

Summerset Care Limited - Summerset at the Course

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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Summerset Care Limited
Premises audited:	Summerset at the Course
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 31 October 2023 End date: 1 November 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	12

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou 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
Yellow	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
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Summerset at the Course provides hospital (medical and geriatric) and rest home levels of care for up to 42 residents in the care centre and up to 20 residents across the serviced apartments. At the time of the audit there were 12 residents all in the serviced apartments.

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

The village manager has been in the role for over three years. They are supported by a care centre manager (registered nurse), a clinical nurse leader, registered nurses, enrolled nurses, experienced caregivers, and administration staff. Summerset head office staff support the facility. The residents and relatives interviewed spoke positively about the care and support provided.

There are quality systems and processes being implemented. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

There were no areas for improvement identified at the previous certification audit.

This audit identified shortfalls relating to medication management, and assessment and care planning.

Ō tātou 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.

There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Summerset at the Course demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Some subsections applicable to this service partially attained and of low risk.

The Governance body for Summerset is the national clinical review committee who meet monthly and chaired by Summerset’s Head of Clinical Services. All members on the committee hold senior roles in Summerset. Organisational performance is monitored through several processes to ensure it aligns with the identified values, scope, and strategic direction. The business plan is tailored to reflect the goals related to Summerset at the Course.

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

<p>Includes eight 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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
--	--	---


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.

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

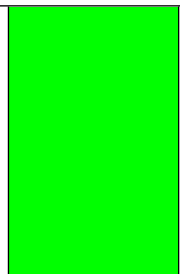
Transfer between services is coordinated and planned.

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

Includes two 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.

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

Includes five 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.
---	--	--

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. 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 has been one outbreak since the previous audit, which was well managed, and appropriately notified.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

There is a governance commitment to eliminate restraint. The restraint coordinator is a registered nurse. At the time of the audit, the facility had no residents using restraints. Restraint minimisation practice is part of the annual education and training plan.

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	15	0	2	1	0	0
Criteria	0	46	0	2	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.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Summerset at the Course has policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. A Māori health plan is documented for the service and understood by staff who confirmed in interview that mana motuhake is recognised. At the time of the audit, there were Māori staff but no Māori residents. The service has a relationship with Orongamai marae, including support from kaumātua.</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 rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	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 acknowledge respectful relationships, valuing families/whānau and provide high quality healthcare. Summerset at the Course currently has no residents who originate from the Pacific Islands. There are staff members who identify as Pasifika.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The care centre manager (interviewed) demonstrated how it is also given in welcome packs in the language most appropriate for the resident, to ensure they are fully informed of their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Summerset policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances.</p> <p>All staff at Summerset at the Course are trained in, and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. When interviewed (two caregivers, one enrolled nurse, chef manager), staff demonstrated an understanding of professional boundaries.</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</p>	FA	<p>There are policies around informed consent. Staff and management have a good understanding of the organisational process to ensure informed consent for all residents, including for Māori when admitted (who may wish to involve whānau for collective decision making). Interviews with one family (rest home), and four residents (rest home) confirmed their choices regarding decisions and their wellbeing is respected.</p>

<p>make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</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. 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 provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Residents or relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained which includes all complaints, dates and actions taken. There have been five complaints made in 2022 and three in 2023 year to date, following the previous audit in February 2022. There have been two health and disability commissioner (HDC) related complaints received in February 2022 and June 2023. All responses and required documentation have been sent to HDC. The service is now waiting for the outcome.</p> <p>Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family members confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed by management. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The care centre manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</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>FA</p>	<p>Summerset at the Course is certified to provide rest home and hospital (medical and geriatric) levels of care. In accordance with the reconfiguration letter from the HealthCERT dated August 2023; all the residents in the 45 dual-purpose bedded care centre have been relocated</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>to another facility (Kelvin House). The transition was completed on 10 October 2023. On the day of the audit there were 12 rest home level care residents, all in the serviced apartments. The serviced apartments are certified to provide rest home level of care for up to 20 residents. All residents are under the aged-related residential care (ARRC) contract.</p> <p>The village manager has been in the role for over three years and has years of previous experience in management of villages and rest homes. They are supported by a care centre manager, who is an RN with a current annual practising certificate. The care centre manager has been in the role since December 2022, and had previously been the clinical nurse leader. They are supported by a clinical nurse leader (on leave at the time of the audit), 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 national clinical review committee who meet monthly and chaired by Summerset’s Head of Clinical Services. All members on the committee hold senior roles in Summerset and there are terms of reference. The Head of Clinical Services (chair of the group) reports to the General Manager of Operations. The Head of Clinical Services works with the General Manager of Operations and Summerset’s CEO 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>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 at the Course has a site-specific business plan that includes goals. The village manager completes three-monthly progress reports toward these goals (sighted).</p> <p>The national clinical review committee (governance body) is 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. The</p>
---	---

		<p>organisation benchmarks quality data with other New Zealand aged care providers. There are regional quality managers who support the on-site clinical team with education, trend review, clinical risk support and management.</p> <p>Summerset at the Course has a key relationship with Orongamai marae. 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 family/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 in excess of eight hours over the past year appropriate to their role. They have an extensive background in nursing, aged care, and quality and risk management. The village manager is supported by the wider Summerset management team that includes a group operations manager and regional quality manager.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Summerset at the Course 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 collected according to level of care, 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;</p>

	<p>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.</p> <p>Resident and family/whānau (consumer) satisfaction surveys are completed annually. The July 2023 resident relative survey has been collated and analysed. The results were not as favourable as the previous year in most of the areas due to the organisational changes of closure of the care centre and relocation of residents to another site. Results have been communicated to residents and staff during meetings. Corrective actions were developed and are being implemented in relation to the survey results.</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.</p> <p>There are monthly health and safety meetings. Staff have completed regular training related to health and safety. Health and safety issues are discussed at all staff meetings. A health and safety system is in place. Hazard identification forms are completed, and an up-to-date hazard register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, and meetings.</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 relating to a change in care centre manager, outbreak, and one for water outage in July 2022. There has been one Covid-19 outbreak (December 2022) since the last audit which was notified appropriately to Public Health authorities.</p> <p>Summerset at the Course has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard. New policies or changes to a policy are communicated to staff.</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>PA Low</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 leader (on leave at the time of the audit) works Tuesday to Saturday. The on-call cover is provided by registered nurses at nearby Kelvin House or direct to the care centre manager, and clinical nurse leader who share on-call duties. While there are rest home level residents residing at the facility at present; the service is not providing 24-hour RN cover to meet the needs of the contract with Te Whatu Ora Health New Zealand – Capital Coast and Hutt Valley hospital level requirements.</p> <p>Separate cleaning and laundry staff are rostered. Staff on duty 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>There is an annual education and training schedule completed for 2022 and is being implemented for 2023. The training programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes (but not limited to) restraint; wound management; pressure injury; cultural safety and spirituality; waste management; consent; and Māori health. Cultural awareness training is part of orientation and provided annually to all staff. 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 through local hospice and Te Whatu Ora Health New Zealand – Capital, Coast and Hutt Valley. All registered nurses, enrolled nurses, senior caregivers and activities staff have first aid certificates. There is at least one staff member on each shift with first aid training. All registered nurses, enrolled nurses and caregivers have current medication competencies. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Of the nine caregivers, eight have level four NZQA and one level three NZQA.</p> <p>The care centre manager, clinical nurse leader, registered nurses and</p>
--	---------------	--

		<p>enrolled nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses, enrolled nurses, and caregivers related to specialised procedures or treatments, including (but not limited to) medication, controlled drugs, and emergencies. At the time of the audit, there were two registered nurses and one enrolled nurse with two (EN and RN) having completed interRAI training. Staff interviewed report a positive work environment.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (one clinical nurse leader, two caregivers, one housekeeper, and one chef), evidenced implementation of the recruitment process, employment contracts, police vetting, and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. 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. Staff interviewed confirmed that they had a relevant and comprehensive orientation. The service demonstrates that the orientation programmes support registered nurse, enrolled nurses and caregivers to provide a culturally safe environment to residents and those who identify as Māori. All staff who have been employed for a year or more have a current performance appraisal on file.</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>	PA Low	<p>Five resident files were reviewed. All of the residents were under the age-related residential care (ARRC) agreement. The registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs; pressure injury; falls risk; cultural assessment; social history; and information from pre-entry assessments completed by the NASC or other referral agencies.</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>Initial assessments and long-term care plans were completed in a timely manner for residents, detailing needs, and preferences. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All long-term care plans and interRAI sampled (except for one recent admission) had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs. The cultural assessment gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individualised long-term care plan.</p> <p>Short-term care plans are developed for acute problems, such as infections; for post hospital admission management; wounds; and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by a registered nurse and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was not always evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family interviews and some of the resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the general practitioner within required timeframes and when their health status changes. There are two contracted general practitioners, with one completing face to face review weekly and the other telehealth weekly. Medical documentation and records reviewed were current. The general practitioner interviewed stated that there was good communication with the service and that they were informed of</p>
--	---

		<p>concerns in a timely manner. The contracted general practitioners are also available on call after hours for the facility. A physiotherapist visits the facility weekly and on request to review residents referred by the registered nurses. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice specialist, wound care nurse specialist and medical specialists are available as required through the local Te Whatu Ora Health New Zealand -Capital, Coast and Hutt Valley.</p> <p>An adequate supply of wound care products were available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit, there were five active wounds from two residents. There were no pressure injuries being managed.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following unwitnessed falls or where head injury was suspected. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure and weight monitoring, blood glucose levels, bowel records and repositioning chart. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet the needs of the residents.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written daily and as necessary by caregivers and enrolled nurses and every 72hours by registered nurses. The registered nurses further add to the progress notes if there are any incidents or changes in health status.</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>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe</p>

<p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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>medication administration has been provided as part of the competency process. Registered nurses and enrolled nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses, enrolled nurses and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics rolls for regular, 'as required', and short course medication, and blister pack for controlled drugs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication room. The medication fridge and medication room temperatures are monitored weekly. All stored medications are checked monthly. Eyedrops have been dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the general practitioner had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was not consistently documented in the electronic medication management system and clinical records. There were no residents self-administering medications; however, there are comprehensive policies around this should any resident wish to administer their medications. No vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p>
<p>Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences.</p>	<p>FA</p>	<p>Summerset at the Course provides their own food services for the facility. Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents by the registered nurses. Dislikes and</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>special dietary requirements are accommodated, including food allergies. The chef manager interviewed reported they accommodate residents' requests.</p> <p>There is a verified food control plan expiring January 2025. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Summerset at the Course and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. At the time of the audit, all the care centre residents had been relocated to another facility and building works were about to start on the care centre building and surrounding environment. There are clearly designated construction areas (with 'no entry' signs erected) where entry is restricted. The building works will have no impact on the building, plant, and equipment for residents in the serviced apartments.</p> <p>The current building warrant of fitness expires 15 November 2023.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There is a defined and documented infection control programme implemented that was developed with input from external infection control services. The organisational programme was approved by the regional quality team and is linked to the quality improvement programme and is current. Infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>Staff have received infection control education at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the Covid-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings and included reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the 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. Benchmarking occurs with other Summerset facilities and aged care nationally. Infection control surveillance is discussed at infection control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora Health- Capital, Coast and Hutt Valley. 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>Infections, including outbreaks, are reported, and reviewed, so</p>

		<p>improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, aseptic technique, outbreak management and hand hygiene. There have been one Covid-19 outbreak (Dec 2022) since the previous audit. This was well documented, managed, and reported 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>FA</p>	<p>The restraint policy and business plan identify the organisations' commitment to minimising restraint use. 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.</p> <p>At the time of the audit, there were no residents using restraints at Summerset at the Course. A restraint register is maintained and updated each month.</p> <p>Regular training occurs related to restraint minimisation and management of challenging behaviour as part of orientation programme and the mandatory training plan. Staff completed training on restraint management in March 2023.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>At the time of the audit, Summerset at the Course is certified to provide rest home and hospital (medical and geriatric) levels of care; however, there were 12 rest home level care residents and all in the serviced apartments. All the residents in the 45 dual-purpose bedded care centre have been relocated to another facility (Kelvin House) to allow the building work for the new care centre to be completed. Although there are only rest home level care residents, the service currently does not have 24/7 registered nurse cover to meet the requirements of its certificate for rest home and hospital (medical and geriatric).</p> <p>There is one registered nurse rostered eight hours a day Monday to Sunday. All the caregivers rostered at any time that there is no registered nurse, are either level 3 or level 4, with the relevant competencies completed including first aid and</p>	<p>The service does not currently provide 24-hour RN cover to meet the requirements of the ARRC contract D17.4 a. i.</p>	<p>Ensure there is RN cover 24 hours a day to meet the ARRC contract D17.4 a.i.</p> <p>Prior to occupancy days</p>

		CPR training. For any clinical concerns, the caregivers will call the registered nurses at Summerset Kelvin House or direct to the care centre manager, and clinical nurse leader who share on-call duties.		
<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	All assessments are completed by an RN on admission. An initial summary care plan is developed within 24 hours of admission to provide guidance for caregivers on care delivery for the residents. Two of four resident who have been in the facility for over twelve months, have not had multidisciplinary team review or care plan reviews completed during this time. One resident has been in the service for less than six months. For the sample files reviewed, the interRAI assessments were current and have been reviewed six-monthly as per policy. There are comprehensive policies and procedures that provide guidance on assessment and support planning timeframes and processes.	<p>(i). There was no evidence of resident / relative involvement in assessment and care planning for two of five rest home residents.</p> <p>(ii). Two of four residents did not have a multidisciplinary team review or care plan review at least six-monthly.</p>	<p>(i). Ensure that resident / relatives are involved in assessment and care planning.</p> <p>(ii). Ensure all residents' care plans and multidisciplinary team reviews occur six-monthly as scheduled.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Moderate	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 reconciliation, storage, and documentation requirements. As required medications are administered for indications documented on the medication chart; however, the outcome/effectiveness of the medications were not always documented to demonstrate compliance	Outcomes / effectiveness of PRN medications were not documented for seven of ten charts reviewed.	<p>Ensure the effectiveness of PRN medications is documented when administered.</p> <p>60 days</p>

		with policy, standards, and legislative requirements. Staff have received training related to medicine management and medication related audits have been completed in line with the audit schedule.		
--	--	--	--	--

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.