

# Summerset Care Limited - Summerset By the Sea

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## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

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 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards 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 Sea	
<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: 13 October 2020	End date: 14 October 2020
<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>	31	

# 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 outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. 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 standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards 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 standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards 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 standards applicable to this service unattained and of moderate or high risk

## General overview of the audit

Summerset by the Sea is part of the Summerset Group and provides rest home and hospital (medical and geriatric) level care for up to 69 residents. On the day of audit, there were 31 residents.

This unannounced surveillance audit was conducted against a sub-set of the relevant health and disability standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

The village manager and care centre manager are appropriately qualified and experienced. Feedback from the residents and families was positive about the care and services provided.

The service has addressed all eight shortfalls from their previous certification around performance appraisals, service provision timeframes, care plans, implementation of care, medicine management, first aid training and restraint documentation.

This surveillance audit identified one improvement required in relation food services.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Residents' privacy is respected. Communication takes place in an open manner. Complaints processes are implemented, and complaints and concerns are managed appropriately as per policy.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Services are planned, coordinated, and appropriate to the needs of the residents. A care centre manager is responsible for the day-to-day operations of the care facility. Quality and risk management processes are established. Strategic plans and quality goals are documented for the service. A risk management programme is in place, which includes a risk management plan, incident and accident reporting, and health and safety processes. Staff document adverse, unplanned, and untoward events. The health and safety programme meets current legislative requirements.

A staff education and training programme is embedded into practice. Registered nursing cover is provided twenty-four hours a day, seven days a week. There are adequate numbers of staff on duty to ensure residents are safe.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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The registered nurses are responsible for each stage of provision of care including assessments, care plans and evaluations within the required timeframes. Risk assessment tools and monitoring forms were available and implemented. Resident care plans were individualised with evidence of resident/family involvement. Allied health professionals and the general practitioner are involved in the care of the residents.

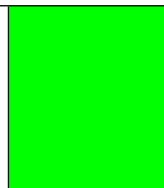
Recreational therapists coordinate and implement an integrated activity programme that meet the individual recreational needs and preferences. There are outings into the community and visiting entertainers.

There are medicine management policies in place that meets legislative requirements. Staff responsible for the administration of medications complete annual medication competencies and education. The general practitioner reviews the medication charts three monthly.

The food service is contracted to an external company. Resident's individual dietary needs were identified and accommodated. Staff have attended food safety and hygiene training.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

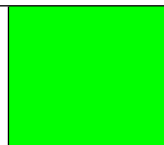


Standards applicable to this service fully attained.

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Systems are in place for essential, emergency and security services.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.



Standards applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort. Staff receive regular education and training on restraint minimisation. There were four residents using restraints (one resident had a lapbelt and bedrail, and there were three other residents using bedrails). There were no residents using enablers.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

The infection control officer (registered nurse) is responsible for collating infections by type and frequency and analysing for trends or areas of improvement. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Information is fed back through meetings and graphs displayed. This includes outcomes of audits of the facility and surveillance of infection control events and infections. The service engages in benchmarking with other Somerset facilities.

## Summary of attainment

The following table summarises the number of standards 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)
Standards	0	18	0	1	0	0	0
Criteria	0	43	0	1	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0



# Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>The organisational complaints policy states that the village manager has overall responsibility for ensuring all complaints (verbal or written) are fully documented and investigated including involvement from the care centre manager for clinical concerns/complaints. There is a complaint register that included relevant information regarding the complaint. Documentation included acknowledgement, investigation, follow-up letters (offering advocacy) and resolution. There was one complaint received since the last audit. A review of this indicated that it was minor and was followed up as per the Code of Health and Disability Services Consumer Rights (The Health and Disability Commissioner [HDC] Code of Health and Disability Services Consumers' Rights [the Code]) and as per policy.</p> <p>A complaints procedure is provided to residents within the information pack at entry. Feedback forms are available for residents/relatives and there is a suggestion box available.</p> <p>Staff interviewed (four HCAs, three registered nurses, one recreational therapist, one cook, one office manager and one cleaner) were able to describe how they would inform the managers of any complaint and offer the complainant a form to complete. Complaint outcomes were linked to quality improvements and discussed at staff meetings.</p>
Standard 1.1.9:	FA	Residents and family members stated they were welcomed on entry and were given time and explanation about

<p>Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>services and procedures. Family members(two hospital, one rest home) interviewed also stated they are informed of changes in the resident's health status and incidents/accidents as evidenced in discussions with family members and 12 accident/incidents reviewed on the electronic register. Resident/relative meetings are held monthly, and residents interviewed (three hospital and four rest home) stated that they were able to discuss any issues at these meetings. The third resident meeting in the month is facilitated by the Health and Disability Advocate.</p> <p>The village manager and the care centre manager have an open-door policy.</p> <p>Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services for residents (and their family/whānau). If residents or family/whānau have difficulty with written or spoken English, the DHB interpreter services are made available.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The service provides care for up to 49 residents at hospital and rest home level care in the care centre and up to 20 rest home level of care residents in serviced apartments. On the day of the audit, there were 31 residents in total including 18 residents at rest home level (including two respite care residents) and 12 hospital level residents including one younger person under a Young Person with a Disability contract (noting that the resident has been reassessed as over 65 years of age but remains under this contract). All beds in the care centre are dual-purpose beds. There is one rest home resident in the serviced apartments. The residents are under the Age-Related Care contract apart from one resident who is on a short-term rest home level, ACC fixed term contract.</p> <p>The Summerset Group Limited Board of Directors have overall financial and governance responsibility and there is a company strategic business plan in place. Summerset by the Sea has a site-specific business plan and goals that are developed in consultation with the village manager, care centre manager and regional quality manager. The Summerset by the Sea quality plan is reviewed quarterly throughout the year. The 2019 evaluation was sighted and there is a 2020 village plan in place.</p> <p>The village manager (non-clinical) has been in the role for four years and has a background as a business manager. The village manager attends Aged Related Residential Contract (ARRC) meetings and village manager meetings and related education sessions. The village manager is supported by a care centre manager/registered nurse who has been in the role since April 2019. They have a postgraduate diploma in nursing and had been 12 years in a relief manager position in aged care. The care centre manager has completed a site induction and is working through a role specific orientation. There are weekly meetings with the regional quality manager who was present during the audit. The care centre manager has education and training relevant to the role.</p>

<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Summerset by the Sea is implementing an organisational quality and risk management system. There are policies and procedures being implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. Policies are reviewed on a regular basis from head office. The content of policy and procedures are detailed to allow effective implementation by staff. Staff are required to read and sign for new/reviewed policies.</p> <p>The Summerset group has a 'clinical audit, training and compliance' calendar. The calendar schedules the training and audit requirements for the month. The village manager and care centre manager complete monthly reports confirming completion of requirements. There is a meeting schedule including monthly quality improvement meetings, staff meetings, registered nurse meetings and care staff meetings. The infection control coordinator provides a monthly report and health and safety committee meetings are held. Quality data such as infections, accidents/incident, hazards, restraint, audit outcomes, concerns/complaints are discussed and documented in meeting minutes. Meeting minutes and quality data reports and graphs are available to all staff.</p> <p>An annual residents/relatives survey has been completed for 2019 and reports 96.4% overall satisfaction rate. The results have been communicated to residents.</p> <p>The service has implemented an internal audit programme that includes environmental, infection control, health and safety, consumer rights and aspects of clinical care. Corrective action plans and re-audits are completed if audit results are less than expected. Monthly and annual analysis of results is completed and communicated to all staff.</p> <p>There are monthly accident/incident benchmarking reports completed by the care centre manager that break down the data collected across the rest home and hospital. Infection control is also included as part of benchmarking across the organisation. Data is analysed, and corrective actions are required based on benchmarking outcomes. The regional quality manager is alerted automatically through the RMSS system of any high-level accident/incidents (resident, staff and environmental).</p> <p>There is a health and safety and risk management programme in place including policies to guide practice that is generated from the national health and safety committee. The service has a health and safety officer (interviewed) who is the office manager. There are also two healthcare assistants (HCAs) who have completed health and safety level 1 qualifications and one HCA who has completed level 3. The health and safety committee review incidents/accidents/hazards and near misses and provide a report to the quality improvement meeting. Staff interviewed confirmed they are informed when health and safety meetings are due and have the opportunity to provide input into health and safety. Each month there is a focus on one of the golden rules of safety. All staff and contractors receive a health and safety induction. The hazard register has been updated in 2020.</p> <p>Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of</p>
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		interventions on a case-by-case basis to minimise future falls.
<p><b>Standard 1.2.4: Adverse Event Reporting</b></p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Incident and accident data have been collected and analysed. Twelve resident related incident reports for September 2020 were reviewed including 10 unwitnessed falls, one skin tear and one near miss. All reports and corresponding resident files reviewed evidenced that appropriate clinical care has been provided following an incident including taking neurological observations when there is an unwitnessed fall or injury to the head. The relevant relative had been notified for each incident.</p> <p>The incident reporting policy includes definitions and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. Data is linked to the organisation's benchmarking programme and used for comparative purposes.</p> <p>Discussions with the village manager and care centre manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have not been any section 31 notifications lodged with the MOH or notified to any other external agencies.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resources policies to support recruitment practices. A list of RN and allied health practising certificates is maintained.</p> <p>Seven staff files (one care centre manager, two registered nurses, three caregivers, and one recreational therapist) were reviewed and all had relevant documentation relating to employment. All performance appraisals had been completed annually as per policy and the requirement at the previous audit has been met.</p> <p>The service has an orientation programme in place for each role that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service. Caregivers are level two of Careerforce once they have completed their orientation booklet. There are currently six HCAs with level 2 Careerforce; 10 with level 3 and 3 with level 4 Careerforce.</p> <p>There is an annual education plan that is outlined on the 'clinical audit, training and compliance calendar'. The plan is being implemented with good attendance numbers at each session. Staff who do not attend are required to read the education material and sign the reading sheet. The training programme is flexible enough to add additional in-services relevant to the service. Monthly "zoom" meetings for RNs have commenced with the training educator at head office. External education is also provided, and RNs are linked to the PDRP (professional development recognition programme) at the DHB.</p> <p>There are six RNs and the care centre manager who have completed interRAI training.</p> <p>A competency programme is in place with different requirements according to work type (eg, caregivers,</p>

		registered nurse, and kitchen). Core competencies are completed, and a record of completion is maintained on staff files and online. The contracted physiotherapist completes safe manual handling and hoist training for staff.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The village manager and care centre manager work 40 hours per week (Monday to Friday) and are available on call for any emergency issues or clinical support. The service provides a 24-hour RN. There is an enrolled nurse on morning shift seven days a week who is allocated to provide packages of care for serviced apartment clients in the morning and completes duties in the care centre for the remainder of the morning shift.</p> <p>There are five caregivers on full morning shifts (three on a short shift and two on a long shift); four caregivers on the afternoon (two full shift and three short shift); and two caregivers on the night shift. One caregiver with a first aid certificate is allocated to attend emergency calls in the village on each shift.</p> <p>There is a recreational therapist on duty seven days a week and they work 9 am to 4 pm each day.</p> <p>Staffing levels and skills mix policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. Relatives and residents confirmed there were sufficient staff on duty.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice. The RNs, enrolled nurse and senior HCAs are responsible for the administration of medications and have completed medication competencies and annual medication education. The RNs have completed syringe driver training. All medications and robotic rolls were evidenced to be checked on delivery with any discrepancies fed back to the supplying pharmacy. Standing orders are not used by the service. There were two rest home residents self-administering medication on the day of the audit. Each had a safe locker to put medication in. Both had a current reviewed competency assessment completed with this signed off by the GP. The previous corrective action identified at the certification audit around completion of competency assessments has been addressed.</p> <p>All medications were stored securely in the locked medication room. Original labels were present on medication in the medication trolley and cupboards. Eyedrops and other short-term medications had open dates documented. The medication fridge temperature was monitored and recorded regularly with temperatures within range as identified in the policy. Room temperatures are checked weekly and within range ' and no vaccines are stored on site. The previous shortfall identified at the certification audit has been addressed.</p> <p>Ten resident medication charts (four hospital and six rest home) were reviewed on the electronic medication system. All electronic charts had a photo ID and allergy status documented. The 'as required' medications had an indication for use, and all medication charts reflected the effectiveness of 'as required' medication administered. The previous shortfall identified at the certification audit has been addressed.</p>

<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	PA Low	<p>Food services is contracted for the provision of meals on site and to the village café. All meals at the service are prepared and cooked on site in a well-equipped kitchen. The head cook oversees the overall management of the kitchen and ordering of supplies. The head cook is supported by two other cooks and four kitchenhands. All kitchen staff are trained in safe food handling and receive ongoing training. The food control plan is current with the expiry date documented as 28 June 2021.</p> <p>There is an 8-week seasonal menu that had been reviewed by the contracted dietitian. Menus are adjusted to meet resident preferences, likes and dislikes and alternate meal options are catered for. Texture modified meals, protein drinks, diabetic desserts and gluten free meals are provided, as evidenced on the main kitchen noticeboard and residents' dietary forms. On admission, the registered nurse completes a dietary profile, and a copy is given to the kitchen. The RN updates the profiles with any dietary requirements and notifies the kitchen staff as verified by the head cook interviewed. Cooked meals in bain maries are transported in hot boxes to the dining areas in the care centre and to any service apartments. Staff were observed serving and assisting residents with their lunchtime meals and drinks. Specialised crockery and utensils are provided as required.</p> <p>The service records all fridge and freezer, cooking, cooling, and reheating temperatures daily. End-cooked food temperatures are recorded on all meals and menu foods. All food was stored correctly and dated. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food service.</p> <p>Some food was sighted in three of the four devices that had not been labelled or dated.</p>
<p><b>Standard 1.3.5: Planning</b></p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Four resident files with long-term care plans were reviewed (the fifth was for a respite admission). Assessments assist in developing care plan interventions. The long-term care plans are developed in consultation with the resident/relative. Long-term care plans were in place for all residents that identified the resident goals and objectives, and all long-term care plans had been updated to reflect the resident current needs and interventions to safely guide care staff in the delivery of care. The one respite resident file reviewed included assessments and a care plan. The previous shortfall identified at the certification audit around documentation of interventions to meet current needs has been addressed.</p> <p>Residents and families interviewed confirmed their involvement in the care planning process. The resident and family members sign the long-term care plan acknowledgement document as sighted in the resident files. Short-term care plans were evident in use for short-term needs including wounds, infections and skin conditions and changes in health status. These were reviewed regularly and signed off as resolved or if an ongoing problem, added to the care plan.</p>

<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>When a resident's condition alters, the registered nurse initiates a review and if required a GP or nurse specialist consultation. Evidence is present of family members being notified of any changes to their relative's health status, incidents, and updates. Discussions with families and notifications were documented on the family/whānau contact sheet in the resident files. Interviews with residents and family confirmed that their relative's needs are met, and they are kept informed of any health changes.</p> <p>Adequate dressing supplies were sighted in the treatment room. The wound care file was reviewed. Wound assessments, treatment and evaluations were in place for all current wounds (six wounds were being treated including one stage one pressure injury; one skin tear, one resident with abrasions to their face; and one resident with three chronic ulcers, skin tears and one leg wound). The RNs interviewed were able to describe the referral process for a wound care nurse specialist if required and the wound care specialist was actively involved in the support of one resident who had also been seen at the vascular clinic. Photos were taken of the wounds and kept monitoring progress. Short-term care plans are used for short-term needs and were sighted for wounds, skin tear and skin infections. Staff interviewed were aware of residents' needs and understood interventions on how to meet them.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. Staff interviewed stated that they have enough stock available and are aware of how to access stock if need arises. Sufficient gloves and aprons were available and sighted for staff to utilise.</p> <p>Interventions were well documented for a resident with challenging behaviour, a resident with recurrent infections (with these also linked to the surveillance of infections programme), and pain management. Care staff interviewed could describe using the interventions to support residents.</p> <p>Monitoring forms are available to monitor resident health and progress against implemented interventions. Neurological observations were taken following unwitnessed falls or a fall with a head injury and the previous shortfall identified at the certification audit has been addressed.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the</p>	<p>FA</p>	<p>The service employs two recreational therapists. One has been in the role for five years and the other for a year. The activities programme is provided seven days a week for seven hours a day. The lead diversional therapist for Summerset group oversees the activity plans and programmes.</p> <p>The activities programme is planned monthly and residents receive a copy of planned monthly activities in their rooms. Monthly and daily activities plans were displayed on noticeboards around the facility. The integrated rest home/hospital programme includes activities of interest or suggestions made by residents. Activities meet the recreational needs of the residents ensuring all residents have the opportunity to attend activities such as exercises, newspaper reading, arts and crafts, board games, quizzes, and reminiscing sessions. Special events such as birthdays, Chinese New Year and Easter are celebrated. One-on-one time is spent with residents who</p>

service.		<p>choose to stay in their rooms or are unable to participate in group activities.</p> <p>There are regular two weekly trips for outings, shopping, and attending community groups/functions including concerts and events. Community visitors include entertainers, village volunteers, guest speakers, school children and pet therapy. Families are invited and welcomed to become involved in the activity programme. There is a shopping trolley that is taken around each morning for residents to purchase from and the recreational therapist stated that this provides an opportunity to encourage each resident to join in activities planned for the day and to identify which residents needed one-to-one activities.</p> <p>Each resident has an activities and cultural assessment that is updated six-monthly in line with the review of the care plans. There is a daily individual resident attendance register maintained and this supports ongoing review of each resident's ability to engage. Residents are encouraged to maintain their former community links. During the audit, residents were seen to be enjoying the activities provided.</p> <p>Resident meetings and annual surveys provide an opportunity for residents to feedback on the programme, as well as resident verbal feedback. Residents and family interviewed expressed satisfaction with the activities programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>There is evidence of resident and family involvement in the evaluation of resident care plans. Initial care plans and long-term care plans were evaluated by the registered nurses. Written evaluations had been completed six monthly or earlier for resident health changes in all of the long-term resident files reviewed. There is evidence of multidisciplinary (MDT) team involvement in the reviews including input from the GP, care centre manager, registered nurse, care staff and any allied health professionals involved in the resident's care. Families are invited to attend the MDT review and asked for input if they are unable to attend. Short-term care plans sighted have been evaluated by the RN as sighted in the resident's files.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building holds a current warrant of fitness.</p> <p>There is a maintenance person employed for 37 hours a week, working from Monday to Friday and available on call, after hours and on weekends. The Summerset planned maintenance programme is in place to address reactive and preventative maintenance. All medical and electrical equipment has been tested and tagged. Call bell checks are completed monthly and recorded, faults detected have been addressed and the actions recorded.</p> <p>Hallways are very wide and have safety rails and promote safe mobility while using mobility aids. The facility has enough space for residents to mobilise using mobility aids and residents were observed moving around freely. The external areas and gardens are well maintained. Residents have access to designated external areas that have seating and shade. Staff stated they have sufficient equipment to safely deliver care to meet resident</p>



		needs.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>There are emergency and civil defence plans (including tsunami and a pandemic plan) to guide staff in managing emergencies and disasters. There are adequate civil defence supplies including equipment, food, and water storage along with sufficient personal protective equipment and pandemic stock for at least a month should this be required in the event of an outbreak including Covid-19.</p> <p>First aid training including cardiopulmonary resuscitation (CPR) is included in the Summerset training plan. Registered nurses, enrolled nurses, and senior HCAs (who attend village callouts) complete first aid training. There is always at least one rostered staff member on night shift with a current first aid certificate and the previous corrective action identified at the certification audit has been addressed.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The infection control policy includes a surveillance policy that includes a surveillance procedure, process for detection of infection, infections under surveillance, outbreaks and quality and risk management. Infection events are collected monthly and entered into the electronic system.</p> <p>The infection control officer provides infection control data, trends and relevant information to the infection control committee and clinical/quality meetings. Areas for improvement are identified, corrective actions developed and followed up.</p> <p>The facility is benchmarked against other Summerset facilities of similar size and benchmarking results are fed back to the infection control officer and used to identify areas for improvement. Infection control audits across all services are completed and corrective actions are signed off (sighted). Surveillance results are used to identify infection control activities and education needs within the facility. Reports and graphs are displayed on the staffroom infection control noticeboard.</p> <p>All staff have completed training around infection control and prevention in the last year. Attendance records confirmed this.</p> <p>All Covid-19 precautions have been fully implemented with sufficient PPE in place for at least two weeks should that be required. Staff have had training around donning and doffing PPE and around Covid 19 with training updated as Ministry of Health and Public health messages have changed since the pandemic progressed. This also includes training when there are changes in levels related to Covid 19 in the community.</p>
<p>Standard 2.1.1: Restraint minimisation</p>	FA	<p>The service has policies and procedures to support of the use of enablers and restraints. The policy meets the intent of the restraint minimisation standards. A senior registered nurse who has been in the service for four</p>

Services demonstrate that the use of restraint is actively minimised.		<p>years is the restraint coordinator. There is a job description which defines the responsibility of the role.</p> <p>There are four residents with restraint (bedrails/lap belt for one resident and three using a bed rail). There were no residents using an enabler on the day of audit. Restraint minimisation, enabler training and challenging behaviour is included in the education planner with staff having completed this in 2020.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>The restraint coordinator is responsible for ensuring all restraint documentation including assessments and care plans is completed including documentation of the approval process. Assessments had been completed for two residents with restraints reviewed during the audit. The assessments included identifying any risks related to the use of the restraints and interventions were documented in the care plan to mitigate all identified risks. The frequency of monitoring was documented for restraints with care staff interviews and monitoring charts reviewed confirming that these were completed as instructed. The previous corrective action identified at the certification audit around care plans that included documented interventions to manage the risks related to the restraint has been addressed.</p>

## Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer 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)
Criterion 1.3.13.5 All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.	PA Low	There is a fridge, chest freezer, stand up fridge and chiller. Some food was sighted in three of the four devices that had not been labelled and dated.	Some food was sighted in three of the four fridges/freezers that had not been labelled or dated.	Ensure that all food in fridges, freezers or the chiller is labelled and dated.  90 days

## Specific results for criterion where a continuous improvement has been recorded

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As well as whole standards, individual criterion within a standard 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 standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

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

No data to display
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End of the report.