

Summerset Care Limited - Summerset at Karaka

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 at Karaka
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 22 February 2023 End date: 22 February 2023
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 at Karaka provides rest home and hospital level care for up to 50 residents in the care centre and up to 20 rest home residents in the serviced apartments. On the day of the audit there were 52 residents in total; 49 residents in the care centre and three rest home residents in the serviced apartments.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora Health New Zealand - Counties Manukau. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, management, staff, and a general practitioner (GP).

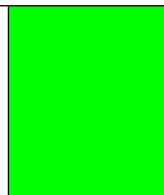
The care centre manager is appropriately qualified and experienced and is supported by two clinical nurse leaders. There are quality systems and processes being implemented. Feedback from families/whānau, residents and the GP was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed the previous certification audit finding relating to performance appraisals.

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.

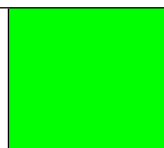


Subsections applicable to this service fully attained.

A Māori health plan is in place for the organisation. There were staff employed who identify as Māori during the audit. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori. Policies are in place around the elimination of discrimination, harassment, and bullying. Consent forms are signed appropriately. 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.

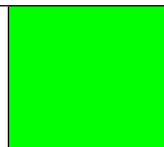


Subsections applicable to this service fully attained.

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 oranga | 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.

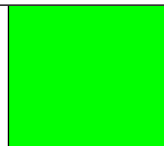


Subsections applicable to this service fully attained.

The registered nurse is responsible for each stage of service provision. The care plans reviewed evidence assessment, planning and review of 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. 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 activity programme is implemented that meets the needs of the residents. Residents' food preferences, dietary and cultural requirements are identified at admission and all meals are cooked on site.

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. There is an approved evacuation scheme and emergency supplies for at least three days. The facility is secure at night. Security checks are completed.

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.

The service has robust Covid-19 screening in place for residents, visitors, and staff. The organisational pandemic plan and Covid-19 response plans are in place and the service has access to personal protective equipment supplies. 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. There have been three Covid-19 outbreaks 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 the clinical nurse leader. There were no residents using a restraint. 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	22	0	0	0	0	0
Criteria	0	59	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 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. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role. There were staff employed who identify as Māori during the audit.</p>
<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</p>	FA	<p>The organisation has a Pacific health plan in place which has been developed in partnership with Pasifika. At the time of the audit there were residents and staff who identify as Pasifika, who provide support for any Pacific residents.</p>

<p>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>		
<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	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Summerset at Karaka ensures that Māori mana motuhake is recognised in all aspects of service delivery, as evidenced in the Māori health plan and resident care plans reviewed. Five residents (four hospital and one rest home) and three relatives (all hospital) interviewed confirmed that independence is encouraged.</p>
<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 facility. Te reo Māori is reinforced by those staff who are able to converse in this language.</p> <p>The staff noticeboards contain information on Māori tikanga practice. Interviews with fifteen staff (two clinical team leaders, two registered nurses (RN), eight caregivers, one diversional therapist, one kitchen manager and one maintenance person) confirmed their understanding of tikanga best practice with examples provided. Cultural training is also included in the orientation programme for new staff.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori. The organisation facilitates 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. The 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) is embedded in policies and procedures. A section of the electronic care plan captures any required Māori health and cultural information for each Māori resident.</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 documented in relation to informed consent. The service follows the appropriate best practice tikanga guidelines in relation to consent. Five resident files reviewed included general consent forms signed by the resident or activated enduring power of attorney (EPOA). Staff and family/whānau members interviewed could describe what informed consent was and knew the residents and family/whānau had the right to choose. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. Staff have received training on cultural safety and tikanga best practice.</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>	FA	<p>The complaints procedure is an equitable process and is 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.</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>		<p>There have been no complaints received in 2023 year to date, and two made in 2022 since the previous audit. One of the complaints in 2022 was made through the Health and Disability Commissioner (HDC). The complaint has been investigated and reviewed, and the service is waiting for a response letter from HDC. Documentation and correspondence reflected evidence of responding to the complaints in a timely manner, with appropriate follow-up actions taken. There were no issues identified in this audit in relation to the complaint.</p> <p>Discussions with residents and relatives 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 unit. Families have a variety of avenues they can choose from to make a complaint or express a concern, including the family/whānau meetings (residents are included) which are held monthly. The care manager interviewed acknowledged the importance of face-to-face communications with Māori.</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 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>The service provides care for up to 50 residents at hospital and rest home level care in the care centre, and up to 20 rest home level of care residents in the serviced apartments. All beds in the care centre are dual-purpose beds.</p> <p>On the day of the audit there were 52 residents in total. There were 49 residents in the care centre, including 42 receiving hospital level of care (including one resident on respite care), and seven rest home level of care. There were three residents at rest home level of care in the serviced apartments. All residents were under the Age-Related Residential Care (ARRC) contract.</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>The overarching strategic plan has clear business goals to support their philosophy of 'to create a great place to work where our people</p>

		<p>can thrive'. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Summerset at Karaka 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 service has a village manager (non-clinical) who has been in the role at Summerset at Karaka for three years. The care centre manager (RN) has been in the role for three years. The care centre manager is supported by two experienced clinical nurse leaders and a regional quality manager (who was present on the day of the audit).</p> <p>The village manager and care centre manager have maintained the required eight hours of professional development activities related to managing an aged care facility. Both managers attended the Summerset conference in 2022 (three days).</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 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>	FA	<p>Summerset at Karaka is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. A summary is provided against each clinical indicator. 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. 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.</p> <p>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.</p>

	<p>Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Staff completed 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>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. Review of policies and quality data provide a critical analysis of practice to improve health equity. New policies or changes to a policy are communicated and discussed with staff.</p> <p>Resident and family/whānau satisfaction surveys completed in October 2021 indicated 94.3% overall satisfaction and showed 100% in key indicators, such as: resident personal choices; staff are helpful, respectful and treat you with dignity; family kept well informed; dining area environment; variety in meals; and range of activities available. A food satisfaction survey was completed in October 2022 indicated 84% overall satisfaction and was above the Summerset Group overall average percentage.</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. Hazards are identified and managed. A current hazard register is available to staff. Incidents and accidents are reported on the electronic system which has a severity risk rating. Incident and accident data is collated monthly, analysed and reported along with quality data.</p> <p>Discussions with the care centre manager and regional quality manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two Section 31 notifications completed relating to pressure injuries. Three Covid-19 outbreaks in 2022 were appropriately notified to the</p>
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		public health authorities.
<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>	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 care centre manager interviewed confirmed 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. Relatives and residents confirmed there were always sufficient staff on duty. They also described the RNs and managers as being very supportive and able to provide assistance at any time.</p> <p>The village manager and care centre manager work 40 hours per week (Monday to Friday). There are two clinical nurse leaders. One works 40 hours per week (Tuesday to Saturday) and the other works 40 hours per week (Sunday to Thursday). The care centre manager and clinical nurse leaders take a week on call with the care centre manager available at any time. There are two RNs on each morning, afternoon, and night shifts. The serviced apartments are covered by experienced caregivers on morning and afternoon shifts. Staff in the care centre are allocated to provide support and to check on residents in the serviced apartments at rest home level overnight. One caregiver with a first aid certificate is allocated to attend emergency calls in the village on each shift.</p> <p>There is an annual education and training schedule being implemented for 2023. The service supports and encourages care workers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 38 care workers, 89% have completed qualifications; 24 have completed their level four, six have completed their level three and four have completed their level two qualification. There is a national learning and development team that support staff with online training resources. 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 the</p>

		<p>electronic human resources system.</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; insulin administration; oxygen administration; and wound management. Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. Eight of ten RNs are interRAI trained.</p> <p>Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes 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>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>Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. All staff who had been employed for over a year had an annual performance appraisal completed. The previous audit shortfall (NZS 8134:2008 criteria 1.2.7.5) has been addressed.</p> <p>A register of practising certificates is maintained for all health professionals. 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 orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p>
Subsection 3.1: Entry and declining entry	FA	The care centre manager follows the admission policy and decline to

<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>		<p>entry policy and procedure guide for admission and declining processes, including required documentation. The clinical nurse leader keeps records of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals. These records capture ethnicity.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were staff members identifying as Māori. The service currently engages with the local marae and kaumātua in order to further develop 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> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Two rest home level care (including one in the serviced apartments) and three hospital level of care resident files were reviewed. The RNs are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact forms. There are currently no Māori residents. Barriers that would prevent whānau of tāngata whaikaha from independently accessing information have been identified and strategies to manage these documented. When interviewed, the clinical nurse leader stated that the service would support Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service completes a nursing assessment and an initial support plan within 24 hours of admission. The outcomes of risk assessments are reflected in the care plan. Initial interRAI assessments, long-term care plans, reassessments and care plan evaluations were all completed within expected timeframes. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals.</p>

	<p>Short-term care plans were well utilised for infections, weight loss, and wounds.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with a local medical centre and a regular GP provides twice weekly visits. The GP service also provides out of hours cover. The GP records their medical notes in the integrated resident file. The GP interviewed is very satisfied with the care provided and reports the RN response to issues is timely and gives them the information needed. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist who visits for five hours a week and a podiatrist visits regularly. Other specialist services are available by referral. A Summerset dietitian can be contacted as required. The wound care specialist nurse is available as required through Te Whatu Ora - Counties Manukau.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written on every shift and as necessary by caregivers. The RNs further add to the progress notes if there are any incidents or changes in health status.</p> <p>Family/whānau members interviewed reported the needs and expectations regarding their whānau were being met. When a resident's condition alters, the clinical nurse leaders review the resident, or there is a review initiated with the GP. Family/whānau was notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>Wound assessments, wound management plans with body map, photos and wound measurements are documented. Wound dressings were being changed appropriately and a wound register is maintained. Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Care plans reflect</p>
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		<p>the required health monitoring interventions for individual residents.</p> <p>Caregivers and the clinical nurse leader complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime. Neurological observations are completed for unwitnessed falls, or where there is a head injury. Each event involving a resident reflected a clinical assessment and a timely follow-up by a RN. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified and implemented.</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>	FA	<p>There is a range of activities available for residents. Community visitors include entertainers and pet therapy visits. Important days such as Matariki, Christmas Day, and Anzac Day are celebrated with appropriate resources available. Residents and families/whānau interviewed spoke positively of the activity programme, with feedback and suggestions for activities made via resident meetings and surveys. During Māori language week the residents learnt a new word in te reo daily and Māori staff assisted them with pronunciation. Leading up to Waitangi Day, residents learnt about the history of the Treaty and also made poi. Māori staff showed residents how to use the poi. The service is working with local kaumātua and provides opportunities for Māori to participate in te ao Māori and meet the needs of any future residents and whānau who identify as Māori.</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</p>	FA	<p>There are policies around safe medicine management that meet legislative requirements being implemented. The RN's and medication competent caregivers who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. The RNs and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotic packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in a cupboard and locked trolley. The medication fridge and medication cupboard temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops in use have been dated on opening. All over the counter vitamins or alternative therapies residents choose are prescribed and reviewed by the GP. Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. There were no residents self-administering medication. There are policies and procedures around self-administration of medications should any resident wish to do this. There are no standing orders.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The RNs and clinical nurse leader described working in partnership with all residents and whānau to ensure the appropriate support is in place, 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>	<p>FA</p>	<p>The service adopts a holistic approach to menu development that ensures nutritional value, and respects and supports cultural beliefs, values, and protocols around food. Menu options would be provided as requested for residents who identify as Māori. The kitchen manager has a drawer full of hot spicy condiments and adds these to a Fijian Indian resident's food at each meal. The Summerset dietitian has approved the menu plan.</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>Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. There is open communication evidenced in the progress notes of family/whānau being kept up to date with the referral process, and reason for transition, as confirmed by documentation and interviews.</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>	FA	<p>The buildings, plant, and equipment are fit for use and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires on 8 October 2023. All equipment has been tagged, tested, and calibrated annually as scheduled. Hot water temperatures are tested regularly and were evidenced to be within expected ranges. Essential services are on call 24 hours a day. The environment is inclusive of peoples' cultures and supports cultural practices. The service has no plans to expand or alter the building. The village manager reported they would consult with the local kaumātua around how designs and the environment would reflect the aspirations and identity of Māori, if they were to do this in the future.</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>	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. The building is secure after hours and staff complete security checks at</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>		<p>night.</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>	<p>FA</p>	<p>There is an organisational pandemic plan and Covid-19 response plan in place, 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 ample supplies of personal protective equipment. Summerset at Karaka has access to information incorporating te reo Māori related to infection control, for future Māori residents. The service supports culturally diverse staff members to acknowledge the spirit of Te Tiriti around culturally safe practice. Staff members interviewed were knowledgeable around providing culturally safe infection control practices.</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>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually, and is reported to head office. Infection control surveillance is also discussed at infection control, staff, and quality meetings.</p> <p>The infection control coordinator also attends a fortnightly national Summerset infection control meeting via Zoom. Meeting minutes and graphs are displayed for staff (Power BI). The service is working towards incorporating ethnicity data into surveillance methods and</p>

		<p>data captured around infections.</p> <p>There have been three Covid-19 outbreaks. The facility followed their pandemic plan. Staff wore personal protective equipment (PPE) and residents and staff had rapid antigen (RAT) tests daily. Families/whānau were kept informed by phone, text, or email. Visiting was restricted.</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 organisation 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/whānau, 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 clinical nurse leader. At the time of the audit, the facility was restraint free. The use of restraint (if any) would be reported in the facility 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>

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.