

# Summerset Care Limited - Kelvin House

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## Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The specifics of this audit included:

**Legal entity:** Summerset Care Limited

**Premises audited:** Kelvin House

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

**Dates of audit:** Start date: 12 September 2023 End date: 12 September 2023

**Proposed changes to current services (if any):** Summerset at the Course is planning to refurbish the care centre at the existing site situated near Trentham racecourse in Upper Hutt. In preparation, the service is relocating current residents on a temporary basis to Kelvin House Rest Home. Kelvin House is a purpose build aged care building attached to Manor Park Private hospital located in Upper Hutt. This partial provisional audit was conducted to assess the suitability of the Kelvin House facility to provide

rest home and hospital (medical and geriatric) level care. The service is planning to relocate care centre residents, furniture, and equipment from Summerset at the Course on 10 October 2023.

**Total beds occupied across all premises included in the audit on the first day of the audit: 0**

# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

Summerset at the Course is a retirement village complex in Trentham, Upper Hutt. Summerset at the Course is planning to refurbish the care centre at the existing site situated near Trentham racecourse in Upper Hutt and in preparation, is relocating current residents on a temporary basis to Kelvin House Rest Home. This partial provisional audit was conducted to assess the Kelvin House facility for preparedness to provide rest home and hospital (medical and geriatric) level care.

The audit identified the design of Kelvin House, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home, and hospital (medical and geriatric) level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

The service has a village manager who has been in the role for over three years. The village manager has a management background. The care centre manager has been in the role for nine months and has been in leadership roles within Summerset for the last 20 months. Both are supported by a clinical nurse lead and a regional quality manager.

This audit identified shortfalls around checking hot water temperatures and site-specific emergency and fire training in the Kelvin House facility.

## **Ō tatou motika | Our rights**

Not Audited

## **Hunga mahi me te hanganga | Workforce and structure**

Summerset Group have an established quality assurance and risk management programme and an operational business plan. The 2022-2023 business plan is specific to Summerset at the Course and describes specific and measurable goals that are to be regularly reviewed and updated. There is a transition plan around the relocation of residents and preparation of the Kelvin House facility.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities, and authorities. Organisational human resource policies are implemented for recruitment, selection, and appointment of staff. The organisation has an induction/orientation programme for new staff who are transferring that is being implemented prior to the relocation. Staff competencies are current for all staff and additional updates on site specific fire and emergency competencies will be completed at the site.

There is a 2023 training plan implemented at Summerset at the Course.

There is a policy for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents, and rosters are in place and are adjustable depending on resident numbers. There are sufficient numbers of staff currently employed who will relocate to cover the roster at Kelvin House.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

Medication policies reflect legislative requirements and guidelines. There is a keypad secured treatment room situated in a central location. The registered nurses and designated caregivers are responsible for administration of medications. Education and medication competencies are completed annually.

Manor Park Private Hospital adjacent to Kelvin House is contracted to provide all food and baking. All food is prepared and cooked on site and transported to Kelvin House. Residents' food preferences and dietary requirements are identified at admission. There is a spacious dining room. The menu has been reviewed by a dietitian and meets the required nutritional values. Alternatives are available for residents. A current food control plan has been registered.

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

Kelvin House is four years old, and purpose built with a current building warrant of fitness. All building and plant have been built to comply with legislation. The ground floor building consists of two wings with each wing having an enclosed grass courtyard.

There are handrails in hallways, ensuites and communal bathrooms. All existing furniture and equipment will be relocated to Kelvin House. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

Resident rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. All rooms have ensuites. Mobility aids can be managed in ensuites and communal bathrooms.

Communal areas are well designed and spacious and allow for a number of activities. The corridors are wide and there is easy access to all areas for residents using mobility aids.

There is a registered fire evacuation plan. There are emergency exits clearly identified. The facility is secure with staff responsible for locking doors at dusk and opening at dawn.

The call bell system is modern and attached to a computer monitor in the central staff hub with clearly visible enunciators in each corridor. The maintenance staff from Manor Park Private Hospital are responsible for preventative and reactive maintenance. Maintenance staff from Summerset at the Course will monitor hot water temperatures, testing of electrical equipment and calibration of medical equipment as per the current schedule.

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

A suite of infection control policies and procedures are documented. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level.

There are clear lines of accountability, which are recorded in the infection control policy. The clinical nurse lead is the infection control and prevention officer and will relocate to Kelvin House with the residents. Monthly collation of infection rates will continue to be completed as scheduled. Infection control is an agenda item of the quality meeting and registered nurse meeting. Summerset Group undertakes monthly benchmarking of infections and there is a company-wide infection control group.

Summerset at the Course has housekeeping policies and procedures in place. Housekeeping services will be provided by Summerset at the Course staff. Laundry services will be contracted to Manor Park. The large laundry at the adjoining facility has a defined clean and dirty flow and has two large commercial washing machines and gas dryers. Kelvin House has secure areas for the storage of cleaning chemicals. Laundry and cleaning processes will be monitored for effectiveness.

## **Here taratahi | Restraint and seclusion**

Not Audited

## 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	10	0	2	0	0	0
Criteria	0	83	0	2	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 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>	FA	<p>Summerset on the Course is owned and operated by the Summerset group. The service is certified to provide rest home and hospital (medical and geriatric) levels of care for up to 40 residents in the care centre and up to 20 residents in the 40 bed serviced apartments. On the day of the audit there were 25 residents in total: 15 residents at rest home level care, including one resident on respite care and ten rest home residents in the serviced apartments. There were 10 residents at hospital level, including two on long term support- chronic health (LTS-CHC) contracts. All remaining residents are funded through the Age-Related Care Contract (ARRC). All residents’ rooms in the care facility are identified as dual purpose.</p> <p>Summerset is planning to relocate residents from the existing care centre to Kelvin House, a purpose built 31 bed aged care ground level facility located approximately seven kilometres away.</p> <p>This partial provisional audit was conducted to assess the Kelvin House facility for preparedness to provide rest home and hospital (medical and geriatric) level care. There is a detailed organisational transition plan</p>

	<p>which includes reassessment of residents as required, a detailed moving day plan and individual moving plans for each resident who is relocating. The transition date is scheduled for 10 October 2023.</p> <p>Summerset Group has a well-established organisational structure. The Governance body for Summerset is the Operational and Clinical Steering Committee that is run bimonthly and chaired by the General Manager of Operations and Customer Experience. Members of the committee include the Chief Executive for Summerset, Group Operations Managers, Head of Clinical Services, Operations Finance business partner, Customer Experience Manager and Operations and Business Improvement Managers. Each of the Summerset facilities throughout New Zealand is supported by this structure.</p> <p>The director for Summerset is a member of the governing committee and is the Chief Executive Officer (CEO). The CEO works with the chair of the committee and the members to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks and a focus on continuous quality improvement.</p> <p>Terms of reference operate for this committee, and this is documented in the Charter. Orientation and training is not specifically provided for the role on the committee, as all members on the committee hold senior roles in Summerset. All members have the required skills to support effective governance over operational, clinical services, quality of resident care, and fiscal responsibility. If individuals require support to develop their skills, there is financial support to attend courses or training as required and the People and Culture team can provide internal support.</p> <p>The Governance body for Summerset have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha.</p> <p>Summerset Group have a quality assurance and risk management programme and an operational business plan. The 2022-2023 business plan is specific to Summerset at the Course and describes specific and measurable goals that are to be regularly reviewed and updated. Site</p>
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	<p>specific goals relate to temporarily relocating residents and refurbishment of the care centre.</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>A current site-specific Māori health plan is in place. Local iwi contacts are available for advice and a relationship has been established with Orongamai marae. This is a pan iwi marae covering several different iwi based in the local area.</p> <p>The overarching strategic plan has clear business goals to support their philosophy of “to create a great place to work where our people can thrive.” The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery.</p> <p>The service will continue to provide a bimonthly report to the Operations and Clinical Steering group on relocation, which will include a range of information on high level complaints, progress with corrective actions, and national systems improvements.</p> <p>The documented quality programme requires regular (weekly and monthly) site specific ‘clinical, quality and compliance and risk’ reports that will be completed by the care centre manager and village manager and are available to the senior team. High risk areas are to be automatically escalated to senior team members at national level. Measures are then reviewed and adapted until a positive outcome is achieved or the goal is achieved.</p> <p>The service has a village manager (non-clinical), who has been with Summerset in the role for over three years. The village manager (VM)</p>
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		<p>has a background as a manager and leader in health care for several years. The care centre manager (RN) has over 13 years' experience as a registered nurse and has been in the role for nine months. The team are supported by a clinical nurse lead. The management team are supported by a regional quality manager (who was present at the time of the audit).</p> <p>The village manager and care centre manager have maintained greater than eight hours of professional development activities related to managing an aged care facility.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is an acuity and clinical staffing ratios policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. There is a current roster documented with additional rosters available that demonstrates an increase in staffing as resident numbers increase. The rosters provide sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>In the care centre, there are rosters documented that increase staff according to occupancy and acuity. On relocation day, occupancy is expected to be five rest home and ten hospital residents. For the current occupancy of 15 residents, there are six caregivers (four long and two short), one registered nurse and one enrolled nurse rostered on the morning shift; five caregivers (three long and two short shift) and one registered nurse on the afternoon shift; and two caregivers and one registered nurse on the night shift. Summerset at the Course is currently overstaffed for the current resident numbers. The staff roster will continue as previously when the relocation takes place. There are plans to increase by a further one caregiver per shift if required when the service is at full occupancy.</p> <p>On-call services are provided by the care centre manager and the clinical nurse lead.</p> <p>The managers have sufficient existing staff to cover all shifts at the time of relocating. There are a total of 56 staff employed. This includes eight RNs, 20 caregivers, and a full complement of kitchen staff and household staff. The kitchen staff will remain at Summerset at the Course and cater for serviced apartment residents from a temporary</p>

	<p>kitchen. There is a Careerforce assessor available to support caregivers through training.</p> <p>There are two interRAI trained nurses. Overall, there are sufficient staff employed for the initial roster and for increasing numbers up to 31, with additional staff being employed if occupancy increases.</p> <p>The service has a contract with a local medical centre and house GP who will continue to visit twice weekly. They provide on-call cover as needed. A contract has been obtained with a physiotherapist. Initially this will be as required, then set hours as numbers increase. Other contracts include a local pharmacy, dietitian through Te Whatu Ora Capital, Coast and Hutt Valley, and a podiatrist.</p> <p>A 2023 education planner (as part of the quality programme annual planner) is implemented for the service. Staff are trained as per the current schedule and will complete additional site-specific training on fire and emergency prior to the relocation (link 4.2.3). There is a list of topics that must be completed at least two-yearly, and this is reported on. The annual education planner and online learning platform topics include (but not limited to) palliative care training; specialised wound care training; dementia strategy; Treaty of Waitangi; and Māori health. There is a national learning and development team that support staff with online training resources. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Management confirmed that staff are provided with resources during their cultural training. The learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>The organisation has mandatory competencies which include (but not limited to): safe moving and handling; medication competency; hand hygiene/infection prevention and control; restraint; communication; cultural competence; personal protective equipment (PPE); fire safety; and emergency management. These are completed during induction and annually.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Information supporting the Employee Assistance Programme (EAP) is available to staff when employed. There is a Summerset Staffing Rationale policy and Summerset at the Course relocation and transition plan.</p>
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		<p>The current education plan will continue to be completed in the Kelvin House facility. There are plans in place around staffing and management of the transition to the Kelvin house facility.</p>
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Summerset has organisational documented job descriptions for all positions, which detail each position's responsibilities, accountabilities, and authorities. Additional role descriptions are in place for infection control officer, restraint coordinator, health and safety officer, and fire officer. A review of eight staff files confirmed that all had a signed contract, police check, job description, reference checks and evidence of a current annual practising certificate if required.</p> <p>The service has a policy around professional competencies and requirements for validating competencies. A register of practising certificates is maintained for all health professionals. All staff have an appraisal at 12 weeks and 6 months following employment and annually thereafter.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. A four-week orientation programme has been developed for all staff and has been implemented. All current staff have evidence of completed orientations. This includes (but not limited to): completing orientation documentation; competencies; mandatory training; first aid training; VCare training; syringe driver training; and palliative/ end of life training. The orientation programme also includes specific training around (but not limited to): equipment; manual handling; safe chemical handling; Medimap (medication system); and emergency and fire training.</p> <p>The four weeks also includes cultural safety and Te Tiriti training, which supports all staff to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified for staff, and the organisation maintains an employee</p>

		<p>ethnicity database. There are documented processes around ensuring follow up of any staff incident/accident, debriefing, and support. Wellbeing support is available for staff.</p>
<p>Subsection 3.4: 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 organisational medication management policies in place. The service will continue to use a four-weekly pre-packed sachet medication system, with a contract in place from a local pharmacy, for the provision of this service. There is a spacious treatment room centrally located where all medications will be stored. The treatment room is fully fitted with adequate cupboard and bench space and a locked controlled drug safe is installed. The keypad access is activated. The service will continue to use the existing Medimap electronic medication system. Medication trolleys and medication fridges will be moved as per the transition plan on the day of relocation. Medication room and medication fridge temperatures are recorded and were within safe limits.</p> <p>A self-medicating resident policy and procedure is available if required. There were no residents self-administering their medications on the day of the audit.</p> <p>The medication administration policies identify that medication errors are treated as an incident and captured as part of the incident management system, and a medication error analysis is to be completed. Medication training and competencies have been completed as required for all current staff.</p> <p>Policies and procedures reflect medication legislation and reference the medicines care guides for residential aged care. Registered nurses and senior caregivers who have current medication competencies are responsible for administration of medications.</p> <p>The care centre manager described ways of working in partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Summerset do not use standing orders and all over the counter medications residents wish to take, will be reviewed by the GP, and prescribed on the Medimap system.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Summerset has comprehensive nutritional management policies and procedures for the provision of food services for residents. The nutritional needs of the care centre residents will be contracted to Manor Park Private Hospital.</p> <p>The kitchen is situated on the ground floor of the adjoining Manor Park facility and is fully functional. There is a registered food control plan. There is a walk-in chiller, freezer, and pantry. There is a 12-week menu approved by a dietitian. Food is to be plated in the main kitchen and transported in hot boxes to the Kelvin House dining room via a closed in annex joining the two buildings. There is a large glass front fridge in the dining room for storage of milk, sandwiches, fruit etc and a sink area with additional under bench cupboard in a bifold cupboard. Used dishes will be transported back to the main kitchen for washing.</p> <p>All residents are required to have a nutritional profile completed on admission, which is provided to the kitchen. Summerset has access to a community dietitian if required.</p> <p>As part of the food safety programme, regular audits of the kitchen fridge/freezer temperatures and food temperatures are undertaken and documented by Manor Park staff. Food safety in-service training is provided for both Manor Park and Summerset staff.</p> <p>Policies and procedures including tapu and noa and cultural food safety is included in induction. Kitchen staff will be involved in the activities theme months, particularly during cultural theme months and celebrations. The menu is substituted to accommodate cultural meals in line with the theme, supporting residents to have culturally appropriate food, which can be requested. The Manor Park cook (interviewed) is able to alter menus to support cultural beliefs, values, and protocols around food for Māori residents.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and</p>	<p>PA Low</p>	<p>Summerset at the Course is in the early stages of a complete refurbishment of the care centre and service areas. In preparation for this, care centre occupancy has been reduced to 15 residents. These residents will relocate to Kelvin House at Manor Park on 10 October</p>

<p>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>2023. The serviced apartment residents will stay at Summerset on the Course.</p> <p>Kelvin House has its own entrance into a reception area. The care centre manager's office is adjacent to this area and is accessible to staff and visitors. The entrance opens onto a large Hub room with reception access at the front. The Hub is centrally located and is situated in the middle of the two wings, with the entrance at the front and the dedicated staff area at the back. Portable screens separate reception and administration staff from the nurses' station behind it. The Hub includes ample desk and storage space in a secure environment.</p> <p>There are two wings each with a lounge area and a small, grassed courtyard. External landscaping is completed with a number of areas for residents.</p> <p>All corridors are spacious and include handrails. The larger lounge is adjacent to the dining room which is of sufficient size to accommodate up to 31 residents. The dining room has a small kitchenette with a sink and storage. There are large sliding doors opening onto a paved north facing courtyard. There is a large internal access garage which will be available for the facility van and an area designated for equipment storage. There is chemical storage cupboards and linen cupboards in each wing. There are two large walk-in cupboards at reception. One will be used for emergency equipment and supplies and the other for general storage.</p> <p>Kelvin House is heated by heat pumps in each residents' room and in all communal areas.</p> <p>All resident rooms have a walk-in ensuite equipped with fold up shower seats. Each room has a large window. Each resident's bed, furniture, decorations, and personal effects will transfer with the resident. Residents are able to bring their own possessions into the home and are able to adorn their room as desired. All rooms and communal areas allow for safe use of mobility equipment. The resident areas are fully decorated, with vinyl flooring in all areas, except the lounges which are carpeted. All toilet and ensuite facilities are completed with handrails. There are hand sanitiser dispensers available throughout.</p> <p>There is a current building warrant of fitness expiring 26 February 2024. Manor Park staff are responsible for maintaining the building and</p>
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		<p>preventative and reactive maintenance. Summerset maintenance staff are responsible for Summerset equipment, dining room fridge temperatures and hot water monitoring. All building and plant have been built to comply with legislation.</p> <p>All electrical equipment and other machinery is relocating from Summerset at the Course and is checked as part of the annual maintenance and verification checks. The service has an extensive list of medical and nursing equipment that is coming to Kelvin House on relocation day. The furniture and equipment are appropriate for this type of setting and for the needs of the residents. There are adequate areas for storage of equipment. There is adequate seats for resting in a number of areas around the hallways.</p> <p>There are visitors/disabled toilets with flowing soap, and hand towel dispensers situated close to communal areas.</p> <p>Manor Park has preventative maintenance schedules which will be implemented at Kelvin House for Summerset at the course. Manor Park employs an operations manager and maintenance staff. Hot water systems have been fitted and will be routinely checked by Summerset at the Course maintenance staff; however, temperatures have not yet been checked.</p> <p>The facility was designed prior to the new standards being implemented and therefore consultation and co-design of the environments to ensure that they reflect the aspirations and identity of Māori was not required. Summerset has partnered with Māori representatives for future building.</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 safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>Kelvin House has a fire evacuation plan approved by the fire service. Summerset have a suite of policies and procedures in relation to emergency preparedness. Fire exits signage clearly identified throughout the facility. Site specific fire safety training and specialised fire warden training for senior staff is planned to occur prior to relocating. Summerset education schedules include these topics as ongoing education annually. All registered nurses and a selection of staff have current first aid certificates.</p> <p>There are adequate emergency water supplies with four emergency</p>

		<p>water tanks (approximately 60,000 litres of stored water). Manor Park will store adequate food supplies to meet emergency requirements. Emergency lighting lasts for four hours. There is a registered nurse on emergency 24/7 on call. Communication – Medimap electronic medication system is backed up if Wi-Fi fails. The telephone is backed up via the mobile system, and IT backup systems are in place. There is an on-site backup generator.</p> <p>There is a nurse call system in place with pendants available for residents as and when appropriate. The call bell system is linked to a computer in the nurses' hub and enunciators are clearly positioned in all corridors. Call bells are installed in resident ensuites, resident rooms and all communal areas.</p> <p>The main doors to the facility are locked at dusk and open at dawn. There is a system for visitors to call nursing staff after hours to access the facility. This will continue to be in place in the Kelvin House facility.</p>
<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention control and antimicrobial stewardship (AMS) programmes are led by the clinical nurse lead. Infection prevention and control and antimicrobial stewardship policies and procedures have been recently reviewed and are appropriate for the service. The infection control programme and policies and procedures link to the quality improvement system and are reviewed and reported regularly. Details of the inclusion of infection prevention within the infection surveillance and clinical outcomes reports are noted within the quality and risk programme This includes reports on significant infection events.</p> <p>Expertise and advice are sought from the general practitioner, Te Whatu Ora- Capital, Coast and Hutt Valley infection control team and experts from the local public health team as and when required. The clinical nurse lead attends the management and quality team meetings where infection control issues are discussed.</p> <p>A pandemic/infectious diseases response plan is documented. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>The infection control programme will continue to be implemented in the</p>

		Kelvin House facility.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control programme is linked to the quality and business plan and is reviewed annually.</p> <p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for: hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; health care acquired infection (HAI); and the built environment. Additional policies and procedures have been developed to ensure contracted Manor Park services for sluice room management meet Summerset infection control standards.</p> <p>Infection prevention and control resources, including personal protective equipment (PPE), are available should a resident infection or outbreak occur. There is a pandemic response plan in place which is reviewed and tested at regular intervals.</p> <p>The infection control coordinator (clinical nurse lead) is responsible for coordinating and providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Orientation training (four-week plan) has been completed for all existing staff. Annual infection control training is included in the mandatory in-services that will be held for all staff. The infection control coordinator has access to an online training system with resources, guidelines, and best practice.</p> <p>At site level, the care centre manager has responsibility for purchasing thermometers, face masks and face shields, with input from the infection control coordinator. All other equipment/resources are purchased at national level. There is infection control input into new buildings or significant changes occurs at national level and involves the regional quality managers.</p>

		<p>There is a policy in place for decontamination of reusable medical devices and the procedure around single use items. All shared equipment is disinfected appropriately between use. All single use items such as wound packs are only used once then discarded appropriately. Infection control internal audits were completed as scheduled and any corrective actions identified have been actioned. Educational resources in te reo Māori can be accessed online if needed. The Māori health plan provides guidance for staff around provision of culturally safe practices.</p> <p>The service will continue to implement the organisational infection control programme in the Kelvin House facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There are approved policies and guidelines for antimicrobial prescribing. Prescribing of antimicrobial use is to be monitored, recorded, and analysed at site level. At an organisational level, further discussion takes place at senior management level and is reported to the Operational and Clinical Steering Committee. The GP will continue to be responsible for prescribing.</p> <p>Trends are identified at national level, and also at facility level. Feedback and further input occur from national senior management level.</p> <p>The service will continue to implement the AMS programme.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy. The surveillance programme is appropriate to the size and setting of the service. The electronic analysis tool includes the number and types of events in a defined time period, including ethnicity data. The organisation benchmarks surveillance data.</p> <p>Monthly infection data template ensures collection for all infections based on standard definitions. Infection control data is to be monitored and evaluated monthly and annually. Infection data, outcomes and actions are to be discussed at the infection control meetings, quality, and staff meetings.</p> <p>There are processes in place to isolate infectious residents when</p>

		<p>required. Residents and family/whānau (where required) are advised of any infections identified, in a culturally safe manner.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors at the entry of the facility and in the hallways.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are waste and hazardous management policies that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste. Summerset provided evidence of provision of medical waste receptacles. All other waste is taken to a central Manor Park waste area and removed as scheduled.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms (in Manor Park). Training and education in waste management and infection control is completed as part of orientation and the mandatory training programme.</p> <p>There is sufficient PPE and equipment provided, such as aprons, gloves, and masks. There are policies for cleaning and infection prevention, and linen handling and processing. There are documented systems for monitoring the effectiveness and compliance with the service's policies and procedures. Laundry audits are conducted by Manor Park staff and cleaning audits are conducted by Summerset as per the quality assurance programme.</p> <p>All laundry services are contracted to Manor Park. The laundry is equipped with two large commercial washing machines and dryers. There is a smaller separate washing machine available for isolated infectious linen. There is a separate entrance for dirty laundry and an exit for clean. The laundry is large and includes two commercial washing machines and two dryers. Dirty linen will be transported to the laundry via colour coded laundry bags and covered trolleys positioned in the covered walkway between the two facilities. Laundry chemicals are delivered within a closed system to the washing machine. Each resident's personal laundry is labelled and placed in a named net bag and returned after laundering in the same bag to their rooms.</p>

		<p>Summerset staff are responsible for placing the personal in resident's drawers.</p> <p>The sluice room if required is available to Summerset staff in the Manor Park facility at defined times. The sluice room has a steriliser, aprons, gloves, goggles, and safety data sheets available. A policy is documented to ensure safe and timely use.</p> <p>Both Manor Park and Kelvin House have secure area for the storage of cleaning and laundry chemicals. The laundry and cleaning areas have hand washing facilities. The lockable cleaning trolleys will be located in secure cleaning cupboards in Kelvin House. Cleaning services are to be provided seven days a week by existing Summerset staff. Cleaning duties and procedures are documented to ensure correct cleaning processes.</p> <p>Summerset have developed policies to provide direction and guidance to safely reduce the risk of infection during laundry, kitchen and maintenance activities. It details consultation by the infection control team.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples’ cultures and supports cultural practices.</p>	PA Low	All equipment in current use at Summerset on the Course is coming to Kelvin House with the residents. The resident areas are fully decorated. All toilet and ensuite facilities are suitable for rest home and hospital level residents. Service areas including the kitchen, sluices and laundry in Manor Park are fully fitted and functional. Office spaces and the staff room are completed and fully fitted and functional with IT equipment. The Kelvin House facility has a current warrant of fitness. Hot water temperatures have not yet been tested.	Hot water temperatures are yet to be checked.	<p>Ensure hot water temperatures are checked and within recommended ranges.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified</p>	PA Low	The Summerset organisational plan includes emergency management and six-monthly routine fire drills. Senior staff have completed fire warden training. Emergency management and site-specific fire training is planned to occur with staff	Staff have yet to complete fire drills and emergency training in the Kelvin House facility and be orientated to the	Ensure staff have completed orientation to the facility and required emergency and fire training.

emergency and security situations. This shall include fire safety and emergency procedures.		in the Kelvin House facility prior to the residents moving.	facility.	Prior to occupancy days
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.