term care plans have been reviewed at least six monthly or earlier for any health changes. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations are documented and are evident in changes made to care plans.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The building has a current building warrant of fitness that expires on 4 December 2016. The care centre is on the first floor and the care apartments on the ground floor.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	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 coordinator provides a monthly infection control report of data, trends and relevant information to the quality improvement team. The facility is benchmarked against other Summerset facilities of similar size and benchmarking results are fed back to the infection control coordinator. Surveillance results are used to identify infection control activities and education needs within the facility. There have been no outbreaks.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	There are policies around restraints and enablers. The service currently has seven residents who have voluntarily requested the use of an enabler. Three files reviewed evidenced enabler assessments and current care plans that identified risks associated with the use of the enabler. Two hourly monitoring forms had been completed, including cares delivered during the use of enablers. The use of enablers is reviewed six monthly in conjunction with the care plan review. Staff receive training around restraint minimisation that includes annual

		competency assessments.

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)
Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.	PA Low	Accident/incident forms had been completed for five unwitnessed falls. The RN on duty had assessed the resident within timely manner however; neurological observations had not been completed for the falls. Neurological observations have not been completed for three unwitnessed falls. Neurological observations had been commenced for one unwitnessed fall but not completed according to protocol.	Neurological observations have not been completed for three unwitnessed falls. Neurological observations had commenced for one unwitnessed fall, but not completed according to protocol.	Ensure neurological observations are completed for all unwitnessed falls as per the facility protocol. 60 days

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.

No data to display

End of the report.