

Summerset Care Limited - Summerset In The Sun

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 In The Sun

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

Dates of audit: Start date: 7 November 2016 End date: 7 November 2016

Proposed changes to current services (if any): The service has built a new two-storied wing that is connected to the current facility via an air bridge. The building has 15 serviced apartments on each floor (30 serviced apartments (LTO)). Sixteen apartments were verified across the building 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: 52



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 in the Sun currently provides rest home and hospital (medical and geriatric) level care for up to 59 residents in the care centre and rest home level care residents in 25 serviced apartments. There were 52 residents on the day of audit.

This partial provisional audit was completed to verify a newly purpose built two-storied building that includes 30 serviced apartments. Sixteen apartments were verified as suitable to provide rest home level care. The new wing is connected to the current building via an air bridge on the first floor. With the increase in serviced apartments suitable to provide rest home level care, the service can provide a total of 59 dual-purpose beds in the care centre and a total of 41 rest home beds in the serviced apartments.

The service is managed by the village manager who is a registered nurse with experience in management roles. The village manager has been in the role four months. The village manager is supported by the Summerset clinical quality assurance manager and a nurse manager who has been in the role four weeks. The nurse manager has previous experience in clinical management roles.

The audit identified the new apartments, draft roster and equipment are appropriate for providing rest home level care.

There were no improvements identified at this partial provisional audit.

Consumer rights

N/A

Organisational management

The Summerset in the Sun business plan includes a transitional plan for the provision of care in the additional apartments verified as suitable for rest home level of care. Summerset has a relieving village manager and relieving nurse manager to cover planned leave for the village manager and nurse manager. 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.

Continuum of service delivery

The services electronic 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 which will service the new serviced apartments. Medications for rest home residents in the new serviced apartments will be transported in a newly purchased medication trolley for medication administration.

There is a large kitchen and all food is cooked on site by external contractors. Each serviced apartment has a kitchenette. The care centre dining area is large enough for the increase in residents and mobility equipment. A small dining area has been set up on each floor of the serviced apartments.

Safe and appropriate environment

Documented processes for the management of waste and hazardous substances are in place. Material Safety Datasheets are available. The new wings are fully completed. A code of compliance has been issued. Planned and reactive maintenance systems are in place and maintenance requests are generated. There is a lift and stair access between the ground floor and the first floor. Equipment has been purchased for the new wings. The apartments are spacious with a lounge area, bedroom and large bathroom in each unit that is large enough for mobility equipment. There are communal toilets near the lounge areas. Communal areas include an open plan lounge and dining area for the rest home and hospital residents. 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 is provided. There is an approved evacuation plan. Fire evacuations are held six monthly. There is a civil defence and emergency plan in place. The call bell system is available in all areas with indicator panels in each area. There are staff on 24/7 with a current first aid certificate.

Restraint minimisation and safe practice

N/A

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. A registered nurse is the infection control officer. 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 at the organisations infection control forum and education day. The facility has access to professional advice from the DHB and 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 clinical, staff and management meetings. There have been no outbreaks.

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	0	0	0	0
Criteria	0	35	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 1.2.1: 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 in the Sun currently provides rest home and hospital (geriatric and medical) level care for up to 59 residents in the care centre and rest home level care across 25 certified serviced apartments. As part of the staged development a further two-storied wing has been built that accommodates 30 serviced apartments. Sixteen apartments were assessed as part of this partial provisional audit as suitable to provide rest home level care. The new wing is connected to the current building. With the increase in numbers, the service will be able to provide a total of 59 dual-purpose beds in the care centre and a total of 41 rest home beds across serviced apartments. The service intends to occupy the serviced apartments as soon as approval has been received.</p> <p>There is a current Summerset in the Sun operations business plan. The business plan includes business goals and transition plan for the new building including staffing and equipment/furnishings.</p> <p>The service is managed by a village manager/registered nurse with experience in management roles prior to her appointment four months ago. The village manager is supported by a nurse manager and the Summerset clinical quality assurance manager. The nurse manager has been in the role four weeks and has experience</p>

		<p>in clinical management roles within the community and aged care.</p> <p>The village manager and nurse manager have completed at least eight hours of professional development since employment including completion of orientation/induction.</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. If the nurse manager is on planned leave, a Summerset relieving nurse manager will fulfil the role. Currently the clinical nurse leader is on leave until January 2016 and two senior registered nurses are on the morning shift.</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 (eg, 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). All casual staff who have expressed an interest in part-time/full-time hours in the serviced apartments have completed orientation (including the new apartments since completion of the building). Task lists have been developed for the caregivers on each shift in the serviced apartments. An additional RN has been employed as from December 2016. Two staff files reviewed (new RN and nurse manager) evidence relevant employment documentation including police vetting.</p> <p>All caregivers working in the serviced apartments will complete medication competency and first aid training, however there is an RN 24 hours with a first aid certificate and medication competency.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe</p>	FA	<p>There is a safe staffing policy and safe staffing procedure, which describes staffing and is based on benchmarking information. There are clear guidelines for increase in staffing depending on acuity of residents. There is a draft roster with a caregiver</p>

<p>service from suitably qualified/skilled and/or experienced service providers.</p>		<p>on each shift for the first floor and ground floor of the new serviced apartment building. There are casual caregivers willing to work part-time or full-time shifts to cover the 24-hour roster. Currently there is a caregiver on each shift for the nine rest home level of care residents in the existing serviced apartments and one caregiver is allocated to deliver packages of care to residents who have not been assessed as rest home level of care. These staff have sufficient time to complete laundry. There is a nurse's station on each level of the new building.</p> <p>There is a CNL and RN (or two RNs) on duty each morning shift, and RN and enrolled nurse on afternoon shifts and one RN on night shift. The nurse manager is also rostered Monday to Friday on a morning shift. The on-call is shared by the nurse manager and village manager. There are sufficient numbers of caregivers on each shift in the care centre.</p> <p>A diversional therapist and recreational therapist provide a seven-day activity programme in the care centre. An activity person is based in the serviced apartments.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<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. The service uses an electronic medication documentation system. There is one locked medication room for the upstairs hospital/rest home. This treatment room will service the serviced apartment residents assessed for rest home level of care. There is sufficient space in the care centre medication room to accommodate the medication trolleys.</p> <p>The facility uses robotic sachets for regular 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. The medication fridge temperature is recorded weekly. A stock of hospital medications is kept in the medication room. Standing orders are not used. There were no residents self-administering medications at the time of the audit.</p> <p>All RNs and senior caregivers who administer medications have completed annual medication competencies have received medication management training.</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. A relief head chef was relieving. A new appointment for a head chef has been made. The chefs are supported by morning and afternoon kitchenhands. There is an eight-week seasonal menu in place. The company dietitian reviews the menu. The chef receives a dietary profile for each resident with dietary requirements, special diets, food allergies, likes and dislikes. Alternatives are offered. Special diets are accommodated, plated and labelled. The chef is notified of any dietary changes for the residents. Food is transported in hotboxes (hot and cold) to the dining room where it is served from a bain-marie in the satellite kitchen. The dining area in the care centre is large enough for an increase in residents and mobility equipment for those residents in serviced apartments who wish to dine in the main dining room. Alternatively, meals can be served in the smaller dining area on each level of the serviced apartment building or delivered to the resident's apartment. There is also a downstairs village dining area in the main building that can also be used by serviced apartment residents.</p> <p>The fridge and freezer have visual temperatures which are recorded daily. The facility fridges temperatures are monitored. Temperature of chilled food on delivery is recorded. A cleaning schedule is maintained.</p> <p>Staff working in the kitchen have food handling certificates and receive ongoing 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 Datasheets are available. Designated cleaner's cupboards are locked. There is protective clothing and equipment that is appropriate for the recognised risks associated with the waste or hazardous substance being handled. These include goggles/visors, gloves, aprons and masks. Hazardous substances are correctly labelled. There is a sluice room with sanitiser on each level of the new building. Chemical safety training is scheduled for November 2016. The chemical provider monitors the effectiveness of chemicals, cleaning and laundry processes.</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>FA</p>	<p>The new wings are fully completed. A code of compliance has been issued dated 29 January 2016. There is a lift between the ground floor and the first floor of the new building. Equipment and furnishings have been purchased for the new apartments. A full-time property manager oversees the planned and reactive maintenance systems. A monthly maintenance schedule is generated on-line from head office and the maintenance person provides a monthly report. Electrical warrant of fitness for equipment has been completed. Clinical equipment has been calibrated including the wheelchair scales. Hot water temperatures are recorded monthly and are maintained below 45 degrees Celsius. Preferred contractors are available 24/7. Corridors are wide enough in all areas to allow residents to pass each other safely with safe access to communal areas and outdoor areas. There is outdoor seating and shade and all areas are landscaped.</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>	<p>FA</p>	<p>There are full ensembles in all the serviced apartments. There are privacy locks on the ensuite doors. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. There are handrails appropriately placed in the ensuite and a bathroom heater. Communal toilet facilities have a system that indicates if it is engaged or vacant. Communal toilets are near communal lounges.</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>	<p>FA</p>	<p>All resident rooms are spacious with an ensuite in each apartment. There is adequate room to safely manoeuvre mobility aids and transferring equipment. The doors are wide enough for ambulance access and the lift is large enough for ambulance trolleys. Residents and families are encouraged to personalise apartments which are furnished by the resident.</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>	<p>FA</p>	<p>The new building does not have a communal lounge. Each apartment has a dining/lounge area. There is a small dining area on each level of the serviced apartments. There is a large communal lounge and dining area for serviced apartment residents in the existing building as part of the larger village. Activity staff or caregivers will assist rest home to access communal areas in the existing building as they wish.</p>

<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. The laundry has an entry and exit door with defined clean dirty areas. All laundry is completed onsite by caregivers allocated to the new serviced apartment wing. Soiled laundry is bagged and delivered by chute from the first floor to the ground floor laundry. There are covered linen trolleys used by the caregivers in all areas. There are dedicated cleaners for each area. Staff were observed wearing protective clothing while carrying out their duties. Cleaning trolleys are kept in designated locked cupboards.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Appropriate training, information and equipment for responding to emergencies are provided. There is an approved evacuation plan (letter dated 18 February 2016). Fire evacuations are held six monthly. Fire drill and training occurred last in August 2016 and included a drill in the new building. There are staff on duty 24/7 with a current first aid certificate. 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 are three civil defence cupboards in the facility that are readily available to staff. An arrangement exists for a hire generator if required. The call bell system is available in all areas in the new serviced apartments including a bell in the bedroom, one in the lounge and two in the bathroom area, with indicator panels in each area. There are wrist bells or pendants available for rest home apartments. Calls from the serviced apartments are linked to the pagers worn by all staff. The buildings are secure at night with all doors locked. Serviced apartments on the ground floor have sliding doors that open out onto a patio. Security checks at night is on the task list for serviced apartments. The main gates to the village are locked at night with swipe access only after hours. There are CTV cameras around the building.</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 serviced apartments on both levels have large external windows with ample natural light. Apartments on the ground floor have sliding doors that open out onto a patio. Heating is a mix of individual panel heating in the apartments and ceiling heating throughout the building.</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 programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. A registered nurse is the infection control officer. 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 in November. The facility has access to professional advice from the DHB, GP team and from expertise 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 registered nurse 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.

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, 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.