

Summerset Care Limited - Summerset Monterey Park

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 Monterey Park
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 24 January 2018 End date: 24 January 2018
Proposed changes to current services (if any):	New care centre, which is part of the Summerset at Monterey Park Retirement Village. The care centre is a 52- bed rest/hospital on level two floor. The ground floor (level one) includes serviced 29 care apartments. The 29 serviced apartments (LTO's) were verified as suitable to provide rest home level care. Opening of the care centre is identified for the 10 February 2018.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

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.

General overview of the audit

Summerset at Monterey Park is a new retirement village complex. The care centre is a two-level facility (plus basement). The ground floor (level one) includes 29 serviced care apartments. All 29 serviced apartments have been assessed as suitable to provide rest home level care. There are 52 (rest home and hospital level) rooms on the 2nd floor (all dual-purpose). The care centre plans to open 10 February 2018.

This partial provisional audit was conducted to assess the facility for preparedness to provide rest home and hospital level care in the new facility. The service could have a potential of 52 residents across the facility.

The service has a village manager who has been in the role for the last 10 months. The village manager has a background in human resources and aged care management. A care centre manager (RN), who has experience in managing aged care and clinical management, has been in the role for the last 6 months.

Summerset group has a well-established organisational structure and is experiencing in opening new facilities. Summerset group has a comprehensive suite of policies and procedures, which will guide staff in the provision of care and services.

The audit identified the new facility, staff roster, equipment and processes are appropriate for providing rest home and hospital level care and in meeting the needs of the residents. Summerset has a documented plan in place for the opening of the facility and there are clear procedures and responsibilities for the safe and smooth admission of residents into the new facility. The improvements required by the service are all related to the completion of the building project, and implementation of the new service.

Consumer rights

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Organisational management

Summerset group have in place annual planning and comprehensive policies/procedures to provide rest home and hospital level care. Senior managers develop policies and procedures and also provide regular updates and reviews. The newly built facility is appropriate for providing these services and in meeting the needs of residents.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Organisational human resources policies are implemented for recruitment, selection and appointment of staff. The organisation has an induction/orientation programme, which includes packages specifically tailored to the position such as cook, cleaners, kitchen hands, caregivers, registered nurses and care centre manager.

There is a 2018 training plan developed to be implemented at Summerset at Monterey Park.

There is a policy for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents and rosters are in place and are adjustable depending on resident numbers. There is a planned staffing transition around increase in residents and this is reflective in the draft rosters and processes around employment of new staff.

Continuum of service delivery

The medication management system includes medication management policies and associated procedures that follow recognised standards and guidelines for safe medicine management practice in accord with the 2011 guideline: Medicine Care Guides for residential aged care. The service plans to implement an electronic medication system with all registered nurses and senior care staff trained and competent.

The facility has a large workable kitchen in a service area situated on the ground floor adjacent to the serviced care apartments. The menu is designed and reviewed by a registered dietitian. Food is to be transported in hot boxes, to the serviced apartment kitchenette and the care centre kitchenette. The service has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. All aspects of the food service are provided by a contracted company.

Safe and appropriate environment

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff.

There are handrails in ensuites and communal bathrooms. Two lifts between the floors are large enough for mobility equipment including a stretcher. The provider has purchased all necessary furniture and equipment. Fixtures, fittings, floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

Resident rooms are of sufficient space to ensure care and support to all residents and for the safe use of mobility aids.

Communal areas are well designed and spacious and allow for activities. Activities are to occur in any of the lounge areas and they are large enough to not impact on other residents not involved in activities.

Summerset has housekeeping and laundry policies and procedures in place. There is a large laundry in the basement with clean and dirty flow. The facility has secure areas for the storage of cleaning and laundry chemicals. Laundry and cleaning processes will be monitored for effectiveness.

The emergency and disaster management policies include (but not limited to) dealing with emergencies, fire, flood, civil defence and disasters. General living areas and resident rooms are appropriately heated and ventilated. All rooms have windows.

Restraint minimisation and safe practice

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Infection prevention and control

There are clear lines of accountability, which are recorded in the infection control policy. The care centre manager is currently designated as the infection control officer. Monthly collation of infection rates will be analysed. Infection control is to be an agenda item in the monthly staff meeting and was an agenda of the recently commented quality meeting. Summerset group undertakes monthly benchmarking of infections.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	11	0	4	0	0	0
Criteria	0	29	0	6	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Summerset at Monterey Park is a new retirement village complex. A staged building project has been underway, which includes retirement villas and facilities and a recently completed care centre. The care centre is across two levels with a total of 81 beds. The ground floor (1st floor) includes the service areas and 29 serviced care apartments. On level one, there are 52 (rest home and hospital level) rooms (all dual-purpose). The 29 serviced apartments across the ground floor were assessed as suitable to provide rest home level care. The service plans to open the care centre on 10 February 2018.</p> <p>The service has a village manager who has been in the role for the last 10 months and involved in the opening of the village. The village manager has a background in human resources and aged care management. The village manager is supported by an experienced care centre manager (RN) who has been involved in clinical and village management for a number of years. The management team are supported by the regional quality manager.</p> <p>Summerset group has a well-established organisational structure. Each of the Summerset facilities throughout New Zealand is supported by this structure. The Summerset group has a comprehensive suite of policies and procedures, which</p>

		<p>will guide staff in the provision of care and services.</p> <p>Summerset group have a quality assurance and risk management programme and an operational business plan for the project. Quality objectives and quality initiatives are set annually. Summerset at Monterey Park has set 2018 quality goals that link to the organisation-wide objectives.</p> <p>There is a transition plan with key tasks around opening of the care centre (Main Building Opening Operations Programme).</p> <p>There is a village managers and care centre manager's job description that includes authority, accountability and responsibility including reporting requirements. Both positions have completed orientations at other Summerset villages.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The care centre manager will fulfil the village manager's role during a temporary absence with support from the Summerset relief manager and the regional quality manager. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home and hospital level care. The appointment of staff and building of the facility are appropriate for providing rest home and hospital level care and in meeting the needs of residents.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	<p>Summerset has organisational documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Additional role descriptions are in place for infection control officer, restraint coordinator, health and safety officer, fire officer and quality coordinator.</p> <p>The service has a policy around competencies and requirements for validating professional competencies. Practising certificates are obtained from newly employed staff.</p> <p>There are human resources policies and procedures, which includes the requirements of skill mix, staffing ratios and rostering.</p> <p>The care centre manager advised that to date they have currently offered positions to four registered nurses (three plus the care centre manager are interRAI trained) and seven caregivers (four caregivers are currently employed in the village). Advised, that several caregivers come with a recognised aged care</p>

		<p>certificate.</p> <p>At the time of the partial provisional audit, all staff employed to date (excepting management) have completed an orientation week. A further orientation week is planned for all recently employed staff 2nd week in February.</p> <p>There is a 2018 training plan developed for the organisation, which will be implemented (sighted). There is a list of topics that must be completed at least two-yearly and this is reported on. Advised that further training around equipment, safe chemical handling, emergency and fire training will be implemented as part of the orientation weeks being held before opening.</p> <p>The service has a contract with a local medical centre. Initially the medical centre will visit weekly. This medical centre provides a 24-hour service. A contract has been obtained with a physiotherapist, local chemist and podiatrist. Advised they also have access to a dietitian.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Human resources policies include documented rationale for determining staffing levels and skill mixes for safe service delivery (safe staffing policy). This defines staffing ratios to residents and rosters have been developed and are adjustable depending on resident numbers. There is also a document 'Guidelines for management of fluctuating occupancy'.</p> <p>The village manager and care centre manager (RN) are both full-time.</p> <p>Draft rosters were sighted for various resident numbers and levels. There is also a specific roster for the 29 serviced apartments on the ground floor (1st floor). A caregiver is rostered on each shift (including night shift) on the serviced apartment floor and this can be increased as rest home resident increase.</p> <p>The service has developed an initial draft roster for the care centre, which includes one registered nurse and two caregivers rostered on morning shift and one RN and caregiver on afternoon and on night shift. This will be adjusted as residents are admitted with general ratios of 1:5 for hospital level residents and 1:10 for rest home residents or a combination as resident acuity levels dictate. The roster is designed for the increase in residents. The service is in the process of employing 24-hour RN cover (link 1.2.7.3).</p> <p>Other staff rostered includes the village manager, maintenance/property staff, activities staff (a part-time diversional therapist is employed and an activities</p>

		<p>coordinator) and housekeeping staff (link 1.2.7.3).</p> <p>The company contracted to provide the food service will provide the kitchen staff.</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>PA Low</p>	<p>The nursing manual includes a range of medication policies. The service is planning to use a two-weekly pre-packed sachet medication system, with a contract in place from a local pharmacy, for the provision of this service. There is a secure medication room in the care centre on level two. There is also a secure medication room on the ground floor for medication management of rest home residents in the care apartments.</p> <p>One medication trolley for each of the serviced apartment levels and two for the care centre level and a medication fridge are available. The medication rooms are complete with secure cupboards, fridges and CD safes within a locked cupboard. A self-medicating resident policy and procedure is available if required. The medication administration policies identify that medication errors are treated as an incident and captured as part of the incident management system and a medication error analysis is to be completed.</p> <p>Policies and procedures reflect medication legislation and reference the medicines care guides for residential aged care. Advised, that only registered nurses and senior caregivers deemed competent, will be responsible for administration of medications. A competency policy and competency assessment is available. All caregivers receive education and training and complete competencies as they may be required to check medications. Medication training and competencies have been completed during the orientation for current employed staff and further training is scheduled for newly employed staff at the orientation week early February. The service is intending to roll out medi-map on opening. Training is being completed as part of the orientation around the implementation of medi-map. Training on medi-map and medication competencies have been completed by some staff at the sites they have orientated at.</p> <p>There is newly purchased medical equipment available including (but not limited to) oxygen cylinders and suction machines.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid</p>	<p>FA</p>	<p>Summerset has comprehensive nutritional management policies and procedures</p>

<p>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>for the provision of food services for residents. The provision of meals at Summerset at Monterey Park is contracted-out to White-tie catering who provide all aspects of the food service. The contracted company is responsible for kitchen staff recruitment, food service, food handling, menu, dishwashing, sanitation and personal hygiene. The food safety plan has been approved.</p> <p>The facility has a large purpose-built kitchen on the ground floor adjacent to the village café. There is a walk-in chiller and pantry. The menu is designed and reviewed by a registered dietitian. Food is to be transported in food boxes to the satellite kitchen in the main dining room of the care centre on level one and to the satellite kitchen in the dining room for the serviced apartments. Meals are to be served to residents from a bain-marie in the satellite kitchens by staff. There is a lift near the service area, that will be used to transport food carriers to each floor and dishes back to the kitchen. The kitchen has been functioning since the opening of the village in 2016.</p> <p>All residents are required to have a nutritional profile completed on admission, which is provided to the kitchen. There is access to a community dietitian.</p> <p>As part of the food safety programme, regular audits of the kitchen fridge/freezer temperatures and food temperatures are undertaken and documented. Food safety in-service training is conducted.</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>There are documented policies and procedures for waste disposal and chemical storage. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is a cleaner's cupboard on each floor which is locked. Chemicals are automatically dispensed in the laundry. There is a secure sluice at each end of the care centre and one in the serviced apartments on the ground floor.</p> <p>Waste management is part of the environment and equipment audit conducted as part of the quality assurance audit programme.</p> <p>During induction, all staff have completed training regarding the management of waste. Chemical safety training is a component of the compulsory two-yearly training and orientation training. All new staff have completed waste management training and PPE during orientation.</p> <p>Gloves, aprons and goggles have been purchased and are to be installed in the sluice rooms in the care centre, cleaners' cupboards and laundry. Infection</p>

		control policies state specific tasks and duties for which protective equipment is to be worn.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>A staged building project has been underway, which includes retirement villas and facilities and care centre. The care centre is a two-level facility. On the ground floor (level one), there are service areas and 29 serviced care apartments. All 29 serviced apartments have been assessed across the two serviced apartment floors as suitable to provide rest home level care. On level two, the care centre includes 52 single rest home and hospital level rooms (all dual-purpose).</p> <p>The service plans to open on 10 February 2018, receiving residents into the care centre. The serviced apartments on the ground floor are currently open with five village residents.</p> <p>All resident rooms have windows, call bell system and lighting. The facility is carpeted with lino in bathrooms and kitchen areas. There are hand rails in toilets/bathrooms areas. The building is near completion, a partial code of compliance has been signed off for the current areas that are open. Advised that the code of compliance will be fully signed out in the next two weeks. All building and plant have been built to comply with legislation.</p> <p>There are two large lifts between floors. These lifts are to be used to transport food trolleys from the kitchen and to be used by staff, visitors and residents. Advised that they have a contract with the installer of the lift to maintain service (including emergency service) when needed. The lifts are large enough for mobility equipment including a stretcher. There is a stairwell at either end of the building. There is a nurse's station in the ground floor serviced apartments and one in the centre of the care centre on level two. There is also a room available for visiting allied health and GP's.</p> <p>Residents can bring their own possessions into the home and are able to adorn their room as desired. The maintenance schedule includes checking of equipment.</p> <p>All electrical equipment and other machinery are to be checked as part of the annual maintenance and verification checks. The service has an extensive list of medical and nursing equipment purchased and onsite. The new furniture and equipment is appropriate for this type of setting and for the needs of the</p>

		<p>residents. There are store rooms available.</p> <p>A new call bell system has been installed throughout the facility. The call system is installed in all bedrooms, bathrooms, dining and lounge areas. The system is connected to an individual staff pager system, which all care staff will carry.</p> <p>Some external areas are already landscaped, and other external areas are currently being paved with seating and outdoor furniture is to be provided for residents. There are well placed chairs in hallways on each floor to allow residents to rest.</p> <p>All rooms and communal areas allow for safe use of mobility equipment. There is adequate space for storage of mobility equipment in each of two floors.</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>There are adequate numbers of toilets and showers with access to a hand basin and paper towels. The care apartments on the ground floor (1st floor) each include a bathroom, kitchen and dining/lounge area. On level two care centre, there are 52 rooms. The majority have full ensuite facilities. Eight rooms share a communal bathroom between two rooms. There are communal mobility bathrooms available close to lounge/communal areas.</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>Residents rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and communal toilets and bathrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There is a café, dining room and large lounge area adjacent to the care apartments on the ground floor available for residents and village residents. There is also another dining and lounge area for rest home residents in serviced apartments on the ground floor. On level two care centre, there is a kitchenette, large dining area and large lounge areas. There is another smaller (whanau) intended to be used as a family/whānau lounge in the serviced apartments on the ground floor and also on level two care centre. There are other areas available for sitting and resting.</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 policies for cleaning and infection prevention and linen handling and processing. These policies ensure that all cleaning and laundry services are maintained and functional at all times. The laundry is in basement and has an entrance for dirty laundry and an exit for clean. The laundry is large and has a commercial washing machine and dryer. Dirty linen can be transported to the laundry via a laundry chute. Linen trolleys have been purchased. Care staff will initially manage laundry at night. Laundry staff will be employed as resident numbers increase.</p> <p>There are documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are to be commenced as per the quality assurance programme.</p> <p>The service has a secure area for the storage of cleaning and laundry chemicals and a cleaning cupboard on each level. Laundry chemicals are within a closed system to the washing machine. Material safety datasheets are provided by a contracted company and displayed in the cleaning cupboards, laundry and sluices in each area. The laundry and cleaning areas have hand-washing facilities.</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>PA Low</p>	<p>The site-specific emergency manual for Summerset at Monterey Park contains the emergency and disaster policies and procedures including (but not limited to) fire and evacuation and dealing with emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. Fire drills are scheduled for staff during induction, the week before opening. All staff employed to date have current first aid certificates.</p> <p>The service has cooking facilities (gas cooker) available in the event of a power failure. The service has a generator available in the event of a power failure for emergency power supply. Battery operated emergency lighting is in place. There are also extra blankets available. There is a civil defence storage room which include all necessary civil defence requirements. Water for emergency supplies is stored there also. Water tanks are also available.</p> <p>A new call bell system has been installed throughout the facility. The call system involves a pager system whereby staff are alerted to a resident's call bell via the</p>

		<p>personal pagers held by each care staff member and panels in each area. There are emergency call bells in the lounges.</p> <p>As the care centre has not yet opened, a fire drill or training around the fire evacuation procedure has not occurred. A trial run-through of the fire drill is planned for the orientation week prior to opening. The fire evacuation scheme is in draft and has been approved by the NZFS. The construction project manager stated they were awaiting the approval letter.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>General living areas and resident rooms are appropriately heated and ventilated. Resident's rooms are heated by heat pumps in the care apartments and ceiling panels in the care centre. The communal living areas are heated and cooled via ceiling heating/cooling systems. All rooms have external windows with plenty of natural sunlight. All windows are double-glazed, and all areas have good lighting. There are portable cooling systems available if needed in resident rooms in the care centre.</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>	FA	<p>There are comprehensive infection control policies that meet the Infection Control Standard SNZ HB 8134.3.1.2008. The infection control team will include the IC officer (care centre manager), and staff from each area. There are clear lines of accountability to report to the IC team on any infection control issues including a reporting and notification to village manager. There are documented IC responsibilities that includes reporting processes and an IC officer's job description.</p> <p>Infection control is currently an agenda item in the quality meeting (which commenced December 2017). Annual review of the infection control programme is conducted through head office. Monthly benchmarking of infections is conducted for all Summerset facilities.</p>

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	The service is in the process of interviewing and employing staff. Currently they have employed seven caregivers, housekeeper, diversional therapist (20 hours in the care centre) and an activities coordinator (serviced apartments and village 40 hours). Four RNs have been offered positions with one confirmation to date. Further RNs, caregivers and housekeeping are being interviewed.	Not all staff are yet employed to cover the draft roster 24/7	<p>Ensure there are sufficient staff to cover the roster on opening including 24/7 RN cover</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	PA Low	Medication training and competencies have been completed during the orientation for current employed staff and further training is scheduled for the next intake of newly employed staff at the orientation week early February. The service is intending to roll out medi-map on opening. Training is being completed as part of the	Not all RN's are employed and therefore not all staff have completed medication competencies and training around medi-map	Ensure all staff responsible for medication management have completed required competencies

		orientation around the implementation of medi-map. Training on medi-map and medication competencies have been completed by some staff at the sites they have orientated at		Prior to occupancy days
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	As the building is near completed, a code of compliance is yet to be fully signed off. Heating, lighting and hot water system is fully functioning. All equipment including hilo beds have been purchased. The new furniture and equipment is appropriate for this type of setting and for the needs of the residents.	As the building is near completed, a code of compliance is yet to be fully signed off	<p>(Ensure the code of compliance is completed and forwarded to the DHB and HealthCERT.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	Gardens, pathed areas and access to the building are in the process of being full completed and landscaped. There are three outdoor courtyards between wings on the ground floor in the process of being landscaped. There are small balconies off each wing on the 2nd floor care centre.	(Landscaping is in the process of being completed including seating and shade.	<p>Provide evidence that the external areas and surfaces are safe and accessible for residents.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	The site-specific Summerset emergency manual contains the emergency and disaster policies and procedures including (but not limited to) fire and evacuation and dealing with emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. Fire drills are scheduled for staff during induction, the week before opening. All registered nurses will have current first aid certificates. As the care centre has not yet opened, a fire drill or training around	As the care centre has not yet opened, staff have not completed a fire drill or training around the fire evacuation procedure.	<p>Implement fire drills and emergency training for all staff at Summerset at Monterey Park.</p> <p>Prior to occupancy days</p>

		the fire evacuation procedure has not occurred.		
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	<p>Fire and emergency management is detailed in the Summerset at Monterey Park emergency manual. Fire drills and training are scheduled to take place during orientation week prior to opening. The Fire Evacuation scheme is with the fire service and the service is awaiting the approval letter.</p>	<p>The Fire Evacuation scheme is with the fire service and the service is awaiting the approval letter.</p>	<p>Provide evidence that the NZFS has approved a fire evacuation scheme for Summerset at Monterey Park care centre.</p> <p>30 days</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

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

No data to display

End of the report.