

Summerset Care Limited - Summerset Mountain View

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 Mountain View
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 19 March 2020 End date: 20 March 2020
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	57

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
Yellow	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
Red	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 Mountain View provides rest home and hospital (medical and geriatric services) level care for up to 72 residents, including 20 residents at rest home level care across the serviced apartments. At the time of the audit, there were 57 residents in total.

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 records, observations and interviews with residents, family, management, staff, and the general practitioner.

The service is managed by a non-clinical village manager who has experience in business management and has been at the service since opening. He is supported by a care center manager who has clinical management experience in aged care.

This audit identified shortfalls around aspect of care planning, food handling training and hot water monitoring.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Resident and families interviewed consistently reported excellent communication and any of their concerns addressed in a timely manner. Residents and incident and accident records showed that open disclosure principles are implemented. An electronic complaint register is maintained and is up to date.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Summerset Mountain View continues to implement a quality and risk management system. Internal audits were completed as scheduled, and required corrective actions were implemented. Quality performance is reported to staff through several meetings.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an in-service training programme covering relevant aspects of care and is fully implemented.

The team is highly motivated and enthusiastic and understood their roles and responsibilities. The service received the Summerset best care centre manager award for the year 2019. Staff interviewed reported excellent teamwork, support and effective communication between staff. 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.
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The registered nurses are responsible for each stage of provision of care including assessments, care plans and evaluations. Risk assessment tools and monitoring forms are available and implemented.

Planned activities are appropriate to the resident's assessed needs and abilities, and residents advised satisfaction with the integrated activities programme. Although there were outings into the community and there were weekly visiting entertainers, due to COVID-19 alerts, community connections were limited.

There is a secure electronic medication system at the facility. There are medicine management policies that align with acceptable guidelines. Staff responsible for the administration of medications complete annual medication competencies and education.

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 requirements/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.		Some standards applicable to this service partially attained and of low risk.
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The building has a current warrant of fitness. Reactive and preventative maintenance occurs.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The restraint minimisation register is up to date. Staff receive regular education and training on restraint minimisation. There were no residents with enablers and five residents with restraint on the day of audit. Restraint monitoring is up to date and completed daily.

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.

Summerset Mountain View continues to implement their infection control surveillance programme. Results of surveillance are acted upon, evaluated and reported to relevant staff. The service engages in benchmarking with other Summerset facilities. Ministry of Health recommendations around COVID-19 alert are being implemented. Infection control and prevention training is provided to staff, and visitor restrictions are in place.

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	13	0	3	0	0	0
Criteria	0	38	0	3	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>Residents (three rest home and two hospital) and family interviews confirmed that information about the complaints process is provided on admission and they confirmed their understanding of the complaints process. Staff interviewed were also able to describe the process around reporting complaints.</p> <p>An electronic complaint register is maintained and includes complaints related to the village and the care centre. Nine complaints were lodged through 2019 to 2020 year-to-date. Evidence was sighted to confirm that each complaint had been managed in a timely manner including acknowledgement, and a comprehensive investigation. Two complaints remain open. One of these complaints is recently received and currently under investigation. The second complaint was made to the HDC which includes communication, breach of privacy and care related issues. The service replied to the HDC following extensive review of the complaint and Summerset already identified several corrective actions. They are awaiting HDCs decision following their response. Summerset Mountain View has been implementing their own corrective actions.</p> <p>Complaints received are linked to the quality and risk programme and are communicated to staff which were evidenced in meeting minutes. Staff interviewed were able to discuss these complaints and their change of practice.</p>
Standard 1.1.9:	FA	Ten incident/accidents records (three hospital, and seven rest home) reviewed had documented evidence of family

<p>Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>notification or noted if family did not wish to be informed. General practitioner (GP) visits are documented and communicated as required. Three family members (two hospital and one rest home) interviewed stated that they are informed of changes in the health status of residents and incidents/accidents. They consistently reported excellent communication and any of their concerns addressed in a timely manner. The village manager and the care centre manager have an open-door policy. Summerset Mountain View produces a monthly newsletter for residents and relatives. Staff interviews (three registered nurses [RNs], seven caregivers, and a diversional therapist [DT]) confirmed that open disclosure principles are implemented. Internal audits show 100% compliance around open disclosure.</p> <p>Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>Interpreter services are available if needed. Family and staff are used in the first instance. During the audit there were no residents who were unable to communicate in English.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The service provides care for up to 72 residents at hospital (geriatric and medical services) and rest home level care. There are 52 dual-purpose beds in the care centre on the first floor and 20 serviced apartments on the ground floor (certified to provide rest home level care). On the day of the audit, there were 57 residents in total, 39 residents at rest home level including seven rest home level residents in the serviced apartments and two respite care, and 18 hospital level residents. All residents are under the aged related residential care contract.</p> <p>The Summerset Group Limited Board of Directors have overall financial and governance responsibility and there is a company strategic business plan in place. Summerset Mountain View has a site-specific business plan for the year 2020. There is a full evaluation at the end of each year and the village manager also reports monthly achievements against these goals. The 2019 business plan evaluation was sighted.</p> <p>There is a retirement village attached as part of the complex with overall management of the site provided by the village manager. The village manager has been in the position since opening of the village and he has a background in banking and management. The village manager is supported by a care centre manager (RN) who has been in the role for four years. She has experience in district health nursing and palliative care. The clinical nurse lead role is currently vacant due to maternity leave until May 2020. The service employed an experienced RN to support the team along with a job share role with other RNs is established. Three RNs have additional responsibilities to support the care centre manager. A regional operations manager and regional quality manager are also available to support the facility and staff.</p>
<p>Standard 1.2.3: Quality And Risk Management</p>	<p>FA</p>	<p>Summerset Mountain View is implementing the organisation's quality and risk management system.</p> <p>The Summerset group has a 'clinical audit, training and compliance' calendar which includes schedules of the</p>

<p>Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>training and audit requirements for the month. These are implemented by the village manager and the care centre manager, and they both understand the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. There are a number of organisational goals around health and safety, and safe work culture.</p> <p>A resident satisfaction survey was completed in 2019 with an overall satisfaction rate of 94.4%. Summerset average for 2019 was at 96%. A number of corrective actions were developed following the survey and these are being implemented.</p> <p>There is a meeting schedule including (but not limited to): a) quality improvement, b) staff, c) health and safety, d) infection control and e) restraint meetings. These meetings occur monthly and quality is discussed at these meetings. A robust internal audit programme monitors compliance on a monthly basis. The audit schedule is developed by head office and this is followed up. Corrective actions are developed where opportunities for improvements are identified. There are monthly accident/incident benchmarking reports which break down the data collected across the rest home and hospital and staff incidents/accidents. Infection control is also included as part of benchmarking across the organisation. Health and safety internal audits are completed. Summersets clinical and quality manager analyses data collected via the monthly reports, and corrective actions are required based on benchmarking outcomes. Monthly and annual analysis of results are provided across the organisation.</p> <p>There is a health and safety and risk management programme in place including policies to guide practice. The property manager and the village manager are the health and safety officers. Hazards and near misses were reported and this information was shared with staff and they are actively encouraged to provide input and feedback. A health and safety board is located in the staffroom which includes health and safety events and their achievements towards identified goals.</p> <p>The service ensures that all new staff and any contractors are inducted to the health and safety programme. Falls prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to</p>	<p>FA</p>	<p>Summerset Mountain View collects a comprehensive set of data relating to adverse, unplanned and untoward events, which are linked to the quality and risk management system. Ten accident/incident reports were reviewed which include seven falls, one skin tear and two infections. Neurological observations had been completed when there was a suspected injury to the head and for unwitnessed falls. Immediate actions taken are documented on accident/incident reports and in residents' electronic records such as progress notes. GP follow-up is also documented and this information is communicated to families. Each reported adverse event is reviewed and investigated by an RN and the care centre manager. If risks are identified, these are processed as hazards and are reported to the health and safety committee for evaluation at health and safety meetings.</p> <p>Document review showed that particularly falls incidences were extensively reviewed to determine cause and</p>

<p>affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>effect and what, if any type of actions, require follow-up. Furthermore, residents' electronic records showed that actions are monitored for implementation. Staff were clear on their responsibilities for reporting and recording any accident, incidents or near misses.</p> <p>The village manager and care centre understand the requirements for essential notification reporting. The records showed appropriate notifications made to the public health authorities in 2019 regarding infectious outbreaks. There have been no coroner's inquests or police investigations.</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>	<p>FA</p>	<p>There are human resources policies to support recruitment practices.</p> <p>The care centre manager and the village manager confirmed their recruitment, and appointment process compliant with good employment practice. A sample of seven staff records (the care centre manager, three caregivers, an RN, a DT and a cleaner) reviewed, confirmed that the organisation's policies are being consistently implemented, and records are maintained. Relevant checks are completed to validate the individual's qualifications, experience and veracity. Reference checks are completed before employment is offered. Job descriptions are in place for all relevant positions that describe staff roles, responsibilities and accountabilities. Annual performance appraisals had been completed.</p> <p>The orientation programme includes documented competencies and induction checklists. All files reviewed had a completed orientation programme.</p> <p>A list of current practicing certificates for health professionals is maintained. There is an annual education plan that is being implemented. Core competencies are completed, and a record of completion is maintained. There is a minimum of one staff available at all times with a current certificate in CPR and first aid. Seven out of eight RNs are interRAI trained. Caregivers and RNs interviewed all confirmed that a scheduled education programme is implemented, and staff felt that they are well trained and competent in their role.</p> <p>There were systems in place to communicate key messages to staff particularly around staff culture, health and safety and the most recently COVID-19. Training and meetings took place to address issues around these subjects.</p> <p>The team is highly motivated and enthusiastic, and committed to ensure that each person receives good quality of care. There is a clear management structure in place, and staff understand their roles and responsibilities and are accountable. The service is organised and well run, and the culture is open and honest. The care centre manager received the Somerset best care centre manager award for the year 2019. Staff interviewed reported excellent teamwork, support and effective communication between staff. They felt valued for their work.</p>
<p>Standard 1.2.8:</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe</p>

<p>Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>service delivery, 24 hours a day, seven days a week (24/7). Staffing levels are adjusted to meet the changing needs of residents.</p> <p>The care staff interviewed reported adequate staffing, and residents and family interviewed supported this and stated that caregiving hours increased at times.</p> <p>The village manager and care centre manager work 40 hours per week Monday to Friday and are available on call for any emergency issues or clinical support. The clinical nurse leader is on maternity leave and a senior RN supports the nursing team.</p> <p>Caregivers interviewed confirmed that staff are replaced when off sick. The care centre manager stated that staff turnover is low, and they maintain a casual staff pool to cover annual leave and sick leave.</p> <p>The staff roster includes two RNs on the morning and afternoon shifts and one on the night shift. The caregiver roster includes, seven caregivers on morning shifts (three long shift and four short shifts), six on the afternoon shifts (three long and three short shifts) and two on the night shifts (full shift).</p> <p>The RN on duty provides oversight to the rest home residents in the serviced apartments. There are two caregivers on duty in the serviced apartments on a morning shift (one long and one short shift) and one on afternoon shift, and one on the night shift to assist the seven rest home residents. Staff carry pagers that alert them to call bells and walkie-talkies so they can communicate effectively.</p> <p>There are separate cleaning and laundry staff, seven days a week. One DT and two activities coordinators provide a seven day-a-week programme. There are also administration staff and property management staff to support the village administration and maintenance.</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>Medicine management policies and procedures guide safe medicine management practice, and these are implemented. The RNs and medication competent caregivers are responsible for the administration of medications and have completed medication competencies and annual medication education. The RNs have completed syringe driver training. All medications and pre-packaged medication are checked on delivery. There were no self-medicating residents on the day of the audit. Processes for competency assessment and safe storage were in place in the event that a resident was self-medicating.</p> <p>All medications were stored securely in the locked medication room. Original labels were present on medication in the medication trolley and cupboards. Eyedrops had open dates documented. The medication fridge temperature and medication room temperature are monitored and recorded regularly.</p> <p>Sixteen resident medication charts were reviewed on the electronic medication system. All electronic charts had a photo ID and allergy status documented. The 'as required' medications had an indication for use in the electronic charts and the effectiveness of 'as required' medication administered was recorded.</p>

		<p>There are a number of residents requiring insulin and anticoagulant medicine. Review of two residents with insulin and one resident requiring anticoagulant therapy showed appropriate charting and management of these medicines.</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>PA Low</p>	<p>Food services is contracted for the provision of meals on site and to the village café. All meals at the service are prepared and cooked on site in a well-equipped kitchen. There are nine staff including one kitchen manager who cover the week between them.</p> <p>There is an eight-week seasonal menu that had been reviewed by a dietitian in November 2019. Menus are adjusted to meet resident preferences, likes and dislikes and alternate meal options are catered for. Texture modified meals, protein drinks, and supplements are provided. Residents' dietary forms are current and regularly reviewed by the kitchen manager and regularly updated by the RNs.</p> <p>Meals are taken to the dining rooms (one in the main lounge and another in the separate dining area for serviced apartments) in hot boxes, then transferred into bain maries and served directly from these. Staff were observed serving and assisting residents with their lunchtime meals and drinks. Specialised crockery and utensils are provided as required.</p> <p>The service records all fridge and freezer, cooking, cooling and reheating temperatures daily. All food was stored correctly and dated.</p> <p>All residents and family members interviewed were satisfied with the meals. Residents have the opportunity to feedback on the service through resident meetings and surveys. Management liaises regularly with the kitchen manager to monitor feedback and identify any areas for improvement. The food control plan has been submitted, (December 2019), however the service has not received the approval yet.</p> <p>Kitchen staff are not trained in safe food handling.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Five of six care plans reviewed had interventions documented to meet the needs of the resident (link 1.3.3.3). Care plans have been updated as residents' needs changed. Resident falls are reported on accident forms and written in the progress notes. Neurological observations are completed for unwitnessed falls.</p> <p>The GP expressed high levels of confidence in the clinical team and stated that despite the vacant clinical lead position, the care centre manager and RNs worked together as a team to support residents.</p> <p>Discussions with families and notifications were documented in the electronic records. Interviews with residents and family confirmed that their relative's needs are met, and they are kept informed of any health changes.</p> <p>Adequate dressing supplies were sighted. The wound care records were reviewed. Wound assessments,</p>

		<p>treatment and evaluations were in place for all current wounds (a skin tear and two skin lesions). There was no pressure injuries on the day of the audit. The RNs interviewed were able to describe the referral process for a wound care nurse specialist if required. Short-term care plans are used for short-term needs and were sighted for wounds, skin tear and skin infection. Staff interviewed were aware of residents' needs and understood interventions on how to meet them.</p> <p>Continence products are available and resident files included a continence assessment, bowel management, and continence products identified. Staff interviewed stated that they have enough stock available and are aware of how to access stock if need arises.</p> <p>Monitoring forms are available to monitor resident health and progress against implemented interventions.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>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.</p>	<p>FA</p>	<p>The service employs one DT and two recreational therapists who provide seven days cover with three days overlapping.</p> <p>There is a weekly programme in large print on noticeboards and the residents also have a copy in their rooms. Residents have the choice of a variety of activities in which to participate and every effort is made to ensure activities are meaningful and tailored to residents' needs. These include exercises, games, quizzes, music and walks outside. Summerset Mountain View had dual-service bed capacity; therefore, the rest home/hospital programme is integrated.</p> <p>Special events are celebrated. One-on-one time is spent with residents who choose to stay in rooms or are unable to participate in group activities. There is an interdenominational church service every Sunday afternoon and a Catholic deacon comes in to give communion. An Anglican vicar also holds monthly reflections. There are van outings at least two times a week. The service also uses external entertainers, but due to the COVID-19 alert, external entertainers and community connections were on hold.</p> <p>Resident meetings and annual surveys provide an opportunity for residents to feedback on the programme, as well as resident verbal feedback. Residents and family interviewed expressed satisfaction with the activities programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and</p>	<p>FA</p>	<p>There is evidence of resident and family involvement in the evaluation of resident care plans. Initial care plans and long-term care plans reviewed were evaluated by the RNs. Written evaluations had been completed six monthly or earlier for resident health changes in the long-term resident electronic records. There is evidence of multidisciplinary (MDT) team involvement in the reviews including input from the GP, care centre manager, RN, caregivers and any allied health professionals involved in the resident's care. Families are invited to attend the MDT review and asked for input if they are unable to attend. Short-term care plans sighted have been evaluated</p>

timely manner.		by an RN.
<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	The building holds a current warrant of fitness. Hot water temperatures have been checked in residents' areas and other areas that require hot water, but monitoring of high and low readings in residents' areas were randomly identified.
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Infection events are collected monthly and entered into the electronic system. The IC coordinator provides IC data, trends and relevant information to the IC committee and clinical/quality meetings. IC audits are completed, and required corrective actions were implemented.</p> <p>The facility had started benchmarking with similar Summerset facilities. There is a quality initiative in place with the aim of reducing respiratory infections. This is currently ongoing.</p> <p>There were three outbreaks in 2019 including one respiratory and two gastrointestinal. Review of records showed that public health authorities were reported, and their recommendations were implemented. Following these, an extensive IC review was completed, and staff also undertook additional training around outbreak management and infection prevention.</p> <p>On the day of audit, NZ was on alert level 2 COVID-19 and Summerset Mountain View has implemented recommendations from MOH. All family members and visitors, including contractors, were required to complete a health declaration prior to entry to the facility. Staff completed IC training around COVID-19, hand washing, use of PPE, and repetitive training is in place. Summerset Mountain View aims to capture all staff members to undertake this training. Staff interviewed confirmed training around IC management and transmission of COVID-19.</p> <p>The care centre manager reported that there are at least three days of IC suppliers including full PPE on site and additional suppliers are kept at the Summerset head office.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate</p>	FA	The service currently has five residents assessed as requiring the use of restraint (3 bedrails - hospital level care and two low beds - one rest home and one hospital). There are no residents requiring an enabler. The care plans are up-to-date and provide information in assessing the risks of safety and the need for restraint. Restraint

<p>that the use of restraint is actively minimised.</p>		<p>monitoring is up to date and completed daily.</p> <p>Staff interviews, and staff records evidenced that staff received training around restraint minimisation and enablers. Staff records sampled included annual competencies. Restraint minimisation audits and challenging behaviour audits showed 100% compliance with Summerset policies. Restraint monitoring is up to date and completed daily.</p> <p>Staff interviews confirmed knowledge and understanding around enabler usage and de-escalation techniques to prevent restraint usage.</p>
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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 1.3.13.5 All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.	PA Low	The fridge and freezer temperatures are monitored and recorded. End cooked food temperatures are recorded on all meats and menu foods. All foods are stored correctly, and date labelled. Cleaning schedules are maintained. Chemicals are stored safely within the kitchen. Staff were observed wearing correct personal protective clothing. Kitchen staff are not trained in safe food handling.	Kitchen staff are not trained in safe food handling. The kitchen manager showed other online training available for staff; however, there was no evidence of completed training around food handling. This was also identified in the Summerset Mountain View internal audit programme and requested a follow-up action from the contractor; however, the kitchen manager failed to provide evidence around food handling training.	Ensure that all kitchen staff complete food handling training. 180 days
Criterion 1.3.3.3	PA Low	Six resident records were reviewed (three rest home	The resident was previously receiving	Ensure that

<p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>		<p>including one resident under respite care and one in the serviced apartments, and three hospital level care). The five resident records showed that an RN had undertaken an initial assessment within 24 hours of admission. The sixth record was a resident who resides in the serviced apartments, but did not have an initial care plan.</p> <p>InterRAI assessments and long-term care plans reviewed were completed within 21 days of admission and evaluated and/or updated at least six monthly. The interRAI assessment links effectively to the long-term care plans. Noting that, the respite care resident did not require an interRAI assessment and a long-term care plan. Medical assessments were completed on admission by the GP within three working days of admission. All long-term residents' records reviewed evidenced at least three-monthly medical reviews.</p>	<p>packages of care, then was assessed requiring rest home level care. The resident's electronic records showed that the resident started receiving rest home level care from 6 March 2020. The level of care change has been confirmed by the operations manager on 10 March 2020. However, the resident's records did not include an initial nursing assessment and care plan completed.</p>	<p>initial nursing assessment and care plan is completed within 24 hours entry to the service.</p> <p>90 days</p>
<p>Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.</p>	<p>PA Low</p>	<p>The building holds a current warrant of fitness which expires on 6 September 2020. There is a property manager and a maintenance man who both work on site 40 hours a week. Contractors are available when required.</p> <p>Hot water temperatures have been checked in residents' areas and other areas that require hot water, but monitoring of high and low readings in residents' areas were randomly identified. There was an issue around tempering valves since late 2019 and records showed several complaints from residents. Tempering hot water valves were changed recently; however, hot water monitoring records still show high readings in residents' areas. Document review showed that follow-up readings in these residents' rooms were not completed.</p>	<p>Hot water temperatures were not maintained within acceptable levels and hot water monitoring has not been completed in the resident rooms following high readings.</p>	<p>Ensure that hot water in the resident's area is maintained within 45C degrees.</p> <p>90 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.