

Summerset Care Limited - Summerset on the Landing Kenepuru

Introduction

This report records the results of a Partial Provisional 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 on the Landing Kenepuru

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

Dates of audit: Start date: 13 December 2022 End date: 13 December 2022

Proposed changes to current services (if any): The organisation has built a new care centre, which is part of the Summerset on the Landing Village. 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 (two levels). On the ground floor, there are 20 rooms in the secure dementia unit (inclusive of two double rooms for couples) and 19 serviced apartments certified as rest home level care. On level one there are 75 dual-purpose beds (43 rooms in the care centre and 29 serviced apartments inclusive of three double

rooms). There are a total of 116 beds (22 dementia beds, 75 dual-purpose beds and 19 rest home beds). The service is planning to open from 7 February 2023.

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 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.

General overview of the audit

Summerset on the Landing is a new retirement village complex. 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 care centre is across two levels. On the ground floor, there are 20 rooms in the secure dementia unit (inclusive of two double rooms for couples) and 19 serviced apartments certified as rest home level care. On level one, there are 75 dual-purpose beds (43 rooms in the care centre inclusive of three double rooms and 29 serviced apartments). There are a total of 116 beds (22 dementia beds, 75 dual-purpose beds and 19 rest home beds). The service is planning to open from 7 February 2023.

The service has a village manager who has been in the role for 15 months. The village manager has a business and operational background. The care centre manager (RN) who has many years' experience in managing an aged care facility, commenced two months ago. The management team are supported by a clinical nurse lead, a memory care lead, 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 are 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 improvement required by the service is around the completion of staff orientation.

Ō tatou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

Summerset Group have a quality assurance and risk management programme and an operational business plan. The 2022-2023 business plan is specific to Summerset on the Landing and describes specific and measurable goals that are to be regularly reviewed and updated. There is a transition plan around the opening of the facility.

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 across Summerset provide regular updates and reviews and develop policies and procedures. The newly built facility is appropriate for providing these services and 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 that is being implemented prior to occupancy across four weeks. Required staff competencies will also be completed at this time.

There is a 2023 training plan developed to be implemented at Summerset on the Landing.

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.

Ngā huarahi ki te oranga | Pathways to wellbeing

A diversional therapist has been employed. The diversional therapist will be supported to implement an activity programme with support of the caregivers working in the Memory Care unit. Activity staff and hours will increase as resident 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 accordance with the current Medicine Care Guides. The service has 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.

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

The building is completed, and a code of compliance obtained. 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 completed.

There are handrails in ensuites and communal bathrooms. 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.

Resident 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 bathrooms. The apartments in the dementia unit and the serviced apartments all have a separate lounge, ensuite and bedroom.

Communal areas in all areas are well designed and spacious and allow for a number of activities.

The emergency and disaster management policies include (but not limited to) dealing with emergencies, fire, flood, civil defence, and disasters.

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

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

There are clear lines of accountability, which are recorded in the infection control policy. The care home manager will be the infection control officer across the facility. Monthly collation of infection rates is scheduled to be completed. Infection control is an agenda item of the quality meeting and registered nurse meeting. Summerset Group undertakes monthly benchmarking of infections and there is a company-wide infection control group.

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.

Here taratahi | Restraint and seclusion

There is a comprehensive restraint policy. 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 to be initially overseen by the care home manager. Restraint meetings are to be held as part of the monthly registered nurse meeting. Managing behaviours that challenge is included as part of the annual training programme and also included in the induction programme prior to opening.

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) |
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| Subsection | 0 | 13 | 0 | 1 | 0 | 0 | 0 |
| Criteria | 0 | 93 | 0 | 1 | 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) |
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| 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 |
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| <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 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>FA</p> | <p>Summerset on the Landing Kenepuru is a new retirement village complex. The care centre and apartments being certified are across two floors.</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 (three levels).</p> <p>On the ground floor, there are 20 rooms in the secure dementia unit (inclusive of two double rooms for couples) and 19 serviced apartments certified as rest home level care. On level one, there are 75 dual-purpose beds (43 rooms in the care centre and 29 serviced apartments inclusive of three double rooms).</p> <p>There are a total of 116 beds (22 dementia beds, 75 dual purpose beds and 19 rest home beds). The service is planning to open from 7 February 2023.</p> <p>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 by the General Manager of</p> |

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| | <p>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 Chief Executive Officer (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 this is documented in the Charter. Orientation and training is 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 and tāngata whaikaha.</p> <p>Summerset Group have a quality assurance and risk management programme and an operational business plan. The 2022-2023 business plan is specific to Summerset on the Landing and describes specific and measurable goals that are to be regularly reviewed and updated. Site specific goals relate to setting up a new village and care centre.</p> <p>A current site-specific Māori health plan is in place. Local iwi contacts are available for advice and are coming to bless the building and staff in January 2023.</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 collaborate</p> |
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| | | <p>with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery.</p> <p>The service will provide a bi-monthly report to the Operations and Clinical Steering group on opening which will include a range of information on high level complaints, progress with corrective actions and national systems improvements.</p> <p>The documented quality programme requires regular (weekly and monthly) site specific 'clinical, quality and compliance and risk' reports that will be completed by the care centre manager and village manager and are available to the senior team. High risk areas are to be 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 village manager (non-clinical) who has been with Summerset for fifteen months and in this role for three months. The village manager (VM) has a background in people and culture. The care centre manager (RN) has many years' experience in managing an aged care facility and has been in the role since June 2021. The management team are supported by a clinical nurse lead and a memory care lead (both RNs), regional quality manager and a regional operations manager.</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 services.</p> | <p>FA</p> | <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. There are a number of documented rosters available that demonstrates increase staffing as resident numbers increase. The rosters provide sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>In the care centre and apartments across level one, there is a clinical nurse lead and registered nurse on the morning shift, and a registered nurse on the afternoon and night shift.</p> <p>There is a separate roster for the rest home residents in the ground floor apartments. There is a clinical nurse lead across the dementia unit five days a week and a further registered nurse across the afternoon shift. The managers have employed sufficient staff to commence on opening. There</p> |

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| | <p>are 16 caregivers commencing 9th January 2023, and a further 7 are being interviewed. All caregivers will be enrolled to complete the dementia standards at induction. There is a Careerforce assessor available to support caregivers through training.</p> <p>A dementia care lead (RN) has been appointed and commences 9 January 2023. The care lead is a registered nurse with experience working with people with dementia. There is an employed clinical lead who will oversee the dual-purpose unit.</p> <p>There are five registered nurses employed plus the two clinical nurse leads, care centre manager and one enrolled nurse. There are sufficient interRAI trained nurses. Overall, there are sufficient staff employed for the initial roster and opening of all areas within the care centre.</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 coordinator, health and safety officer, and fire officer.</p> <p>The service has a contract with a local medical centre and house GP. Initially the GP, will visit twice-weekly, then three times a week as resident numbers increase. They provide on-call cover as needed. A contract has been obtained with a physiotherapist. Initially this will be as required, then set hours as numbers increase. Other contracts include a local pharmacy, dietitian through Te Whatu Ora Capital- Coast and Hutt Valley, podiatrist, and a massage therapist.</p> <p>A 2023 education planner (as part of the quality programme annual planner) is available for the service, which will be commenced on opening. There is a list of topics that must be completed at least two-yearly, and this is reported on. The annual education planner and online learning platform topics include (but not limited to) palliative care training, specialised wound care training, dementia strategy, Treaty of Waitangi and Māori health. There is a national learning and development team that support staff with online training resources.</p> <p>The organisation has mandatory competencies which include (but not limited to): safe moving and handling; medication competency; hand hygiene/infection prevention and control; restraint; communication; cultural competence; PPE; fire safety; and emergency management. These are to</p> |
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| | | <p>be completed during induction prior to opening (link 2.4.4).</p> <p>The service will encourage all their staff to attend monthly meetings (eg, staff meetings, quality meetings). Resident/family meetings are to be held monthly 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 to commence monthly meetings. Health and safety is a regular agenda item in staff and quality meetings. Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace. Environmental internal audits are scheduled to be completed. Staff wellness is to be encouraged through participation in health and wellbeing activities. Information supporting the Employee Assistance Programme (EAP) is available to staff when employed.</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> | <p>PA Low</p> | <p>There are human resource policies in place, including recruitment, selection, orientation and staff training and development.</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>The service has a policy around professional competencies and requirements for validating competencies. A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff have an appraisal at 12 weeks and 6 months following employment and annually thereafter.</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. A four-week orientation programme has been developed for all staff which commences 9th January 2023. This includes (but not limited to): completing orientation documentation; competencies; mandatory training; first aid training; VCare training; syringe driver training; and palliative- end of life training. The orientation programme also includes specific training around (but not limited to): equipment; manual handling;</p> |

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| | | <p>safe chemical handling; medimap; emergency and fire training; and dementia model of care.</p> <p>The four weeks also includes cultural safety and Te Tiriti training which supports all staff to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified for staff, and the organisation maintains an employee ethnicity database. There are documented processes around ensuring follow up of any staff incident/accident, debriefing, and support. Wellbeing support is available for staff.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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> | <p>FA</p> | <p>The service is employing four diversional therapists (DTs). Currently one has been employed with another DT being interviewed. A further two are being recruited. Activities are planned across seven days.</p> <p>Initially on opening the Memory Care unit (dementia unit), the care lead and diversional therapist will be responsible for the assessment and planning of activities for each individual resident. One diversional therapist will be based in the dementia unit. The diversional therapist 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 include a quiet lounge, and specific activity room and area. 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 to be completed for residents on admission and an individualised activities plan is developed from this. The activity plans</p> |

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| | | <p>on the electronic VCare system allow for identifying individual diversional, motivational, and recreational therapy across a 24-hour period. Assessment templates identify former routines and activities that the resident is familiar with and enjoys. The activities plan is to be integrated within the overall care plan on VCare.</p> <p>The national programme lead diversional therapy specialist is based in Auckland and provides support, training, education support and guidance.</p> <p>The diversional and recreational therapists will also attend monthly organisational zoom meetings and can access resources and ideas through memberships with recreational organisations in Australia, America, Canada, and the United Kingdom.</p> <p>There are cultural events included as part of the activity planner such as Māori language week and Matariki. The Māori health plan includes an admission flowchart that aims to support Māori residents with their health needs and aspirations in the community. The flowchart includes notifying and accessing support/advice from significant others, such as whānau and kaumātua. The service has identified links with local iwi. Te reo is to be encouraged through greetings, in meetings and through documentation.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</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>FA</p> | <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 a spacious locked 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 2.4.4).</p> |

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| | | <p>A competency policy and competency assessment are available.</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.</p> <p>The care centre manager described ways of working in partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Summerset do not use standing orders and all over the counter medications residents wish to take will be reviewed by the GP and prescribed on the medimap system.</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> | <p>FA</p> | <p>Summerset has comprehensive nutritional management policies and procedures for the provision of food services for residents. There are four chefs including the kitchen manager and four kitchen hands/café staff employed to date. Currently the kitchen staff are on day seven of their induction.</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. There is a 12-week menu approved by a 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 kitchen. Meals are to be served to residents from the hot boxes or bain maries in the satellite kitchen by staff. There is a lift near the service area, that will be used to transport food carriers to each floor and dishes back to the kitchen. Crockery, cutlery, and resident food equipment has been purchased. The kitchen is operational and opened 14 December 2022. There is a registered Food Control Plan.</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</p> |

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| | | <p>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 in kitchenettes have a safety mechanism. Advised that benchtop cooktops in serviced apartments can be disconnected if a resident is at risk.</p> <p>Policies and procedures including tapu and noa and cultural food safety is included in induction. Kitchen staff will be involved in the activities theme months particularly during cultural theme months and celebrations. The menu is substituted to accommodate cultural meals in line with the theme, supporting residents to have culturally appropriate food, which can be requested. The kitchen manager is able to alter menus to support cultural beliefs, values, and protocols around food for Māori residents.</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, independence, interaction, and function.</p> | <p>FA</p> | <p>A staged building project has been underway, which includes retirement villas and facilities, and the care centre. The care centre is across two levels. The ground floor includes 19 serviced care apartments (which also provide rest home level care), service areas and a secure 22-bed Memory Care unit (dementia), which includes two-double rooms. The Memory Care unit are all LTO apartments. Level one includes 43 rooms (all dual-purpose hospital/rest home rooms). There are also 29 serviced apartments on the first floor inclusive of three-double rooms that will provide dual-purpose level care.</p> <p>The building is fully completed. There is a certificate of public use that is for review 7 February 2023. All building and plant have been built to comply with legislation. The resident areas are fully decorated, and carpets throughout with a couple of rooms that have lino. All toilet and ensuite facilities are completed with handrails, flowing soap, and hand towel dispensers. There are hand sanitiser dispensers available throughout.</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</p> |

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| | <p>furniture and equipment are appropriate for this type of setting and for the needs of the residents. There are adequate areas for storage of equipment across the two floors.</p> <p>There is a property manager and assistants employed. The maintenance schedule includes checking of equipment.</p> <p>There are handrails in ensuites and bathrooms. As there are no handrails around any of the hallways on each floor, adequate seats for resting are placed around the hallways. 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 two floors. There are communal mobility toilets near lounges. Visitor toilets are also available.</p> <p>There has been involvement with elders from the local iwi around the building and the grounds. A ceremony has been held where a sacred stone has been buried between two historical trees on the land and a plaque laid. At an organisational level, the building design team have consulted with Māori.</p> <p>Dementia unit (Memory Care)</p> <p>There is a separate entrance area. Visitors have speaker access to staff and then the door will be released to enter the entrance foyer. 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 (eg, toilet lids) provide easier visibility and identification of furniture. There are large, coloured wall boxes outside each resident room that can be personally decorated. 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>The ground floor Memory Care unit is built around a large, landscaped courtyard. The courtyard is accessible for the residents in the Memory Care unit from both lounges on each side. 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, seating and umbrellas for shade.</p> |
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| | | <p>Dual-purpose Unit (first floor)</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 three lifts between floors; one is large enough for a bed/stretcher if needed. There are two stairwells at either end of the building and two through the middle (four in total).</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. It was noted that there were a number of balconied rooms and a 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. Residents are able to bring their own possessions into the home and are able to adorn their room as desired. External landscaping is completed with a number of areas for residents.</p> <p>Certified Serviced apartments (across two floors).</p> <p>Each apartment on the first floor has access to a lift to transfer to the community centre on the ground floor. There is a nurse's station in the centre of the serviced apartments on the 1st floor. There is an open nurse's station with a computer by the lounge on the ground floor. How privacy of the computer screen is ensured when in use will need to be considered. There is a specific serviced apartment dining room on level one (for rest home/hospital residents) and also on the ground floor for rest home residents. Dependent residents can also have meals in the dining room of the care centre. Each apartment has a lounge and separate bedroom and ensuite.</p> |
| <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>FA</p> | <p>The site-specific emergency manual for Summerset on the Landing includes emergency and disaster policies and procedures, including (but not limited to) fire and evacuation and dealing with emergencies and disasters. There is an emergency management plan for developing villages 2022, and an emergency management and civil defence plan</p> |

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| <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | | <p>2023.</p> <p>Emergencies, first aid and CPR are included in the mandatory in-services programme every two years. Orientation includes emergency preparedness. Fire drills are scheduled for staff during the induction weeks prior to opening. All registered nurses who do not have current first aid certificates will complete current first aid certificates at induction (link 2.4.4).</p> <p>The fire service has all fire exits in place. There are fire curtains in walls around open spaces such as lounges. The fire evacuation scheme has been approved by the NZFS 20 November 2022.</p> <p>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 that meets the requirements of the local civil defence guidelines.</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. Staff will also have walkie talkies.</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>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 foyer. 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> |
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| <p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p> | <p>FA</p> | <p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Summerset on the Landing business plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>Summerset has as part of their senior management team, personnel with expertise in IPC and AMS. There is an organisational IC committee that meets bi-monthly. All IC coordinators across Summerset are part of this committee.</p> <p>There is a documented pathway for reporting IPC and AMS issues to the Operational and Clinical Steering Committee. On opening, monthly collation of data will be collected by the infection control nurse (ICN), trends are to be analysed and an agenda item at monthly infection control meetings. Internal and external benchmarking occurs.</p> <p>There are policies and procedures in place to manage significant IPC events. Any significant events are managed using a collaborative approach and involve the infection control nurse (ICN), the national clinical team, the GP, and the Public Health team.</p> <p>External resources and support are available through external specialists, microbiologist, GP, wound nurse and the DHB when required.</p> <p>The care centre manager will initially be the infection control nurse (ICN) and has completed training for the role. There is a documented IPC role description.</p> <p>There are adequate resources to implement the infection control programme at Summerset on the Landing.</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>FA</p> | <p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control programme is linked to the quality and business plan and is to be reviewed annually.</p> <p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for: hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging</p> |

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| <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> | | <p>multidrug-resistant organisms (MDRO); outbreak management; health care acquired infection (HAI); and the built environment.</p> <p>Infection prevention and control resources including personal protective equipment (PPE) are available should a resident infection or outbreak occur. There is a pandemic response plan in place which is reviewed and tested at regular intervals.</p> <p>The ICN is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Orientation training (four-week plan) is scheduled for the beginning of January with all staff.</p> <p>Annual infection control training is included in the mandatory in-services that will be held for all staff. The 2023 plan was sighted. The ICN has access to an online training system with resources, guidelines, and best practice.</p> <p>At site level, the care centre manager has responsibility for purchasing thermometers, face masks and face shields. All other equipment/resources are purchased at national level.</p> <p>There is infection control input into new buildings or significant changes occurs at national level and involves the regional quality managers. There is a policy in place for decontamination of reusable medical devices and the procedure around single use items. Educational resources in te reo Māori can be accessed online if needed.</p> |
| <p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p> | <p>FA</p> | <p>There are approved policies and guidelines for antimicrobial prescribing. Prescribing of antimicrobial use is to be monitored, recorded, and analysed at site level. At an organisational level, further discussion takes place at senior management level and is reported to the Operational and Clinical Steering Committee. The GP will be responsible for prescribing.</p> <p>Trends are identified at national level, and also will be at facility level on opening. Feedback and further input occurs from national senior management level.</p> |

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| <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> | <p>FA</p> | <p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the IPC policy. The surveillance programme is appropriate to the size and setting of the service. The electronic analysis tool includes the number and types of events in a defined time period, including ethnicity data. This will be implemented at Summerset on the Landing. The organisation benchmarks surveillance data.</p> <p>Monthly infection data template ensures collection for all infections based on standard definitions. Infection control data is to be monitored and evaluated monthly and annually. Infection data, outcomes and actions are to be discussed at the infection control meetings, quality, and staff meetings.</p> <p>There are processes in place to isolate infectious residents when required.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors at the entry of the facility and in the hallways.</p> |
| <p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p> | <p>FA</p> | <p>There are waste and hazardous management policies that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms (in dual purpose care centre service apartments and dementia unit). Training and education in waste management and infection control is completed as part of orientation and the mandatory training programme.</p> <p>There is enough PPE and equipment provided, such as aprons, gloves, and masks.</p> <p>There are policies for cleaning and infection prevention and linen handling and processing. There are documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are to be conducted as per the quality</p> |

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| | | <p>assurance programme.</p> <p>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 and two to the laundry. Covered linen trolleys are used to transport linen. Laundry chemicals are within a closed system to the washing machine. There are personal laundries in the serviced apartments on each floor. Residents' clothing is labelled and personally delivered from the laundry to their rooms.</p> <p>The service has a secure area for the storage of cleaning and laundry chemicals and a cleaning room on each level. The laundry and cleaning areas have hand washing facilities.</p> <p>Cleaning services are to be provided seven days a week. There are staff employed as cleaners. Cleaning duties and procedures are documented to ensure correct cleaning processes occur.</p> <p>There is policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. It details consultation by the infection control team.</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> | <p>FA</p> | <p>The new service is committed to providing services to residents without use of restraint. The restraint policy and procedure is comprehensive and confirms that restraint use is a last resort and must be done in partnership with resident or their activated EPOA, and the choice of device must be the least restrictive possible.</p> <p>The restraint policy includes a section on quality monitoring and improvement. This covers the restraint internal audit, site meetings, benchmarking, governance reporting and external benchmarking.</p> <p>The policy describes restraint being included as a clinical indicator in the bi-monthly report, which will be sent to the Operations and Clinical Steering Committee.</p> <p>At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> |

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| | | <p>The designated restraint coordinator is the care centre manager. There is a job description for the role and terms of reference for the restraint review meeting. Restraint meetings are scheduled to be monthly. Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme.</p> <p>Restraint training and competencies are scheduled in the staff orientation programme commencing 9 January 2023 prior to opening. Behaviours that challenge is also included as part of the induction training and annual training plan.</p> <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> |
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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.

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
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| <p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and 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 four weeks. Competencies such as medication will also be completed at this time. First aid certificates are also scheduled to be completed during orientation for those that do not have a current</p> | <p>Orientation for staff is yet to be provided. A four-week orientation programme has been developed for all staff which commences 9 January 2023. 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; cultural care; Treaty of Waitangi; medimap; emergency and fire training; and dementia model of care.</p> | <p>Ensure staff orientation and competencies are completed.</p> <p>Prior to occupancy day</p> |

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| | | <p>first aid certificate.</p> <p>All newly employed caregivers are required to complete competencies as part of the Careerforce orientation for caregivers.</p> | | |
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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.

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End of the report.