

# Summerset Care Limited - Summerset by the Park

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## 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:

<b>Legal entity:</b>	Summerset Care Limited
<b>Premises audited:</b>	Summerset by the Park
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 24 August 2023 End date: 25 August 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	64

# 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.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

## General overview of the audit

Summerset by the Park provides hospital (geriatric and medical) and rest home level of care for up to 111 residents. There were 64 residents on the days of audit.

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

The village manager (registered nurse) has been in the role since February 2022, and was the care centre manager prior to this. They are supported by a care centre manager (registered nurse), two clinical nurse leaders, registered nurses, enrolled nurses, experienced caregivers, and administration staff. Summerset head office staff support the facility. The residents and relatives interviewed spoke very positively about the care and support provided.

The service has addressed the previous shortfalls relating to the business plan, meeting minutes and neurological observations.

This audit identified shortfalls relating to restraint management, medication management, assessment timeframes, and care plan interventions.

## Ō tatou motika | Our rights

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

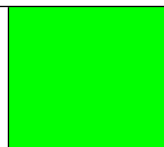


Subsections applicable to this service fully attained.

Summerset by the Park provides an environment that supports resident rights and culturally 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 fully attained.

The Governance body for Summerset is the operational and clinical steering committee who meet bimonthly and are 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 by the Park.

There is a documented and implemented quality and risk management system. Quality data is analysed to identify and manage trends. The service complies with statutory and regulatory reporting obligations. Human resource management policies are implemented. The service has an induction programme in place that provides new staff with relevant information for safe work practice. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Workforce planning is fair and equitable.

## 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Registered nurses are responsible for each stage of service provision. Residents' records reviewed provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans demonstrate service integration.

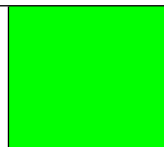
The activity programme offers a diverse range of activities and provides activities for both rest home and hospital residents. The programme incorporates the cultural requirements of the residents.

Medicines are safely managed and administered by staff who are competent to do so. Residents and their family/whānau are supported to understand their medications when required.

Summerset by the Park has in-house food services for the facility. Resident's individual cultural and dietary needs were identified and accommodated.

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

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



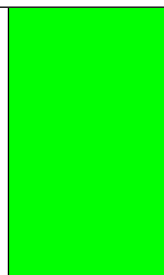
Subsections applicable to this service fully attained.

The building has a current building warrant of fitness. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose.

Fire and emergency procedures are documented, and related staff training has been carried out. There is an implemented policy around resident, staff, and the building security.

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

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



Subsections applicable to this service fully attained.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust pandemic response plans in place (including Covid-19). There have been five outbreaks since the previous audit, which were well managed, and appropriately notified.

## 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.		Some subsections applicable to this service partially attained and of low risk.
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There is a governance commitment to eliminate restraint. The restraint coordinator is a registered nurse. At the time of the audit, the facility had residents using restraints. Restraint minimisation practice is part of the annual education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions when restraint is considered. Restraint use is part of the reporting process within the quality programme.

## 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	19	0	2	1	0	0
Criteria	0	58	0	3	1	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 by the Park 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. The village manager and the care centre manager who are both registered nurses (RN), confirmed that the service supports a Māori workforce. There were staff who identified as Māori at Summerset by the Park at the time of the audit. Management have support from Manurewa marae kaumātua, Māori health providers, and Te Whatu Ora Health New Zealand – Counties Manukau Māori health unit to consult with and report on any barriers to ensure these can be addressed.</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 Aotearoa as tuakana and commit to supporting them to achieve tino</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific Peoples’ Health policy and procedure. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families and providing high quality healthcare. Summerset by the Park currently has residents who</p>

<p>rangatiratanga. 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>originate from the Pacific Islands. There are staff members who identify as Pasifika. The service has links with Pacific groups locally and through staff.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). 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. Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes. Māori cultural activities are individually tailored as per the resident's care plan, with family/whānau providing support as required. All residents are encouraged to determine their own pathway and journey, with independence promoted for everyone. This was confirmed in interviews with three family/whānau (one rest home and two hospital) and five residents (two hospital and three rest home).</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. 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>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by those staff who can speak and understand this language. The staff noticeboards contain information on Māori tikanga practice. Interviews with staff members (three caregivers, two registered nurses (RN), one maintenance, one chef and one diversional therapist), and management (one care centre manager, one village manager, two clinical nurse leaders) confirmed their understanding of tikanga best practice, with examples provided. Cultural training is also included in the orientation programme for new staff. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori; facilitating staff, resident and tāngata whaikaha participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held</p>

<p>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>		<p>responsible for creating a positive, inclusive and a safe working environment. A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents, including Māori, as evidenced in care planning, policies, the Māori health plan, and the Pacific health plan. At the time of the audit, there were residents who identified as Māori, and residents who identified as Pasifika. Staff interviewed stated the workplace had a positive culture supported by management.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives and documentation sighted confirmed that residents and relatives are involved in the decision-making process, and in the planning of care. The care centre manager, clinical nurse leader, RNs, and caregivers interviewed were knowledgeable around tikanga practices in relation to consent.</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 an equitable process, provided to all residents and relatives on entry to the service. The care centre manager maintains a record of all complaints relating to the care centre, both verbal and written in an electronic complaints' register. There have been six complaints received in 2022 and one complaint in 2023 year to date, following the previous audit in March 2022. Documentation of complaints including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). All complaints are documented as resolved and closed. No trends have been identified. Discussions with relatives and residents confirmed they are provided with information</p>

		<p>on the complaints process. There have been no complaints received from external agencies.</p> <p>Complaints forms and a suggestion box are located in a visible location at the entrance of the facility. Families/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including the resident meetings held monthly, and the resident/family meetings which are held three-monthly. Interviews with the management team confirmed their understanding of the complaints process.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Summerset by the Park is certified to provide rest home and hospital (medical and geriatric) levels of care. There are 56 dual-purpose beds in the care centre and 55 rest home beds in the serviced apartments. On the day of the audit, there were 64 residents: 22 at rest home level (12 in the care centre and 10 in the serviced apartments), and 42 at hospital level. All residents are under the aged-related residential care (ARRC) contract apart from one on the primary options acute care (POAC) respite contract in the hospital.</p> <p>The village manager has been in the role since February 2022, and was the previous care centre manager. They are supported by a care centre manager, who is a RN with a current annual practising certificate. They have been in the role since February 2022, and has had several years in aged care management roles with different providers. They are supported by two clinical nurse leaders, and a stable team of care and administration staff. The management team reports a low turnover of staff.</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. 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. Summerset by the Park has a site-specific business plan called "key village</p>

		<p>activities” that includes goals. The village manager completes three-monthly progress reports toward these goals (sighted). The finding at the previous audit relating to HDSS:2008 #1.2.1.1 has been satisfied.</p> <p>Interviews with the regional quality manager, and two care centre specialists confirmed the clinical steering committee is part of the governance body. They are responsible for setting strategy, risk, monitoring and reporting, culture and capability, and engagement. The governance body is involved in the quality and risk management system, through reports to the Board around clinical risk and other areas of risk across the Group. They also support each site around emergency planning and service continuity planning.</p> <p>Summerset has a key relationship with Manurewa marae, Māori health providers, and Te Whatu Ora – Counties Manukau Māori health unit. Māori consultation ensures policies and procedure represents Te Tiriti partnership and equality and to improve outcomes and achieve equity for tāngata whaikaha. Management reports on any barriers to head office to ensure these can be addressed. Registered nurses work in consultation with resident and whānau, on input into reviewing care plans and assessment content to meet resident cultural values and needs.</p> <p>The village manager and the care centre manager have attended training over eight hours over the past year appropriate to their role.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care</p>	<p>FA</p>	<p>Summerset by the Park implements the organisational quality and risk 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 care centre manager implement the quality programme.</p> <p>The service is implementing an internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Key performance indicator data is collated. Monthly and annual analysis of results is completed and provided to staff. There is monthly benchmarking of quality data across the organisation and nationally. Reports break down the data</p>

<p>and support workers.</p>		<p>collected across the rest home and hospital, with this compared to other Summerset services of similar size and composition.</p> <p>Caregivers, staff, management, quality improvement and infection control meetings were completed as scheduled. Meeting minutes included: quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; clinical issues; and education. There is consistent evidence that the data tabled at meetings is discussed and used for improvements to the service. The area for improvement identified at the previous audit relating to HDSS:2008 #1.2.3.6 has been satisfied.</p> <p>Resident and family/whānau (consumer) satisfaction surveys are completed annually and consistently reflect high levels of satisfaction. The 2023 resident and relative (consumer) survey evidenced overall satisfaction level is 84%, which is on par with the Summerset average, and an increase on the result of 78% at the previous survey. Residents and family/whānau also confirmed their satisfaction with the service during interviews. Resident's meetings occurred and infection prevention and control and Covid-19 were discussed at meetings.</p> <p>All resident incidents and accidents are recorded, and data is collated. Accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in meetings and at handovers. Incident reports reviewed evidenced neurological observations are completed for unwitnessed falls, or where there is suspected head injury. The previous audit shortfall (NZS HDSS:2008 Criterion 1.2.4.3) related to completion of neurological observations has been addressed.</p> <p>There is an elected health and safety representative, and a health and safety committee who meet on a regular basis and have completed training. Health and safety is discussed at all staff meetings. The hazard and risk register is current and reviewed three-monthly.</p> <p>Discussions with the care centre manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications submitted</p>
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		<p>relating to a change in management, pressure injuries, and an unexpected death. There have been four Covid-19 outbreaks (two in March 2022, and two in February 2022) and one scabies outbreak in April 2023, which were notified appropriately to Public Health authorities.</p> <p>The role of management is to ensure policy and procedure within the care home represents Te Tiriti partnership and equality. Staff have cultural training that aligns with the Māori health plan to ensure delivery of high-quality health care for Māori.</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>	<p>FA</p>	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The village manager and the care centre manager work full time from Monday to Friday. The clinical nurse leaders cover weekend management. The village manager, care centre manager, and clinical nurse leaders share on-call duties.</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 family/whānau members interviewed reported that there are adequate staff numbers to attend to residents.</p> <p>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, competency questionnaires and external professional development. 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. All RNs and some senior caregivers have current medication competencies. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. Twenty have level four NZQA, nine have level three NZQA and ten have level two NZQA. Four new caregivers have been enrolled.</p>

		<p>The care centre manager, clinical nurse leaders and RNs are supported to maintain their professional competency. There are implemented competencies for RNs, and some 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 two enrolled nurses (ENs); nine RNs have completed interRAI training. Staff interviewed report a positive work environment. The facility collates quality data which includes information for Māori residents. 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 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 resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (one RN, one caregiver, one cleaner, one kaitiaki, and one night services officer), 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 provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation and training programme supports RNs, ENs, and caregivers to provide a culturally safe environment for Māori. Staff interviewed confirmed that they had a relevant and comprehensive orientation. All staff information is 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</p>	<p>FA</p>	<p>The service maintains a record of entry and decline rates. The service collects ethnicity information at the time of admission from individual residents and this is recorded on admission record. The service identifies entry and decline rates for Māori and reporting on this information which is reported to head office. The service has not declined entry to anyone identifying as Māori. There were residents</p>



<p>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>who identified as Māori at the time of audit. The service works in partnership with local Māori communities, organisations, and their kaumātua.</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>PA Low</p>	<p>Five resident files were reviewed. Two rest home level (including one in serviced apartments) and three hospital level, including one resident on a primary options acute care contract (POAC).</p> <p>The service contracts general practitioners (GP) from a local health centre for three times a week visits and they are available on call after hours for the service. The GP has seen and examined the residents within two to five working days of admission and completed three-monthly reviews. The GP (interviewed) commented positively on the service and confirmed appropriate and timely referrals were completed.</p> <p>Registered nurses are responsible for all resident assessments, care planning and evaluation of care. Resident care plans are developed using an electronic system. Initial care plans are developed with the resident and the resident's enduring power of attorney (EPOA) consent within the required timeframe. Long-term care plans had been completed within 21 days for long-term residents. Not all initial interRAI assessments had been completed within the required timescales for resident files reviewed. Some interRAI re-assessments were not always completed six-monthly.</p> <p>The outcome of assessments informs the long-term care plans with appropriate interventions to deliver care. However, interventions in long-term care plans reviewed were not always detailed enough to provide guidance for staff in the delivery of care.</p> <p>Care plans evaluated within the required six-month timeframe had written progress towards goals. The residents' activity needs are reviewed six-monthly at the same time as the care plan review</p>

		<p>process.</p> <p>Short-term care plans are developed for the management of acute problems, such as infections, wounds, weight management and behaviour. These were also noted on the staff handover sheets, which were comprehensive in nature. On observation of a handover, information was comprehensively communicated verbally and included monitoring requirements and changes in care. Caregivers interviewed were knowledgeable about the cares required for individual residents. Progress notes are written daily and as necessary by caregivers, enrolled nurses, and registered nurses. The registered nurse further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Resident electronic files identify the integration of allied health professional input into care and a team approach is evident. A physiotherapist from local provider visits weekly and is supported by three physiotherapy assistants. A podiatrist visits six-weekly. Other allied health professionals involved in care include hospice, dietitian, clinical nurse specialists, and medical specialists from Te Whatu Ora - Counties Manukau.</p> <p>The two clinical nurse leads, and two registered nurses interviewed describe how to support Māori residents and their whānau to identify their own pae ora outcomes in their care and support plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Family/whānau were notified of all changes to health, including infections, accidents/incidents, general practitioner visits, medication changes and any changes to health status. Family/whānau notifications and discussions were evident in the files reviewed.</p> <p>A wound register is maintained. There were 17 wounds in total from 16 residents. These include three pressure injuries (one suspected deep tissue, one unstageable and one stage II); with the remaining wounds being skin tears, ulcers, and minor lesions. Wound assessments, wound management plans with body map, classifications of wounds, photos and wound measurements were reviewed, and evidenced wound dressings were being changed</p>
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		<p>appropriately in line with the documented management plan. All wounds reviewed were correctly classified and documented. The service can access the local wound nurse specialist if required. Continence products are available, and staff can access continence specialists through Te Whatu Ora-Counties Manukau.</p> <p>Care plans reflected the required health monitoring interventions for individual residents. Caregivers, enrolled nurses, and registered nurses complete monitoring charts, including (but not limited to): bowel chart; vital signs; weight; behaviour and turning charts. Incident reports reviewed evidenced neurological observations are completed for unwitnessed falls, or where there is suspected head injury. Immediate action was noted, and any follow-up action(s) required were documented and evidenced in progress notes by a registered nurse. Incidents were fully investigated and signed off in a timely manner.</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. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Summerset by the Park employs one full-time diversional and recreational therapist who is supported by another diversional therapist (who works weekends) and three Kaitiaki who lead and facilitate the activity programme. The service facilitates opportunities to participate in te reo Māori through Māori phrases incorporated into the activities and culturally focused food related activities as applicable.</p> <p>Community visitors include entertainers, church services and pet therapy visits. The service also works with representatives from the local communities who visit and talk with residents individually. Themed days such as Matariki, Māori language week, Waitangi, and ANZAC Day are celebrated with appropriate resources available. A weekly calendar of activities is displayed and available for residents and includes celebratory themes and events.</p> <p>Residents visit their family/whānau in the community and families/whānau can visit the residents in the facility at any time. Family/whānau and residents interviewed reported overall satisfaction with the level and variety of activities provided.</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>PA Moderate</p>	<p>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice. The registered nurse, enrolled nurses and medication competent caregivers are responsible for the administration of medications. They have completed medication competencies and annual medication education. The registered nurses have completed syringe driver training. All stock medications and robotic rolls were evidenced to be checked on delivery, with discrepancies fed back to the supplying pharmacy. Standing orders are not used by the service. There are no vaccines stored on site. There is a hospital stock of medications that are checked weekly. Eye drops and creams are dated on opening.</p> <p>There were no residents who were self-administering medications. Appropriate processes are in place to ensure this is managed in a safe manner if required. The medication fridge and medication room temperatures were monitored, and daily records were within the acceptable range. Controlled drugs are stored safely, and stocktake completed weekly by staff and prescriptions demonstrate compliance with legislative requirements. However, controlled drugs bulk stock process (ordering, dispensing and administration) is used for all residents, including one rest home resident on regular controlled drugs.</p> <p>Ten resident medication charts on the electronic medication system were reviewed. The medication charts had photograph identification and allergy status recorded. Staff recorded the time and date of pro re nata (PRN) medication administration; however, effectiveness or outcome was not consistently documented. All PRN medications had an indication for use. All medication charts had been reviewed by the general practitioner at least three-monthly. All over the counter vitamins or alternative therapies residents choose to use were reviewed and prescribed by the general practitioner.</p> <p>The staff observed during a medication round demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management.</p>
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		<p>Residents and their family/whānau are supported to understand their medications when required. The clinical nurse lead stated that appropriate support and advice will be provided when requested by Māori. There was documented evidence in the clinical files that relatives are updated around medication changes, including the reason for changing medications and side effects. Residents and their family/whānau are supported to understand their medications when required.</p> <p>There is a process for comprehensive analysis of medication errors and corrective actions implemented as required.</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>Summerset by the Park provides their own food services for the facility. Kitchen staff and care staff interviewed understood tikanga Māori practices in line with tapu and noa requirements.</p> <p>The Māori health plan in place includes cultural values, beliefs, and protocols around food. The chef manager (interviewed) stated that menu options culturally specific to te ao Māori are incorporated and will be offered to Māori residents when required, giving some examples of culturally specific food that might be offered when required. Family/whānau are welcome to bring culturally specific food for their relatives. Residents and family/whānau members interviewed indicated satisfaction with the food services.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services, social support or kaupapa Māori agencies, where indicated or requested.</p>

coordinate a supported transition of care or support.		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The current building warrant of fitness is displayed at reception and expires May 2024. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>A full-time property manager of the care centre and villas (also available on call) oversees property assistants and 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 including (but not limited to) plumbers, electricians, and lift maintenance contractors. Monthly planned maintenance duties are set by the head office. These include resident-related and environmental planned maintenance and are signed off when completed. The annual preventative maintenance plan includes the checking and calibration of medical equipment, electrical compliance of equipment and hot water temperatures. All were completed as scheduled.</p> <p>The village manager and care centre manager 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 safe way, including during an emergency or unexpected event.</p>	FA	<p>There are emergency and disaster manuals to guide staff in managing emergencies and disasters. There is an approved evacuation plan. Fire drills are held six-monthly with the last one completed 20 June 2023. The civil defence cupboard is well-equipped and checked regularly. There is sufficient water, food, and alternative cooking in the event of an emergency.</p> <p>There are cameras at the entrance, in hallways and communal areas. The building is secure after hours, and staff complete security checks at night. The staff orientation includes fire and security</p>

		training.
<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>	FA	<p>There are a number of policies and procedures related to pandemic management, management of personal protective equipment (PPE), Covid-19 and outbreak management. Education around outbreak management is included as part of annual training and updates as needed. There is a plentiful supply of PPE on site, which is readily available to staff.</p> <p>Summerset has a cultural advisor who provides advice on how te reo Māori can be incorporated into infection control information and providing culturally safe care in relation to infection control for Māori residents. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</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>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. Surveillance data includes ethnicity and is monitored and analysed for trends, monthly and annually. The care centre manager completes a comprehensive review, and this is reported to all staff and head office. Infection control surveillance is discussed at monthly staff meetings.</p> <p>Residents and family/whānau (with resident's consent) are contacted and informed of any healthcare-associated infection, with information on care and prevention.</p> <p>There have been four Covid-19 outbreaks (two in March 2022, and two in February 2022) and one scabies outbreak in April 2023. All outbreaks were documented, with evidence of comprehensive management. The infection control coordinator (registered nurse) interviewed described the daily update and debrief meetings that</p>

		<p>occurred during outbreaks, which included 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. All outbreaks were appropriately notified to Public Health.</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>PA Low</p>	<p>The restraint policy and business plan identify the organisations' commitment to minimising restraint use. Restraint use is benchmarked and link to operational goals of reducing and eliminating restraint. Summerset by the Park has residents using bedrails and lap belts; however, these are classed as enablers with all documentation in clinical records demonstrating use of enabler. An enabler register is maintained and updated each month.</p> <p>The restraint approval process described in the restraint policy and procedures meet the requirements of Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) and provide guidance on the safe use of restraints. The restraint coordinator is a register nurse, who provides support and oversight. The restraint coordinator has a job description in relation to restraint responsibilities.</p> <p>The quality reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff.</p> <p>Restraint will only be used as a last resort when all alternatives have been explored. Regular training occurs in restraint minimisation and management of challenging behaviour as part of orientation programme and the mandatory training plan. Staff completed training on restraint management and behaviours that challenge in March 2023. Staff completed annual restraint competencies. Enablers in place at Summerset by the Park are discussed in the quality and staff meetings.</p> <p>Interview with the restraint coordinator confirmed that the service works in partnership with Māori, to promote and ensure services are mana enhancing.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment; however, recent admissions did not have the interRAI assessment completed within three weeks of the residents' admission to the facility. Review of the interRAI completion report from momentum indicated that eight interRAI assessments were overdue for the six-month assessment and four residents did not have initial interRAI assessment completed since admission to the facility.	<p>(i). Two interRAI assessments (one hospital, one rest home) were overdue for the six-month interRAI re-assessment.</p> <p>(ii). One rest home resident did not have interRAI assessment completed within 21 days of admission.</p>	<p>(i). &amp; (ii). Ensure residents have interRAI assessments completed within 21 days of admission and re-assessments six-monthly, or as needs change.</p> <p>60 days</p>
Criterion 3.2.3	PA Low	The service has comprehensive	There were no detailed	(i-iii) Ensure care plans

<p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service</p>		<p>policies related to assessment, support planning and care evaluation.</p> <p>Registered nurses are responsible for completing assessments (including interRAI), developing resident centred care interventions, and evaluating the care delivery six-monthly, or earlier as resident's needs change. The service seeks multidisciplinary input as appropriate to the needs of the resident. Care plan evaluations identify progress to meeting goals.</p> <p>The outcome of assessments informs the long-term care plans with appropriate interventions to deliver care. However, interventions in long-term care plans reviewed were not detailed to provide guidance for staff in the delivery of care related to diabetes management, falls risk minimisation, and strategies to reduce the risk of aspiration for resident with complex medical needs.</p> <p>Supplementary documentation reviewed and interviews with resident, family/whānau and care staff identified that the shortfalls noted relates to documentation only and the residents received the required care; therefore, the risk is assessed as a low risk.</p>	<p>interventions to provide guidance for staff for:</p> <p>(i). One hospital level care resident related to management of diabetes, including (but not limited to) monitoring regime (Blood Glucose Levels and HBA1c), signs and symptoms, and management of hypoglycaemia and hyperglycaemia.</p> <p>(ii). One rest home level care resident related to falls minimisation strategies.</p> <p>(iii). One hospital level care resident with complex medical needs related to strategies to minimise risk of aspirations and chest infections. Same resident did not have interRAI, care plan and clinical records updated with reviewed medical diagnosis following specialist review and management thereof.</p>	<p>have detailed interventions to provide guidance to staff on care management and are updated to reflect changes to resident needs and management plan.</p> <p>90 days</p>
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integration as required.				
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>The registered nurses, enrolled nurses and medication competent caregivers are responsible for the administration of medications. Those responsible for medication administration have all completed medication competencies and education related to medication management. There is a policy and process on safe medicine management including that of controlled drugs storage, stock take and reconciliation. The policy also includes safe storage guidelines, including monitoring and recording of medication fridge and room temperature. Reviewed medication charts demonstrated that medications were prescribed in line with legislative requirements, including controlled drugs; however, the dispensing and administration process for one rest home level care resident's controlled drugs did not meet requirements.</p>	<p>(i). One rest home level care resident on regular controlled medication does not have own stock of controlled medications for administration.</p>	<p>Ensure that controlled drugs for the rest home level care resident are ordered, dispensed, and administered specifically for them in line with expected regulations and not as bulk stock process.</p> <p>60 days</p>
<p>Criterion 6.1.5</p> <p>Service providers shall implement policies and procedures underpinned by best practice that shall include:</p> <p>(a) The process of holistic assessment of the person's care or support plan. The</p>	<p>PA Low</p>	<p>Summerset's business plan and restraint policy demonstrate the organisation's commitment to minimise the use of restraint with the ultimate goal of restraint elimination. Residents observed at the time of the audit were noted to have bedrails and lap belt in use; however, these have been classed as enablers. There is failure of</p>	<p>Eight of eight residents using bedrails (seven residents) and lap belt (one resident) are classed as enablers with documentation in the clinical records, monthly reports and staff feedback confirming to have eight residents using enablers.</p>	<p>Ensure demonstration of compliance with Ngā Paerewa Health and Disability Services Standards NZS 8134:2021 Section 6 Restraint and Seclusion and Summerset restraint policy and procedure.</p>

<p>policy or procedure shall inform the delivery of services to avoid the use of restraint;</p> <p>(b) The process of approval and review of de-escalation methods, the types of restraint used, and the duration of restraint used by the service provider;</p> <p>(c) Restraint elimination and use of alternative interventions shall be incorporated into relevant policies, including those on procurement processes, clinical trials, and use of equipment.</p>		<p>Summerset by the Park to demonstrate compliance with Summerset restraint policy and procedure and Ngā Paerewa Health and Disability Services Standards NZS 8134:2021 Section 6 restraint and seclusion; for the eight residents using bedrails and lap belt. Currently the service refers to these as enablers with documentation in the clinical records, reports and staff feedback confirming to have eight residents on enablers. Staff have completed training related to restraint use and behaviour that challenge in March 2023.</p>		<p>60 days</p>
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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.

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End of the report.