

Summerset Care Limited - Summerset Rototuna

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 BSI Group New Zealand Ltd, 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 Rototuna
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 28 October 2020 End date: 28 October 2020

Proposed changes to current services (if any): The organisation has built a new care centre, which is part of the Summerset Rototuna Retirement Village. The care centre is across three levels. The ground floor includes nine serviced care apartments, service areas and a secure 20-bed dementia unit. The 20-bed dementia unit (Memory Care) are all LTO apartments. Level one includes 43 rooms (all dual-purpose hospital/rest home rooms). Eight of the 43 dual-purpose rooms have been verified as suitable as double rooms for couples if needed which potentially could be up to 51 residents. There are also 19 serviced apartments on

level one. Level two includes 28 serviced apartments. All 56 serviced apartments have been verified as suitable for rest home level care. The service was also verified as suitable to provide hospital (medical) level care. The service is planning to open 30 November 2020.

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.

General overview of the audit

Summerset Rototuna is a new retirement village complex. The care centre is a three-level facility. The ground floor includes the service areas, a secure dementia unit (Memory Care unit) and serviced care apartments. The secure 20-bed Memory Care unit are all LTO apartments. There are 43 (rest home and hospital level) rooms on the first floor (all dual-purpose). There are eight double rooms in the dual-purpose unit available for couples, which would allow for 51 residents.

There are serviced apartments across the three floors (9 on the ground floor, 19 on the first-floor plan and 28 on the second floor); all 56 apartments were verified as suitable to provide rest home level care.

The service was also verified as suitable to provide hospital (medical) level care. The service is planning to open 30 November 2020.

This partial provisional audit was conducted to assess the facility for preparedness to provide rest home, hospital (medical and geriatric) and dementia level care in the new facility. The service have 71 beds across the care centre (20-bed dementia unit, and

51 dual-purpose beds). There are also 56 serviced apartments suitable for rest home level care. This gives a total of 127 certified beds.

The service has a village manager (registered nurse) who has been in the role for the last year and involved in the opening of the village. The village manager has a background in management. A care centre manager who has many years' experience in managing an aged care facility, has recently been appointed from another Summerset village. The management team are supported by a regional quality manager and a regional operations manager.

Summerset group has a well-established organisational structure, which includes a board, chief executive officer, operations managers, regional quality managers and a clinical improvement manager. Each of the Summerset facilities throughout New Zealand is supported by this structure. 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 dual-purpose unit, Memory Care unit, serviced apartments, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home and hospital (medical and geriatric) and dementia level care. Summerset is experienced in opening new facilities and there are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

The improvements required by the service are all related to the opening of the building, and staff training/orientation.

Consumer rights

Not applicable

Organisational management

Summerset group have in place annual planning and comprehensive policies/procedures to provide rest home, hospital (medical and geriatric) and dementia level care. Senior managers who provide regular updates and reviews develop policies and procedures. 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 resource 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, kitchenhands, caregivers, registered nurses, and manager roles.

There is a 2020/21 training plan developed to be implemented at Summerset Rototuna.

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 are sufficient numbers of staff currently employed to cover the roster across each area on opening.

Continuum of service delivery

Initially on opening the Memory Care Unit (dementia unit) the care lead will be responsible for the assessment and planning of activities for each individual resident. A diversional therapist (DT) has been employed and hours will increase as numbers increase. A weekly activity plan has been developed. The programme is designed for residents with memory loss.

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 current Medicine Care Guides. It is planned to implement a safe implementation of the medication system including ensuring registered nurses and care staff have completed medication training and competencies. There are secure medication rooms in the dual-purpose unit and Memory Care unit. An electronic medication system is to be implemented on opening.

The facility has a large workable kitchen in a service area situated on the ground floor. The menu is designed and reviewed by a registered dietitian. Food is to be transported in hotboxes to each area. The service has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. There is a café on site.

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.

The building is near completion. All building and plant have been built to comply with legislation. The ground floor Memory Care unit (dementia unit) and the first-floor dual-purpose unit is built around a large, landscaped courtyard. The courtyard is on the ground floor and is accessible for the residents in the Memory Care unit. External landscaping is in the process of being completed with a number of areas for residents.

There are handrails in ensuites and communal bathrooms. The 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 and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

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. Double rooms are large enough for two beds and mobility equipment. The apartments in the dementia unit and the serviced apartments all have a separate lounge and bedroom.

Communal areas in all areas are well designed and spacious and allow for a number of activities. Activities are to occur in either 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 service area of the ground floor with clean and dirty flow. The facility includes 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 includes (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.

A new call bell system has been installed throughout the facility.

Restraint minimisation and safe practice

There are policies around restraints and enablers. The induction programme prior to opening includes training around restraint minimisation and competency assessments. Competencies are to be completed annually. The restraint coordinator role is currently overseen by the clinical nurse lead. Restraint meetings are to be held as part of the quality meeting monthly. Challenging behaviour training is included as part of the annual training programme and also has been included in the induction programme prior to opening.

Infection prevention and control

There are clear lines of accountability, which are recorded in the infection control policy. The clinical nurse lead will be the infection control officer. Monthly collation of infection rates will be completed for analysis. Infection control is an agenda item of the quality meeting and an infection control (IC) committee is to be initially commenced as part of the quality committee. 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	13	0	4	0	0	0
Criteria	0	32	0	5	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 Rototuna is a new retirement village complex. The care centre is a three-level facility. The ground floor includes the service areas, a secure dementia unit and serviced care apartments. The secure dementia unit (Memory Care) are all LTO apartments with no standard rooms.</p> <p>There are 43 (rest home and hospital level) rooms on the first floor (all dual-purpose). There are eight double rooms available for couples, which would allow for a total of 51 residents.</p> <p>There are serviced apartments across the three floors (9 on the ground floor, 19 on the first-floor plan and 28 on the second floor); all 56 apartments were verified as suitable to provide rest home level care.</p> <p>The service was also verified as suitable to provide hospital (medical) level care. The service is planning to open 30 November 2020.</p> <p>This partial provisional audit was conducted to assess the facility for preparedness to provide rest home, hospital (medical and geriatric) and dementia level care in the new facility. The service have 71 beds across the care centre (20-bed dementia unit, and 51 dual-purpose beds). There are also 56 serviced</p>

		<p>apartments suitable for rest home level care.</p> <p>The service has a village manager (registered nurse) who has been in the role for the last year and involved in the opening of the village. The village manager has a background in management. A care centre manager who has many years' experience in managing an aged care facility, has recently been appointed from another Summerset village. The management team are supported by a regional quality manager and a regional operations manager.</p> <p>Summerset group has a well-established organisational structure, which includes a board, chief executive officer, operations managers, and a national clinical improvement manager. 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 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.</p> <p>There is a transition plan with key tasks around opening of the care centre (Mobilisations of Operation).</p> <p>There is a village managers and care home manager's job description that includes authority, accountability and responsibility including reporting requirements. Both managers have completed Summerset annual forums.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The care home manager will fulfil the village manager's role during a temporary absence with support from the clinical nurse leads and the regional manager. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home, hospital (geriatric and medical) and dementia level care. The appointment of staff and building of the facility are appropriate for meeting the assessed 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</p>	<p>PA Low</p>	<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</p>

<p>practice and meet the requirements of legislation.</p>		<p>coordinator, health and safety officer, and fire officer.</p> <p>The service has policy around competencies and requirements for validating professional competencies. The village manager advised that copies of practising certificates are obtained from newly employed staff. This was cited in the file of the CNL.</p> <p>There are human resource policies and procedures, which includes the requirements of skill mix, staffing ratios, and rostering. Three newly employed staff files were reviewed.</p> <p>The managers have employed staff to commence on opening. There are 15 caregivers (one has the required dementia standards), six have level 4, four have level 3, two has level 2. All caregivers will be enrolled to be completed the dementia standards at induction. There is a Careerforce assessor on site.</p> <p>A dementia care lead has been appointed. The care lead is a registered nurse with experience with dementia care.</p> <p>There are five registered nurses employed plus the two clinical nurse leads. All are interRAI trained nurses. There are currently sufficient staff employed for the opening of all areas within the care centre.</p> <p>An orientation programme has been developed for all staff which commences 2 November 2020 across three weeks. This includes completing orientation documentation and competencies. The orientation programme also includes specific training around (but not limited to) equipment, manual handling, safe chemical handling, medimap, emergency and fire training and dementia model of care. A 2021 training plan is also available for the organisation, which will be implemented. There is a list of topics that must be completed at least two yearly, and this is reported on.</p> <p>The service has a contract with a local medical centre including GP's specialised in elder care and Nurse Practitioners. Initially the medical centre, including a nurse practitioner will visit 2x weekly and available afterhours. A contract has been obtained with a physiotherapist, local pharmacy, dietitian and podiatrist.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or</p>	<p>FA</p>	<p>Human resource 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</p>

<p>experienced service providers.</p>	<p>depending on resident numbers. There is also a document 'Guidelines for management of fluctuating occupancy'. Draft rosters have been developed for various resident numbers and levels.</p> <p>The service has developed an initial draft roster, for each area (memory care unit, dual purpose unit and serviced apartments). 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 needs dictate. The roster is designed for the increase in residents. There is 24-hour RN cover with the registered nurses currently employed.</p> <p>The care home manager (RN) covers Monday – Friday 0730 – 1600 and initially is on-call 24/7.</p> <p>For the initial opening of the serviced apartments, this will be overseen by a rostered caregiver 0700 – 1500, 1500 – 2300 and 2300 – 0700. The registered nurse from the dual-purpose unit will provide support as needed.</p> <p>For the initial opening of the Care centre (level one) –</p> <p>Care nurse lead</p> <p>AM shift – RN 0645 – 1500 and two caregivers 0700 – 1500.</p> <p>PM shift – RN 1445 – 2300 and two caregivers 1500 – 2300</p> <p>Night shift – RN 2245 – 0700 and two caregivers 2300 – 0700</p> <p>For the initial opening of the Memory Care unit the roster (up to 5 residents) includes:</p> <p>Care nurse lead 0800 – 1630 (Tuesday – Saturday)</p> <p>One caregiver Monday and Sunday 0700 – 1500 and one caregiver Tuesday – Saturday 0700 – 1500</p> <p>Two caregivers 1500 – 2300 and one caregiver 2300 – 0700</p> <p>It was noted that the Memory Care unit has a large hallway footprint with the dining area on one side of the unit and the lounge on the other side of the unit. The service will need to always consider the footprint of the unit when staffing the unit to adequately ensure supervision of the residents across the unit.</p> <p>The following have also been employed and on the roster – property manager, property assistant/gardener, office manager, two housekeepers, two cooks and</p>
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		activity coordinator.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The nursing manual includes a range of medication policies. The service is planning to use a four weekly pre-packed sachet medication system, with a contract in place from a local pharmacy, for the provision of this service. There is one large medication room in the care centre on level one where medications will be stored, including medications for the rest home residents in the serviced apartments. There is a secure medication room in the Memory Care unit. The service is intending to roll out medimap on opening.</p> <p>Medication trolleys and medication fridges are available for each medication room. The medication rooms are secure and furnished. 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. Medication training and competencies are to be completed at orientation (link 1.2.7.5).</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 are available.</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>	PA Low	<p>Summerset has comprehensive nutritional management policies and procedures for the provision of food services for residents. There is a chef manager, two chefs, two café assistants, one café supervisor and café assistant employed who will provide all aspects of the food service.</p> <p>The facility has a large purpose-built kitchen on the ground floor adjacent to the café and dining area of the village residents. There is a walk-in chiller, freezer and pantry. The menu is designed and reviewed by a registered dietitian. Food is to be transported in hot boxes to the satellite kitchen in the main dining room of the care centre on level one, to the satellite kitchen/dining area of the rest home residents in serviced apartments, and the Memory Care unit kitchenette. Meals are to be served to residents from the hot boxes in the satellite kitchen by staff. There is a lift near the service area, that will be used to transport food carriers to</p>

		<p>each floor and dishes back to the kitchen. Crockery, cutlery and resident food equipment has been purchased. The kitchen is yet to be fully completed.</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 will be undertaken and documented. Food safety in-service training will be conducted.</p> <p>There is a fridge in the kitchenette in the Memory Care unit that can hold snacks available 24/7. There is an induction hob in the kitchenette of the Memory Care unit and dual-purpose units that prevent any resident burning themselves if touched. Boiling water taps have a safety mechanism. Advised that benchtop cooktops in serviced apartments can be disconnected if a resident is at risk.</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>Initially on opening the Memory Care Unit (dementia unit) the care lead and activity assistant (DT) will be responsible for the assessment and planning of activities for each individual resident. The activity assistant will be initially working .6 hours a week across the dementia unit and dual-purpose unit. The activity assistant will be supported to implement an activity programme with support of the caregivers working in the unit. Advised that activity hours will increase as numbers increase.</p> <p>A weekly activity plan has been developed and this will be adjusted as the interests of the residents are determined. The programme will be designed for residents with memory loss. The national Summerset DT will support the activity team. A facility mobility van is available for outings for all residents. The lounge areas including a quiet lounge, and the lounges include seating placed for individual or group activities. Some of the regular activities to be provided will include music, visiting entertainers, pet therapy, van outings, visits to the library/shopping, exercises, memory lane and group games. One-on-one sessions include hand and nail pampering and reading with residents. There is a specific interactive room in the unit that includes a Tovertafel which uses interactive light projections.</p> <p>Activity assessments are completed for residents on admission and an individualised activities plan is developed from this. The activity plans on the electronic VCare system allow for identifying individual diversional, motivational</p>

		and recreational therapy across a 24-hour period. Assessments identify former routines and activities that the resident is familiar with and enjoys. The activities plan is integrated within the overall care plan on VCare.
<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>	FA	<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. Chemicals will be automatically dispensed in the laundry. There are two key padded sluices, one in the dual-purpose unit and one in the Memory Care unit.</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 are required to complete training regarding the management of waste. Chemical safety training is a component of the compulsory two-yearly training and orientation training. All new staff will complete waste management training and PPE at orientation through the employee's induction programme (link #1.2.7.4).</p> <p>Gloves, aprons, and goggles have been purchased and to be installed in the sluice rooms in the care centre, cleaners' cupboards and laundry. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</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>	PA Low	<p>A staged building project has been underway, which includes retirement villas and facilities, and care centre. The care centre is a three-level facility. The ground floor includes nine serviced care apartments, service areas and a secure Memory Care unit. The Memory Care unit are all LTO apartments. Level one includes 43 rooms (all dual-purpose hospital/rest home rooms). Eight of the 43 rooms have been verified as suitable as double rooms for couples if needed, which potentially could be up to 51 residents. There are also 19 serviced apartments on level one. Level two includes 28 serviced apartments. All 56 serviced apartments have been verified as suitable for rest home level care.</p> <p>The building is completed with final touches now occurring. A code of compliance has been obtained the day after the onsite audit (dated 29 October 2020). All building and plant have been built to comply with legislation. The</p>

	<p>ground floor Memory Care unit and the first-floor dual-purpose unit is built around a large, landscaped courtyard. The courtyard is on the ground floor and is accessible for the residents in the Memory Care unit. There are external paths that lead from the dining area and also from the lounge with large sliding doors and wheelchair accessible. The outdoor courtyard is well designed/landscaped for wandering and includes raised planters and seating and umbrellas for shade. It was noted that there were a number of balconied rooms and large balcony off the conservatory on the first floor where residents in the dual-purpose unit can look down into the Memory Care unit courtyard. The service will need to consider how this is best managed to ensure the privacy and dignity of the residents that live in the Memory Care unit.</p> <p>The Memory Care unit is a square shape around a large internal courtyard. There is a separate entrance area. Visitors have speaker access to staff and then the door will be released to enter the entrance foyer. There is a glass door from the foyer into the unit which will be opened by staff for visitors to enter. The door will need to be disguised. All exits in and out require swipe card access by staff. Decals are used around the corridors to distract residents from locked rooms, dead end walls and doors. Contrasting colours in some areas such as ensuites provide easier visibility and identification of furniture. There are large, coloured wall boxes outside each resident room that can be personally decorated. Each resident room entrance door has a different panel. In the Memory Care unit there is a small secure enclosed nurse's station with a window that does not look over the lounge areas. How staff supervise residents while writing notes will need to be considered.</p> <p>In the dual-purpose rooms on level one there are large spacious corridors. All resident rooms include electric beds and appropriate mattresses for pressure relief.</p> <p>There are two lifts between floors, one is large enough for a bed/stretcher if needed. Advised that they have a contract with the installer of the lift to maintain service (including emergency service) when needed. There are two stair wells at either end of the building.</p> <p>On level one, there is an open-plan nurse's station overlooking the lounge, a secure medication/treatment room, and care home manager's office. There is also a family room available. There is an assigned nurse's station on the middle floor (level one) of the serviced apartment area. There is a specific serviced apartment dining room on level one (for rest home residents) and also on the</p>
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		<p>ground floor.</p> <p>Residents are able to 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. The new furniture and equipment are appropriate for this type of setting and for the needs of the residents.</p> <p>There are handrails in ensuites and bathrooms. As there are no handrails around any of the hallways on each floor, the service will need to ensure there are adequate seats around the hallways for residents to rest. All rooms and communal areas allow for safe use of mobility equipment. There is adequate space for storage of mobility equipment in each of the three floors.</p> <p>External landscaping is completed with a number of areas for residents. There continues to be building/roads in the village being completed which is not accessible for residents.</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 adequate numbers of toilets and showers with access to a hand basin and paper towels. All resident rooms across the facility have single mobility ensuites with shower and toilet. There are mobility toilets located near all lounges with locks that can be opened from the outside if needed. There are separate staff and visitor toilets.</p> <p>There are picture signs for residents in the Memory Care unit to assist with locating the toilet.</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>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. Double rooms are large enough for two beds and mobility equipment. However, there is limited room for a comfy chair as well. The apartments in the Memory Care unit and the serviced apartments all have a separate lounge and bedroom.</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>There is a café, dining room and large lounge area adjacent to the apartments on the ground floor. This is available for village residents, visitors and any care centre residents that choose to go to the café. There is also another lounge/dining area for serviced apartment rest home residents on level one.</p> <p>There is a separate dining room and kitchenette on one side of the Memory Care unit. On the other side of the Memory Care unit there is a spacious activity room and lounge. There is also a separate family room/sensory room off the lounge. The nurse's station is off the lounge area and staffing will need to consider how the dining room and lounge (both on opposite sides of the courtyard) are monitored.</p> <p>On level one (dual-purpose unit), there is a large spacious living area and kitchenette/dining area. There is a separate recreation area off the lounge. There is also a large spacious conservatory area and covered balcony. A separate family room is also available.</p> <p>There are other areas available for sitting and resting (also link 1.4.2) due to wider corridors in the dual-purpose unit and near lifts.</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 the service area on the ground floor and has an entrance for dirty laundry and an exit for clean. The laundry is large and includes two commercial washing machines and two dryers. Dirty linen can be transported to the ground floor via a laundry chute from level one to the laundry. Covered linen trolleys have been purchased. Cleaning staff will initially manage laundry. 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 will have 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 the contracted company and to be displayed in the cleaning cupboards, laundry and sluices in each area. The laundry and cleaning areas</p>

		<p>have hand-washing facilities. There are personal laundries in the serviced apartments on each floor.</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 Rototuna which includes 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 (link 1.2.7.4). Fire drills are scheduled for staff during induction, the week before opening. All registered nurses who do not have current first aid certificates will complete current first aid certificates at induction.</p> <p>The service has cooking facilities (gas cooker) available in the event of a power failure. The service also has a generator available in the event of a power failure for emergency power supply. There are also extra blankets available. There is a civil defence locker on each floor which includes all necessary civil defence requirements. A number of water tanks are 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 personal pagers held by each care staff member.</p> <p>The "Austco Monitoring programme" is available in each bedroom and ensuite to ensure the resident is effectively monitored with dignity and limited interruption. The system in the Memory Care unit includes sensor bed mats that activate the lights in resident rooms, so when a resident gets up at night the light in their ensuite automatically turns on. This prompts the resident to go to the toilet and then on leaving the ensuite the light above the resident's bed illuminates and encourages the resident to go back to bed. This system is controlled by a timer and therefore can be set to meet the individual needs of each resident.</p> <p>As the facility 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 weeks. The fire evacuation scheme has been approved by the NZFS (28 October 2020).</p> <p>There is a separate entrance area into the Memory Care unit. Visitors have speaker access to staff and then the door will be released to enter the entrance</p>

		<p>foyer. There is a glass door from the foyer unit the unit that will also be opened by staff for visitors to enter (link 1.4.2.1). All exits in and out require swipe card access by staff.</p> <p>There is a main double-door entrance into the care centre that will be secure at dusk with phone access.</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 throughout the facility have air conditioning units. 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. In the Memory Care unit rooms, individual resident room lighting can be controlled by staff from controls outside each room. Some rooms in the care centre have Juliet balconies.</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. There are clear lines of accountability to report to the infection control (IC) team on any infection control issues including a reporting and notification to care home manager. There are documented IC responsibilities that includes reporting processes. The recently employed clinical nurse lead with a signed job description will take on the role as IC coordinator. There is an IC plan in place for 2020/21. Initially infection control will be part of the monthly quality meeting. Advised that IC meetings will commence monthly as numbers increase. There is a specific pandemic plan and outbreak kits available. The Summerset National IC group meet monthly which includes IC Coordinators from across all villages. An annual review of the infection control programme is conducted through these meetings. Monthly benchmarking of infections is conducted for all Summerset facilities.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are policies around restraints and enablers. The induction programme prior to opening includes training around restraint minimisation and competency assessments. Competencies are to be completed annually. The restraint coordinator role is currently overseen by the clinical nurse lead. Restraint meetings are to be held monthly as part of the combined quality meeting.</p>

		Challenging behaviour training is included as part of the annual training programme and also has been included in the induction programme prior to opening.
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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)
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	<p>All new staff are required to complete an induction and orientation. The organisation has an induction/orientation programme, which includes packages specifically tailored to the position such as nurse manager, registered nurses, caregivers, activities staff, and housekeeping staff.</p> <p>Staff orientation policy provides guidelines regarding the orientation programme for all new staff and includes general orientation and specific orientation for registered and enrolled nurses. Prior to opening, all new staff will complete orientation across three weeks. Competencies such as medication will also be completed at this</p>	<p>Orientation for staff is yet to be provided. An orientation programme has been developed for all staff which commences 2 November 2020 across three weeks. This includes completing orientation documentation and competencies. The orientation programme also includes specific training around (but not limited to) equipment, manual handling, safe chemical handling, medimap, emergency and fire training and dementia model of care.</p>	<p>Ensure the facility orientation is completed.</p> <p>Prior to occupancy days</p>

		<p>time. First aid certificates are also scheduled to be completed during orientation for those that do not have a current first aid certificate.</p> <p>All newly employed caregivers are required to complete competencies as part of the Careerforce orientation for caregivers.</p>		
<p>Criterion 1.3.13.1</p> <p>Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.</p>	PA Low	<p>The facility has a large purpose-built kitchen on the ground floor adjacent to the café and dining area of the village residents. There is a walk-in chiller, freezer and pantry. The menu is designed and reviewed by a registered dietitian. Food is to be transported in hot boxes to the satellite kitchen in the main dining room of the care centre on level one, to the satellite kitchen/dining area of the rest home residents in serviced apartments, and the Memory Care unit kitchenette. Meals are to be served to residents from the hot boxes in the satellite kitchen by staff. The main kitchen is not yet fully furnished or functioning.</p>	<p>The main kitchen is not yet fully furnished or functioning. The memory care unit has microwaves in the studios that could potentially be a hazard for the residents.</p>	<p>Ensure the kitchen is fully operational. Ensure the microwaves are removed from the memory care studio units.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The building is completed with final touches now occurring. A code of compliance has been obtained (dated 29 October 2020). All building and plant have been built to comply with legislation. The ground floor Memory Care unit and the first-floor dual-purpose unit is built around a large, landscaped</p>	<p>The glass door into the memory care unit will be a hazard for residents and not distract them from it being an exit point.</p>	<p>Ensure the glass door is safe and disguised to distract residents away from it being a door.</p>

		<p>courtyard. The courtyard is on the ground floor and is accessible for the residents in the Memory Care unit. There are external paths that lead from the dining area and also from the lounge with large sliding doors and wheelchair accessible. It was noted that there were a number of balconied rooms and large balcony off the conservatory on the first floor where residents in the dual-purpose unit can look down into the Memory Care unit courtyard. The service will need to consider how this is best managed to ensure the privacy and dignity of the residents that live in the Memory Care unit. There is a glass door from the foyer into the unit which will be opened by staff for visitors to enter.</p>		Prior to occupancy days
<p>Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	<p>External landscaping is completed with a number of areas for residents. There continues to be building/roads in the village being completed which is not accessible for residents.</p>	<p>The outdoor courtyard is well designed/landscaped for wandering and includes raised planters. Seating and umbrellas for shade are yet to be installed. Not all landscaping is complete around the external of the care centre.</p>	<p>Ensure seating and shade is available in the courtyard. Ensure the external landscaping is complete.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified</p>	PA Low	<p>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</p>	<p>As the facility has not yet opened, staff have not completed a fire drill or training around the fire evacuation procedure.</p>	<p>Implement fire drills and emergency training for all staff. Ensure there is staff</p>

<p>emergency and security situations. This shall include fire safety and emergency procedures.</p>		<p>for staff during induction weeks. All registered nurses will have current first aid certificates. As the facility has not yet opened, a fire drill or training around the fire evacuation procedure has not occurred.</p>		<p>across 24/7 with a current first aid certificate.</p> <p>Prior to occupancy days</p>
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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.