

Summerset Care Limited - Summerset down the Lane

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Summerset Care Limited
Premises audited:	Summerset down the Lane
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 30 August 2022 End date: 31 August 2022
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:	52

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. 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 subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections 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 subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Summerset Down the Lane is certified to provide rest home and hospital level (medical and geriatric) care for up to 66 residents. There were 52 residents on the days of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Te Whatu Ora – Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, a family member, management, staff, and a general practitioner.

The village manager and care centre manager are appropriately qualified and experienced and are supported by a clinical nurse leader (RN). There are quality systems and processes being implemented. Feedback from a family member and the general practitioner was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit identified the service meets the intent of the standard.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. A Māori Health Plan is in place for the organisation. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

The registered nurses are responsible for each stage of service provision. Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences of the consumer group.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The service has a current food control plan, and the menu has regular dietitian input and oversight.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Fixtures, fittings, and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including Covid-19.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
--	--	--

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to PPE supplies. There have been two outbreaks (Covid-19) since the previous audit.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinator is a registered nurse. There were no residents using a restraint and encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

The following table summarises the number of subsections 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)
Subsection	0	20	0	0	0	0	0
Criteria	0	57	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of 'not applicable' which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori Health Plan and Cultural Safety Tikanga Māori policy is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for Aotearoa New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori. On the day of the audit, there were residents who identified as Māori. All residents (where able) and family/whānau are involved in providing input into the resident's care planning, their activities, their cultural and dietary needs. This was confirmed in interviews with four residents and one family/whānau interview. The management team (village manager, care centre manager and clinical nurse leader) and staff (two caregivers, four registered nurses [RNs], one diversional therapist, one recreational therapist, one chef and one kitchen assistant) described how care and services are based on the resident's individual values and beliefs. The care centre manager confirmed that the service supports a Māori workforce with a proportion of staff identifying as Māori (or having whanau connections) at the time of the audit. They described encouraging applicants who identify as Māori and</p>

		supporting all applicants through the employment processes. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	Not Applicable	The service plans to partner with a Pacific organisation or leader who identifies as Pasifika to provide guidance and consultation as the Pacific Health Plan is developed and implemented. At the time of the audit, there were staff who identified as Pasifika.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The care centre manager confirmed that Summerset Down the Lane ensures that Māori mana Motuhake is recognised in all aspects of service delivery. This was evidenced through policy and discussion with staff, who were able to discuss resident rights.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Signage in te reo Māori is in place in various locations throughout the care centre. Te reo Māori is reinforced by those staff who are able to speak/understand this language. Māori staff interviewed agreed that the service works towards promoting te reo Maori and tikanga Maori.</p> <p>The staff noticeboards contain information on Māori tikanga practice. Interviews with eight care staff (four registered nurses, two caregivers, one diversional therapist and one recreational therapist) confirmed their understanding of Tikanga best practice with examples provided. Cultural training is also included in the</p>

		<p>orientation programme for new staff.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori; facilitating staff, resident and tāngata whaikaha participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents including Māori. At the time of the audit, there were Māori and Pasifika residents. A section of the electronic care plan captures any required Māori health and cultural information for each Māori resident.</p> <p>A family member interviewed confirmed that the care provided to their family/whānau member is outstanding.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. Tikanga best practice guidelines are displayed in staff areas. Cultural training is included in the annual training plan. The service welcomes family support when making decisions regarding care and support for the resident.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The care centre manager maintains a record of all complaints, both verbal and written on an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There have been eight complaints in 2022 year to date, two lodged in 2021, and four in 2020 since the previous (certification) audit that took place on 28 July 2020. There have been no external complaints.</p> <p>Discussions with one relative (hospital) and residents (three rest home and one hospital) confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are located in a visible location at the entrance to the care centre. Residents and families have a variety of avenues they can choose from to make a complaint or express a concern, including the resident and family meetings which are held at least quarterly (virtual meetings held during Covid lockdowns).</p> <p>Interviews with the care centre manager confirmed their understanding of the complaints process. Staff interviewed confirmed that they receive training on the complaints process, relative to their job role and responsibilities and in accordance with the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights. This training begins during their orientation to the service.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance</p>	FA	<p>Summerset Down the Lane is certified to provide rest home and hospital level (medical and geriatric) care for up to 66 residents. There were 52 residents on the days of audit.</p> <p>The Summerset group has a well-established organisational structure. The governance body for Summerset is the Operational and Clinical Steering Committee that is run bi-monthly and chaired</p>

<p>bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>by the general manager of operations and customer experience. Members of the committee include the chief executive for Summerset, group operations managers, head of clinical services, operations finance business partner, customer experience manager and operations and business improvement managers. Each of the Summerset facilities throughout New Zealand is supported by this structure.</p> <p>The director for Summerset is a member of the governing committee and is the CEO. The CEO works with the chair of the committee and the members to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks and a focus on continuous quality improvement.</p> <p>Terms of reference operate for this committee and are documented in the charter. Orientation and training are not specifically provided for the role on the committee as all members on the committee hold senior roles in Summerset. All members have the required skills to support effective governance over operational, clinical services, quality of resident care and fiscal responsibility. If individuals require support to develop their skills, there is financial support to attend courses or training as required and the people and culture team can provide internal support.</p> <p>The governance body for Summerset have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori.</p> <p>Summerset Group have a quality assurance and risk management programme and an operational business plan. The 2021-2022 business plan is specific to Summerset Down the Lane and describes specific and measurable goals that are regularly reviewed and updated. Site specific goals relate to clinical effectiveness, risk management and improvements in documentation.</p> <p>The overarching strategic plan has clear business goals to support their philosophy of 'to create a great place to work where our people can thrive'. The strategic plan reflects a leadership commitment to</p>
---	--

		<p>collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Summerset Down the Lane are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha.</p> <p>The bi-monthly report to the Operations and Clinical Steering group includes a range of information on high level complaints, progress with corrective actions and national systems improvements that are identified as a result of the complaint findings. An example of this would include policy reviews and implementation to drive change on a national level.</p> <p>The quality programme includes regular (weekly and monthly) site specific clinical quality and compliance and risk reports that are completed by the care centre manager, and clinical nurse leader, which are readily available to the senior team. These outcomes and corrective actions are discussed at several meetings. High risk areas are automatically escalated to senior team members at national level. Measures are then reviewed and adapted until a positive outcome is achieved or the goal is achieved.</p> <p>The service has a care centre manager (RN) who has been in the role for over a year. The care centre manager (CCM) has a background in aged care, and previously held clinical nurse manager roles. The CCM is supported by a clinical nurse lead (CNL), regional quality manager and a regional operations manager.</p> <p>The CCM and CNL have maintained the required eight hours of professional development activities related to managing an aged care facility. Both managers have completed cultural competency training.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and</p>	FA	<p>Summerset Down the Lane is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and</p>

<p>outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>through the collection of clinical indicator data.</p> <p>Monthly quality meetings and staff meetings provide an avenue for discussions in relation to, (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), cultural compliance, staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Staff complete cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori. Māori health is a standing agenda item at the quality meeting.</p> <p>Resident and family satisfaction surveys completed for 2021 and 2022 show consistent increases in key indicators such as resident satisfaction, communication, and the living environment. The net promoter score for the facility is consistently above that of the Summerset Group average.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. The Summerset Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated with further updates required in order to meet the 2021 Standard and review of policies provide a critical analysis of practice to improve health equity. New policies or changes to a policy are communicated and discussed to staff.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for two hours per week and strategies implemented to reduce the frequency of falls include intentional rounding/checks and the regular toileting of</p>
---	--

		<p>residents who require assistance. Registered nurses collaborate with caregivers to evaluate interventions for individual residents.</p> <p>Electronic reports are completed for each incident/accident, has a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in fifteen accident/incident forms reviewed (witnessed and unwitnessed falls, bruising and skin tears). Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against other Summerset facilities and aged care provider groups. The system escalates alerts to senior team members depending on the risk level.</p> <p>Incidents and accidents are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Neurological observations were consistently recorded as per policy. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the care centre manager, clinical nurse leader, allied staff, RNs, and caregivers.</p> <p>Discussions with the care centre manager, clinical nurse manager and regional quality manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been a section 31 notification completed to notify HealthCERT since the 2020 audit (challenging behaviour), and two outbreaks (Covid) in May and June 2022 which were appropriately notified to the Public Health Unit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	FA	<p>There is an acuity and clinical staffing ratios policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. The CCM interviewed confirm staff needs and weekly hours are included in the weekly report to the national senior team. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>All registered nurses and most caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff and residents are informed when there are changes to staffing</p>

<p>services.</p>	<p>levels, and care requirements are attended to in a timely manner as evidenced in staff interviews.</p> <p>The care centre manager and clinical nurse leader work Monday to Friday. The on-call roster is shared between the care centre manager and clinical nurse leader.</p> <p>The roster is developed as follows: main care centre (27 hospital and 20 rest home residents).</p> <p>AM:</p> <p>3x caregiver 07.00-15.00</p> <p>4 x caregiver 07.00-13.30</p> <p>1 x kaitiaki 09.00-14.30</p> <p>PM: 3 x caregiver 15.00-23.00</p> <p>3 x caregiver 16.00-21.00</p> <p>1 kaitiaki carer, 14.30-20.00</p> <p>Nocte:</p> <p>2 x caregiver 23.00-07.00</p> <p>The serviced apartments are staffed separately. At the time of audit there were five residents receiving rest home level care. There is one caregiver on each shift: 07.00-15.00, 15.00-23.00, 23.00-07.00.</p> <p>There are two registered nurses on the AM shift (06.45-15.00), two on PM (14.45-23.00) and one on night shift (22.45-07.00).</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Staff last attended cultural awareness training in August 2022. External training opportunities for care staff include training through the local hospital and hospice.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes</p>
------------------	---

		<p>and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Fifty caregivers are employed. Summerset Down the Lane supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing. Twenty-three caregivers achieved a level four NZQA qualification, six level three, eight level two and the rest are in progress. There is a national learning and development team that support staff with online training resources.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. These include restraint, medication administration, controlled drug administration, nebuliser, blood sugar levels, insulin administration, oxygen administration and wound management. Additional RN specific competencies include subcutaneous fluids, syringe driver, bladder irrigation, male catheterisation, female catheterisation, and interRAI assessment competency. Seven of nine RNs (including CCM and CNL) are interRAI trained. All RNs are encouraged to attend in-service training and have completed training in critical thinking, infection prevention and control including Covid- preparedness, identifying and assessing the unwell resident, dementia, delirium, and depression. All RNs attend relevant quality, staff, RN, health and safety, and infection control meetings when possible. All RNs are encouraged to complete the organisation's professional development and recognition portfolio.</p> <p>All caregivers are required to complete annual competencies for restraint, moving and handling, and cultural competencies. A selection of caregivers completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic human resources system.</p> <p>A management of agency staff policy is documented for the organisation. If agency staff are used, the orientation included health</p>
--	--	---

		<p>and safety and emergency procedures (clinical and non-clinical).</p> <p>Resident/family meetings are held at least quarterly and provide opportunities to discuss issues of concern or share information on the day-to-day happenings within the facility.</p> <p>A health and safety team is in place with health and safety meetings taking place monthly. Health and safety is a regular agenda item in staff and quality meetings. Training and support is provided to staff to ensure health and safety in the workplace. This includes manual handling, hoist training, chemical safety, emergency management including (six-monthly) fire drills, personal protective equipment (PPE) training and hazard reporting. Environmental internal audits are completed. Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted and visible in staff locations.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held secure. Six staff files reviewed (two caregivers, two RNs including the clinical nurse leader, one kaitiaki carer and one housekeeper) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, speech and language therapist and dietitian). There is an appraisal policy. All staff in the six staff files reviewed, had a twelve-week and six-month appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the</p>

		<p>orientation programme supports RNs and caregivers to provide a culturally safe environment for Māori.</p> <p>Volunteers are utilised when the Covid-19 protection framework permits. An orientation programme and policy for volunteers is in place.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The admission/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The care centre manager and regional operations manager keep records of how many prospective residents and families have viewed the facility, admissions and declined referrals. These records capture ethnicity.</p> <p>The service identifies and implement supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were residents and staff members that identified as Māori at the time of audit. The organisation engages with an external Māori consultant in order to continue development of meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p>	FA	<p>The care planning policy and procedure guides staff around admission processes, required documentation including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review. Short-term care plan policy and procedure is included in this policy.</p> <p>There are a suite of policies around clinical aspects of care including (but not limited to) continence, challenging behaviour, pain, personal</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>hygiene, intimacy and sexuality, skin wounds, fall prevention, continence promotion, end of life, spirituality and grief, and cultural safety.</p> <p>Five electronic resident files were reviewed (three rest home and two hospital level care). A registered nurse had undertaken an initial assessment, risk assessments and developed an initial care plan for all residents on admission. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented.</p> <p>Registered nurses complete an initial assessment and care plan on admission to the service which includes relevant risk assessment tools including (but not limited to) falls risk, detailed pain, pressure injury, skin, continence, and nutritional assessments. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes. The care plans on the electronic resident management system were resident focused and individualised. All long-term care plans reviewed identified all support needs, goals, and interventions to manage medical needs/risks. Other available information such as discharge summaries, medical and allied health notes, and consultation with relatives or significant others are included in the resident electronic file. The short-term care plans integrate current infections, wounds, or recent falls to reflect resident care needs. Short-term needs are added to the long-term care plan when appropriate and removed when resolved. Whānau interviewed confirmed they were involved in care planning and decision making. The registered nurses interviewed describe working in partnership with whānau to develop initial and long-term care plans.</p> <p>Staff interviewed could describe the four corner stones of Māori health 'Te Whare Tapa Whā' and stated care plans include the physical, spiritual, family, and mental health of the residents. For end of life care they use Te Ara Whakaperi.</p> <p>Residents have the choice to remain with their own GP. There is a 'house' general practitioner (GP) service specialising in aged care, who provides medical services to residents. A GP and a nurse practitioner (NP) visit at least weekly and complete three-monthly</p>
--	--

		<p>reviews, admissions and sees all residents of concern. The GP stated they are notified in a timely manner for any residents with health concerns. The GP/NPs are available after-hours 24/7. All GP/NP notes are entered into the electronic system. The GP commented positively on the care the residents received. Allied health care professionals involved in the care of the resident included (but were not limited to) physiotherapist, district nurse, speech language therapist and dietitian.</p> <p>Relatives are invited to attend GP/NP reviews, if they are unable to attend, they are updated of any changes. A family member interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a GP/NP visit or referral to nurse specialist consultants occurs.</p> <p>Wound records reviewed included skin tears, chronic lesions and abrasions, with the electronic wound care plan documenting the wound management plan, assessments, and evaluations with supporting photographs. The GP/NP and if required the wound nurse specialist are available to have input into chronic wound management. The wound nurse specialist was involved in the current wound care of three residents. The registered nurse holding the wound portfolio monitors all wounds weekly and registered nurses have completed wound care training.</p> <p>Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Electronic monitoring charts include (but not limited to) weights, observations included vital signs, weight, food and fluid balance recordings, behaviour monitoring and intentional rounding. All monitoring charts were implemented according to the care plan interventions.</p> <p>Evaluations are completed and recorded progress towards meeting goals.</p>
--	--	--

		Caregivers interviewed advised that a verbal handover occurs at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic programme. Tablets are readily available for staff to update monitoring charts and document progress notes on the electronic system.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The service employs one full-time diversional therapist (DT) and one full-time recreational therapist (DT in training), who lead and facilitate the activity program seven days per week between them. A weekly activities calendar is posted on noticeboards, and resident's rooms. The service facilitates opportunities for Māori to participate in te ao Māori through the use of Māori language on planners, in activities, signage, everyday use of greetings and common words in te reo Maori, and kaumātua visits.</p> <p>The service provides a range of activities such as crafts, exercises, bingo, cooking, indoor games, quizzes, van trips, sing-alongs, movies, and pampering sessions. Community visitors include entertainers, church services and pet therapy visits. Themed days such as Matariki, Waitangi, Anzac, and cultural days are celebrated with appropriate resources available.</p> <p>The diversional therapist has also instigated a spark of life group for those residents with some degree of cognitive decline.</p> <p>Residents and family interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered</p>

<p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medication adverse errors, and adverse events are reported through the incident and accident process and linked to the quality system. Errors such as pharmacy and/or administration errors are followed up with the person concerned.</p> <p>Medications were appropriately stored in the medication room and locked trolley. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications are checked weekly and signed on the checklist form. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies in use, must be reviewed, and prescribed by the GP/NP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP/NP had reviewed all resident medication charts three-monthly and each drug chart has a photo identification and allergy status identified. There were seven self-medicating residents who had been appropriately assessed for competence and had safe storage for medications in their rooms. There were no standing orders and no vaccines kept on site.</p> <p>There was documented evidence in the clinical files that relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described working in partnership with whānau to ensure the appropriate support is in place for their relatives, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	applicable	<p>The service prepares all meals on site. The menu has been approved by a dietitian and the kitchen has a current food control plan. The service is able to provide meals based on resident assessed needs and preference. Alternative meals are available for residents as needed. Residents interviewed praised the meals.</p> <p>The service adopts a holistic approach to menu development that ensures nutritional value, respecting and supporting cultural beliefs, values, and protocols around food. The service is currently considering how it can incorporate items to ensure Māori and whānau have menu options culturally specific to te ao Māori.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging,</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Summerset Down the Lane and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 27 July 2023. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>There are no plans for building projects, or further refurbishments, however if these arise, the organisation has a centralised process to consult with Māori representatives, thereby ensuring Māori aspirations and identity are included.</p>

independence, interaction, and function.		
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness.</p> <p>The building is secure after hours and staff complete security checks at night. Currently, under Covid restrictions visiting is restricted. All visitors must complete a rapid antigen test and show a negative result before leaving reception.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur. There are outbreak kits readily available and sufficient supplies of personal protective equipment.</p> <p>The service is working towards incorporating te reo information around infection control for Māori residents. Staff members who identify as Māori advise around culturally safe practices acknowledging the spirit of Te Tiriti.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection prevention and control policy in use at the facility. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service.</p> <p>Monthly infection data (including ethnicity) is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions, are discussed at the infection control meetings, quality, and staff meetings. Meeting minutes are available to staff.</p>

		<p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors on entry to the serviced apartments and in the hallways. Ministry of Health information and Covid-19 information is available to all visitors to the facility. There have been two outbreaks (Covid-19) since the previous audit.</p> <p>Visitors to the facility complete health screening declarations and records are kept of all incoming and outgoing visits.</p> <p>Staff are guided by Summerset policy in providing clear, culturally safe communication between the service and residents/whānau who develop or experience an infection.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a registered nurse. At the time of the audit, the facility was restraint free. The use of restraint (if any) would be reported in the quality/staff meetings. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment. Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme.</p> <p>The national quality team and regional quality managers are responsible for ensuring the commitment to restraint minimisation and elimination is implemented and maintained.</p>

Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection 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 subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our 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.