

Summerset Care Limited - Summerset at Wigram

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 Wigram

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

Dates of audit: Start date: 20 June 2023 End date: 21 June 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Summerset at Wigram provides rest home and hospital (medical and geriatric) level care for up to 52 residents in the care centre and up to 20 residents at rest home level care across the 53 care apartments. On the day of the audit, there were 52 residents.

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

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

The previous audit did not identify any areas for improvement.

This audit identified the service is meeting the Health and Disability Services 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.

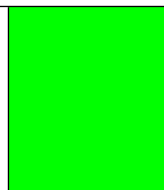


Subsections applicable to this service are fully attained.

Summerset at Wigram provides an environment that supports resident rights and cultural safe care. A Māori health plan is in place. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. 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 are fully attained.

The Governance body for Summerset is the operational and clinical steering committee who meet bimonthly and chaired by the General Manager of Operations and Customer Experience. All members on the committee hold senior roles in Summerset. Organisational performance is monitored through several processes to ensure it aligns with the identified values, scope, and strategic direction. The business plan is tailored to reflect the goals related to Summerset at Wigram. 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. There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation, and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and the family/whānau interviewed reported that staffing levels are adequate to meet the needs of the residents.

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 are fully attained.

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

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

The activities programme supports residents to participate in te ao Māori.

The kitchen accommodates any cultural preferences.

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 are fully attained.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated.

There is an approved evacuation scheme and emergency supplies for at least three days. There are appropriate security measures in place.

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 are fully attained.
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There is an organisational pandemic plan in place. Adequate supplies of personal protective equipment were sighted. 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 has been one outbreak (Covid-19) since the previous audit. The outbreak was well managed, and precautions remain in place as per current guidelines.

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

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	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>Summerset at Wigram has policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. A Māori health plan is in place and understood by staff interviewed. Summerset as an organisation evidence commitment to a culturally diverse workforce as evidenced in the business plan and Māori health plan. The Summerset organisational business plan includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. At the time of the audit, there are no staff employed at Summerset at Wigram who identify as Māori; however, there are a number of Māori staff employed in various positions throughout the wider organisation.</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>There is a Pacific health plan in place, which was developed in partnership with Pasifika. There were staff who identified as Pasifika at the time of the audit. Staff completed training around equitable and culturally safe services for Pasifika. The five registered nurses</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>(RN), eight caregivers interviewed were able to describe how they can apply a Pacific health perspective to person-centred care. Management have support from the Samoan Family Practice for guidance and support for the Fonofale model of care.</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>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Interviews with the village manager, clinical manager and 18 staff (including five registered nurses (RN), eight caregivers, one chef, one second chef, one diversional therapist, one activities coordinator and one property manager) confirmed that Māori mana motuhake is recognised in all aspects of service delivery, such as personal beliefs, religions, and independence, as described in the Māori health plan. One family/whānau member (hospital) and six residents (three rest home and three hospital) interviewed stated that they were well informed regarding their rights. The residents reported they were encouraged and supported to be as independent as they are able. The care plans reviewed evidenced the level of support required for residents to be independent and autonomous.</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>	<p>FA</p>	<p>Summerset supports residents in a way that is inclusive and respects their identity and experiences. Interviews with management (village manager and clinical manager) and staff, confirmed their understanding of what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. Evidence of Te Tiriti o Waitangi training was sighted, and staff have completed cultural competencies.</p> <p>At the time of the audit there were no residents identified as Māori. Te reo Māori is celebrated during Māori language week. Tikanga Māori and cultural awareness training is provided annually. Māori cultural training is compulsory for all staff. The management and staff work in partnership with residents (including those with disabilities) and whānau to ensure residents who choose to, have the opportunity</p>

		to participate in te ao Māori.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Summerset policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Staff complete training around this. All staff are held responsible for creating a positive, inclusive, and safe working environment. Staff interviewed described the positive work environment and promoting teamwork at Summerset at Wigram. A holistic Te Whare Tapa Whā model of health at Summerset is promoted, which encompasses a strengths-based and holistic model to ensure wellbeing outcomes for all residents, including Māori and Pacific, as evidenced in the Māori health plan and Pacific health plan.</p> <p>Residents interviewed expressed that they have not witnessed any abuse or neglect, they are treated fairly, and they feel safe and protected from abuse and neglect. There are monitoring systems in place, such as residents' satisfaction surveys and residents and family/whānau meetings, to monitor the effectiveness of the processes in place to safeguard residents.</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. 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. 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>Residents and the family member interviewed were able to describe informed consent and knew they had the right to make choices. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making when the resident receiving services wants them to be involved.</p> <p>Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and provision of 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> <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>FA</p>	<p>The complaints procedure is equitable and provided to residents and relatives on entry to the service. The village manager maintains a record of all complaints, both verbal and written by using a complaint register. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Complaints forms are located in a visible location at the entrance to the facility, next to a suggestions box.</p> <p>To date there were 12 complaints made (three in 2023 year to date, four in 2022 and five in 2021) since the last certification audit, including one HDC complaint made in August 2021. The HDC complaint remains open; the complaint has been investigated and further information requested has been sent to HDC in March 2023. The service is waiting for the HDC to respond. Complaints logged included an investigation, follow up, and replies to the complainant. The complaints reviewed have been investigated and were documented as resolved, excluding the HDC complaint.</p> <p>Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings. Staff meeting minutes reflected evidence of corrective actions shared with staff. Interviews with residents and the family member confirmed they were provided with information on the complaints process. Residents or relatives making a complaint can involve an independent support person in the process if they choose. The clinical manager acknowledged the importance of face-to-face communication with Māori and maintains an open-door policy.</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>FA</p>	<p>Summerset at Wigram is certified to provide rest home and hospital (medical and geriatric) levels of care for up to 72 residents. There are 52 dual-purpose beds in the care centre on level one (inclusive of three double rooms for couples) and 53 serviced apartments across the ground and second floor, certified to provide rest home level care for up to 20 residents. On the day of the audit there were 52 residents in total; 27 residents at rest home level care, including three residents on respite care, and ten rest home residents in the</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>serviced apartments. There were 25 residents at hospital level, including one hospital resident on respite care, and one on an ACC contract. All others are funded through the Age-Related Care Contract (ARRC).</p> <p>The Governance body for Summerset is the Operational and Clinical Steering Committee which is run bimonthly and chaired by the General Manager of Operations and Customer Experience. All members on the committee hold senior roles in Summerset. There is an overarching strategic business plan in place for the company, with national goals. Summerset at Wigram has a site-specific business plan called “key village activities.” The village manager completes three-monthly progress reports toward these identified goals. 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>There are policies and resources available for staff to understand the application of health models for Māori and Pasifika – this includes completion of competencies, staff education and ongoing training. The governing body actively supports the provision of culturally safe practices and is supporting and embracing the use of te reo Māori within Summerset. The organisation is also engaging with an external provider’s (Deloitte’s) Māori business unit and identified leaders in the Pacific community to provide support, advice, and governance around cultural safety issues, equity and identifying barriers to accessing services for both Māori and Pacific groups. There is a plan to collaborate further with the external provider to develop an assessment process for all Summerset staff.</p> <p>The non-clinical village manager has been in the position for nine months and has four years’ experience as village manager at another Summerset village. The village manager is supported by a care centre manager, who was appointed to the position in November 2022, and a clinical nurse lead. The care centre manager is experienced having worked in clinical manager roles since 2014. The management team are supported by a regional quality manager (who was present at the time of the audit).</p>
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		Village and clinical managers attend annual organisational forums and regional forums each year for training and support.
<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 Wigram has an established organisational quality and risk management programme. There is a quality programme annual calendar which includes schedules of training, meetings, and audit requirements for the month. The village manager and the clinical manager implement the quality programme. There is an internal audit programme that includes all aspects of clinical care. Monthly and annual analysis of results is completed and provided to staff. There are monthly accident/incident benchmarking reports that break down the data collected across the rest home, with this compared to other Summerset services of similar size and composition. Infection control is also included as part of benchmarking across the organisation. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Caregivers, staff, management, and quality improvement were completed as scheduled. Meeting minutes included: quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; clinical issues; and education. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved.</p> <p>Resident and family/whānau (consumer) satisfaction surveys are completed annually. The 2023 survey's overall satisfaction level for Summerset at Wigram was 82%, comparable to the national Summerset benchmark of 84%. Residents and family/whānau also confirmed their satisfaction with the service during interview. Monthly resident's meetings take place and communication is evident in meeting minutes.</p> <p>There is a health and safety system in place. There is a health and safety committee. Health and safety is discussed at all staff meetings. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety training begins at orientation and continues annually. In the event of a staff accident or incident, a</p>

		<p>debrief process is documented on the accident/incident form. Ten accidents/incidents reviewed were fully completed, with clinical follow up and investigation documented. Incident and accident data is collated monthly and analysed and results are discussed in the full facility and quality meetings.</p> <p>Discussions with the village manager and clinical manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been seven Section 31 notifications completed as required, including suspected deep tissue injuries; stage III pressure injuries; two related to a wandering resident in 2022; and one related to a police investigation in 2021. There has been one Covid-19 outbreak in 2022. It was appropriately notified, managed and staff debriefed. There are procedures to guide staff in managing clinical and non-clinical emergencies.</p> <p>The service provides sufficient training to ensure their staff can deliver high-quality health care for Māori. Staff completed Māori cultural competencies in 2022. Summerset as an organisation critically analyses organisational practices through annual reviews, surveys, and benchmarking in order to improve health equity.</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. 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. 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 a documented rationale for determining staffing levels and skill mix for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. There are clear guidelines for an increase in staffing depending on resident acuity. The village manager and clinical manager work 40 hours per week Monday to Friday. The care centre manager and clinical nurse lead share the on call 24/7 duties. The village manager covers any non-clinical issues on call 24/7.</p> <p>Separate cleaning and laundry staff are rostered. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that the staffing levels are satisfactory, and that the management team provide good support. Residents and a family/whānau member interviewed reported that there are adequate</p>

		<p>staff numbers to attend to residents.</p> <p>There is an annual education and training schedule being implemented for 2023. The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training. Educational courses offered include in-services, iLearning online training, competency questionnaires and external professional development. Existing staff support systems include peer support and promotion of staff wellbeing. All RNs, senior caregivers and activities staff have first aid certificates. There is at least one staff member on each shift with a first aid certificate. External training opportunities for care staff includes (but is not limited to) training through Te Whatu Ora – Waitaha Canterbury.</p> <p>The service supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There is a total of 34 caregivers at the facility. Eighteen have completed level four NZQA, nine have level three NZQA, and five have level two NZQA. The care centre manager, acting clinical leads, and RNs are supported to maintain their professional competency. There are implemented competencies for RNs, and some for caregivers related to specialised procedures or treatments, including (but not limited to) medication, controlled drugs, and restraint. At the time of the audit, there were ten RNs and six have completed interRAI training. Educational goals identify that mandatory cultural training and competencies, including understanding health equity has been provided to staff.</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Six staff files reviewed evidenced implementation of the recruitment process, employment contracts, police vetting, and completed orientation. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provide new staff with relevant information for safe work practice and</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation and training programme supports RNs and caregivers to provide a culturally safe environment for Māori. Staff interviewed confirmed that they had a relevant and comprehensive orientation. Staff files are held securely. Ethnicity data is identified, and an employee ethnicity database is available.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The service maintains a record of entry and decline rates. The village manager reported that the service has not declined entry to anyone identifying as Māori and that they are aware of completing Māori specific data. There were no residents who identified as Māori at the time of audit.</p> <p>The service works in partnership with local Māori communities, organisations, and their kaumātua through staff employed at Te Whatu Ora- Waitaha Canterbury.</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>Five electronic resident files (three hospital, including one on an ACC contract, and two rest home, including one on a respite contract and one from the serviced apartments) were reviewed.</p> <p>Registered nurses complete an initial assessment and care plan on admission to the service, which includes relevant risk assessment. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes. The care plans on the electronic resident management system were resident focused and individualised. The long-term care plans reviewed identified all support needs, goals, and interventions to manage medical needs/risks. Other available information such as discharge</p>

	<p>summaries, medical and allied health notes, and consultation with relatives or significant others are included in the resident electronic file. The short-term care plans integrate current infections, wounds, or recent falls to reflect resident care needs. Short-term needs are added to the long-term care plan when appropriate and removed when resolved. The family member interviewed confirmed they were involved in care planning and decision making. The registered nurses interviewed described working in partnership with family/whānau to develop initial and long-term care plans. Care plan evaluations are completed, and record progress towards meeting goals.</p> <p>Staff described the four cornerstones of Māori health 'Te Whare Tapa Whā and stated care plans include the physical, spiritual, family, and mental health of the residents. For end-of-life care they use Te Ara Whakapiri.</p> <p>Residents have the choice to remain with their own GP; however, there is a 'house' general practitioner (GP) who provides medical services to residents. The service has recently changed to a new general practitioner service to align with other regional Summerset facilities. The new provider commenced this week. The GP service visits twice a week and completes three-monthly reviews, admissions and sees all residents of concern. The GP stated he is notified via text and email in a timely manner for any residents with health concerns. The GP is available after-hours until midnight. The Te Whatu Ora- Waitaha Canterbury 24-hour service is available overnight. All GP notes are entered into the electronic system. The GP commented positively on Summerset preparation for their visit to the facility. Allied health care professionals involved in the care of the resident, includes (but not limited to) physiotherapist, district nurse, speech language therapist and dietitian. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented.</p> <p>Relatives are invited to attend GP reviews and if they are unable to attend, they are updated of any changes. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health, as</p>
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		<p>evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or referral to nurse specialist consultants occurs.</p> <p>There were 17 current wounds. Wounds reviewed included two unstageable pressure injuries, five ulcers, one skin tear and one skin lesion. Each wound on the electronic wound care plan evidenced a wound management plan, assessments, and evaluations with supporting photographs. The GP and the wound nurse specialist are available to have input into chronic wound management, should any resident present with these. Registered nurses have completed wound care training.</p> <p>Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources, as sighted during the audit. A continence specialist can be accessed as required.</p> <p>Electronic monitoring charts included (but not limited to) weights; observations, including vital signs; food and fluid balance recordings; behaviour monitoring; and intentional rounding. All monitoring charts were implemented according to the care plan interventions. The electronic incident reports reviewed evidenced timely follow up by an RN. Opportunities to minimise future risks were identified and implemented.</p> <p>Caregivers interviewed advised that a verbal handover occurs at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic programme. Cell phones are assigned to caregivers at the beginning of each shift. This enables staff to update monitoring charts and document progress notes on the electronic system throughout the shift.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p>	<p>FA</p>	<p>A whiteboard in the care centre and the village advertises activities for the day. The service facilitates opportunities for Māori to participate in te ao Māori through the use of Māori language on planners, in activities, signage and the everyday use of greetings and common words in te reo Māori. Local kapa haka groups and</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>entertainers visit regularly, and the residents participate in singing Māori songs. Planning is underway for a special dinner to celebrate Matariki, including culturally significant and appropriate foods.</p> <p>Community visitors include entertainers, church services and pet therapy visits. Themed days such as Matariki, Waitangi, Kings birthday, memorial services, and Anzac Day are celebrated, with appropriate resources available. The residents and the family member interviewed spoke positively of the activity programme, with feedback and suggestions for activities made via monthly resident and three-monthly advocate meetings and surveys. The service is continuing to enhance the programme following initiatives implemented in a documented continuous improvement plan.</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>There are policies available for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication room and locked trolley. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications are checked fortnightly by two RN's and signed on the checklist form. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies in use, must be reviewed, and prescribed by the GP.</p> <p>Eight electronic and two paper-based medication charts were reviewed. The electronic 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</p>

		<p>identified. The paper-based charts for short term residents met legislative requirements. There were five residents self-administering medication, and all had signed three-monthly competencies on file and lockable medication storage available. There were no standing orders, and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that relatives are updated around medication changes, including the reason for changing medications and side effects. The Māori health policy and procedures includes a commitment to working in partnership with Māori and whānau to achieve equitable health outcomes. Summerset recognises and respect the Māori perspectives on health and well-being and are committed to ensuring the appropriate supports are 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>	FA	<p>There is a seasonal five-week rotating menu, which is reviewed by a dietitian at organisational level. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses.</p> <p>The kitchen is able to meet the needs of residents who require special diets and have cultural requirements. Kitchen staff interviewed understood basic Māori practices in line with tapu and noa and culturally appropriate dishes specific to Māori residents are included in the menu. Planning is underway for a special Matariki dinner, with a focus on traditional Māori Kai.</p> <p>Residents and the family member interviewed indicated satisfaction with the food, which was observed to be of a high standard during the time of audit.</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>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with family/whānau and other service providers, to</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>		<p>ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Summerset at Wigram and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 1 August 2023. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose.</p> <p>A full-time property manager of the care centre and villas (also available on-call) oversees a property assistant and two gardeners. Maintenance requests for repairs are logged onto the online system, where they are actioned and signed off when completed. There are preferred contractors available 24 hours a day as required. Monthly planned maintenance duties are set by the head office. These include resident-related and environmental planned maintenance and signed off when completed.</p> <p>The village manager, regional quality manager and RN interviewed were fully informed around seeking consultation/input with Summerset Māori health advisors and/or community representatives, if needed, to ensure the design and environment of future redesign would reflect the identity of Māori.</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>As service providers: We deliver care and support in a planned and</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness.</p> <p>The building is secure after hours and staff complete security checks at night. Security cameras are in place at the facility gates and main entrance to the facility. Cameras are visible in the care centre nurses</p>

<p>safe way, including during an emergency or unexpected event.</p>		<p>station. The village gates automatically lock and unlock at predetermined times. The staff orientation includes fire and security training.</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. 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. 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>The service has a comprehensive pandemic plan which includes the Covid-19 response plan. The pandemic plan includes preparation and planning for the management of lockdown, screening, transfers into the facility, and positive tests should this occur. There are outbreak kits readily available and sufficient supplies of personal protective equipment.</p> <p>The service is incorporating te reo Māori information around infection control for Māori residents, and staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi. Posters on hand hygiene in te reo Māori were evidenced on noticeboards.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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 infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service. Monthly infection data (including ethnicity) is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions are discussed at the infection control meetings, quality, and staff meetings. Meeting minutes are available to staff.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors. Ministry of Health information and Covid-19 information is</p>

		<p>available to all visitors to the facility.</p> <p>There has been one outbreak since the previous audit (Covid-19 in August 2022). The outbreak was documented with evidence of comprehensive management. The infection control coordinator interviewed described the daily update and debrief meeting that occurred, including an evaluation on what went well, what could have been done better, and discuss any learnings to promote system change and reduce risks. Residents and their families/whānau were updated regularly.</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 facility is committed to providing services to residents without use of restraint. 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 was interviewed (clinical lead). The clinical lead was knowledgeable around the restraint policy, procedures, and reporting requirements. At the time of the audit, the facility was restraint free.</p> <p>The use of restraint (if any) would be reported in the quality meetings and is also included in the bimonthly reports as one of the clinical indicators. Restraint use is demonstrated in graphs, showing a breakdown of restraint use by site and the 12-month trend for Summerset restraint use. A breakdown of the types of restraints in use at a national level is also provided.</p> <p>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.