

Summerset Care Limited - Summerset at Aotea

Introduction

This report records the results of a Certification 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:

Legal entity: Summerset Care Limited

Premises audited: Summerset at Aotea

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 24 June 2021 End date: 25 June 2021

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 13

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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 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 at Aotea is part of the Summerset group which provides rest home level care for up to 46 residents living in apartments within a village complex. On the day of the audit, there were 13 rest home residents.

This certification audit was conducted against 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, and interviews with residents, family, management, staff and a general practitioner.

Currently there is an experienced Summerset relief manager in place who is supported by an experienced clinical manager who has been in the role three months. The caregivers are long-standing. The residents and relatives interviewed spoke positively about the care and support provided.

There were two areas for improvement identified in this certification audit around meeting minutes and interventions.

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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Policies and procedures that adhere with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) are in place. Cultural and spiritual needs are incorporated in the residents' care plan. There is a Maori Health plan. Residents and relatives are kept up to date when changes to health occur or when an incident occurs. Systems are in place to ensure residents are provided with appropriate information to assist them to make informed choices and give informed consent.

A complaints policy and procedure are in place and complaints are managed and documented. A complaints register is held in an electronic format. The personal privacy and values of residents are respected.

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.		Some standards applicable to this service partially attained and of low risk.
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Summerset Aotea has established systems and processes and a quality and risk management system. There are policies and procedures in place to ensure the service is meeting accepted good practice and adhering to relevant standards.

The business plan is tailored to reflect goals related specifically to Summerset Aotea. There is a health and safety management programme that is implemented with evidence that issues are addressed in a timely manner. Regular audits take place as scheduled in the annual quality plan.

Human resources are managed in accordance with good employment practice. An orientation programme is in place and there is ongoing training provided as per the annual developed training plan. Rosters and interviews indicated that sufficient staff are appropriately skilled, with flexibility of staffing to meet clients' needs.

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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There is an admission/welcome pack available for potential residents and families. The clinical manager completes risk assessments, interRAI assessments, care plans and evaluations within the required timeframes. Allied health professional are involved in the care of the residents.

A recreational therapist for the rest home residents provides a varied and interesting programme. Residents attend integrated activities in the village. The activities meet the individual recreational needs and preferences of the residents. 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.

All meals are prepared on-site. The menu is reviewed by a dietitian. Resident's individual dietary needs were identified and accommodated. Staff have attended food safety and hygiene training. Residents commented positively on the meals provided.

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.
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There were documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals were stored safely throughout the facility. The building has a current warrant of fitness. Resident apartments are spacious and personalised. All communal areas within the facility are spacious and accessible. The outdoor areas are safe and easily accessible and seating and shade is provided. There are procedures for civil defence and other emergencies. Adequate civil defence supplies were sighted. There is one person on duty at all times with a current first aid certificate. Housekeeping staff maintain a clean and tidy environment. Laundry and linen for rest home residents are laundered on-site. There is plenty of natural light in all rooms and the environment comfortable with adequate ventilation and heating.

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.
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There are policies and procedures in place that meet the definition of enablers and restraint. There were no residents using enablers or restraint. Staff attend annual education around restraint minimization and challenging behaviours.

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.
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The infection control programme is appropriate for the size and complexity of the service. The infection control coordinator (clinical manager/ RN) is responsible for overseeing the infection control programme, coordinating and providing education and training for staff. The infection control coordinator is supported by personnel at head office and an infection control committee. The infection control manual outlined the scope of the programme and included a comprehensive range of policies and guidelines. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. The service engages in benchmarking with other Summerset 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	43	0	2	0	0	0
Criteria	0	91	0	2	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Care staff interviewed (four caregivers, one clinical manager, one enrolled nurse and one recreational therapist) confirmed that they have a good understanding about the Health and Disability Commissioner Code of Rights, and they apply this knowledge to their daily practice. All staff receive training about the Code during their induction to the service and continue annually. The recent annual Code training took place on 3 June 21. Four residents and two relatives interviewed stated they receive services that meet the Code of Rights.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	<p>There are policies and procedures to guide staff in regards to informed consent, resuscitation and advance directives. Informed consent is discussed with residents and families on admission. Written general and specific consents were evident in the five long-term resident files reviewed. The admission agreement also includes permissions granted. There are specific consent forms signed for influenza and Covid vaccines. Caregivers and the clinical manager interviewed confirm consent is obtained when delivering cares.</p> <p>Resuscitation orders had been appropriately signed by the resident and general practitioner. The service acknowledges the resident is for resuscitation in the absence of a signed directive by the resident. Advance directives where available were kept on the resident file. Copies of enduring power of attorney</p>

		<p>were available on the resident file as applicable.</p> <p>Discussion with family members identifies that the service actively involves them in decisions that affect their relative's lives. Five admission agreements sighted were signed.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Information on advocacy services is included in the resident information pack and is provided to new residents and their family on arrival. Advocacy brochures and contact numbers are available at the reception area. Staff receive annual education and training on the role of advocacy services, 2021 training was scheduled in August.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are encouraged to maintain links with the community and attend community events and functions as able. Church services are held on-site. There are community volunteers involved in the activity programme. Residents have visitors of their choice who can visit at any time.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy describes the management of the complaints process. Information about the complaints policy and procedure is provided on admission and available at reception. Staff interviewed were able to describe the process around reporting complaints.</p> <p>There is a complaint register held electronically. Eleven complaints were lodged since 2019. There was documented evidence of each complaint being acknowledged, investigated and resolved in a timely manner. Evidence around these complaints and the developed corrective action plans were discussed in staff meetings as sighted in the meeting minutes. However meetings were not always held as per schedule (link 1.2.3.6).</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Information of the code of right and advocacy are available at the reception, which is explained to the residents and their families or power of attorney (EPOA) on entry to the service. There is a monthly residents' meeting to raise any concerns they may have, and the minutes of the meetings over the last five-months (Jan-May, 21) were sighted. Resident and relatives stated they received adequate information on resident rights.</p>

<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>There is a monthly residents' meeting to raise any concerns they may have. Resident and relatives stated they received adequate information on resident rights.</p> <p>Staff interviewed can describe correctly what 'privacy' means to them and the residents. Caregivers interviewed reported that they always knock-on doors prior to entering the rooms, as observed during the audit. Resident's independence is encouraged at all times. Cultural and spiritual beliefs and information is incorporated in the residents' care plan, and advisors are available when required. There is a policy on abuse and neglect. Staff receive annual 'Abuse & Neglect' training, and the recent training had taken place in May 21.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>There is a Maori health plan in place. All staff receive annual Maori Health Development in-service training (scheduled in July 21). At the time of the audit there were no residents who identified as Māori living at the facility. The staff interviewed were able to explain how to meet the culture needs of residents identifying as Maori.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The staff interviewed were aware of the importance of meeting individual needs of residents. Individual culture and spiritual beliefs are incorporated into their care plan, and reviewed regularly. Family/whanau are invited to attend this process. Staff receive annual culture competence training, and this year's training had taken place on 3 June this year (staff attendance sheet sighted).</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Code of conduct is part of the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Caregivers interviewed confirmed their understanding of professional boundaries. Job descriptions outline scope of practice.</p>

Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>Summerset Aotea has well established systems and processes which are monitored by the head office. All Summerset facilities have a master copy of all policies and procedures, which have been developed in line with current best practice and reviewed regularly. The 2021 business plan outlines a number of priorities such as resident and staff satisfaction, Health & Safety etc. Staff interviewed feel that they are well supported by the management with their professional development. The newly appointed clinical manager is available on call seven days a week, 24 hours a day. Summerset Aotea has a comprehensive 'Quality Programme Annual Calendar' which has monthly training and audit activities. This programme demonstrates the commitment for continuous quality improvement and staff professional development. The 2021 staff engagement survey just been completed. The 2021 Health & Safety 'Online Treasure Hunt' programme has proved popular among the staff to promote overall organisational Health and Safety standard.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>Residents and their families receive explanation about the services and procedures on the entry. Resident meetings occur monthly, and matters raised from the resident meetings are communicated back to management or through staff meeting discussions. Resident meeting minutes between Jan 2021 and May 2021 were sighted. Six incident forms were reviewed, and five family members were notified as results of the incidents, and one resident with incident requested not to notify the family. Interpreter services are made available to those residents who have difficulties with verbal or written English. Families interviewed stated they were kept well informed on their resident's health status.</p>
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>Summerset at Aotea provides rest home level care services for up to 46 residents in a serviced apartment complex. On the day of the audit 13 residents were receiving rest home level care. All residents are under the age-related residential care (ARRC) contract.</p> <p>The board of Summerset Group Ltd has the overall financial and governance responsibilities to govern the organisation. Summerset Group has a well-established organisational structure. There is an organisational chart which sits with the village manager orientation workbook outlining roles and responsibilities. The philosophy, vision and values of the organisation are documented in the business plan. On the day of the audit, the relief village manager was in the role as the acting village manager due to a recent resignation. A new experienced clinical care manager joined the organisation in March 2021. Both acting village manager and clinical care manager are supported by the regional quality manager who was onsite to provide support on the days of audit. Summerset at Aotea has a site specific 2021 business plan with goals and responsibilities, and the goals are reviewed quarterly. The comprehensive quality programme annual calendar sets the whole year's quality activities.</p>

<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The relief village manager has been managing the village until a permanent village manager commences in a few weeks. The clinical manager has the clinical on-call responsibilities.</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>	PA Low	<p>Summerset at Aotea has an established quality and risk management system. There are policies and procedures in place to ensure the service is meeting accepted good practice and adhering to relevant standards. The 'quality programme annual calendar' schedules monthly activities.</p> <p>There is a compulsory meeting schedule including monthly quality and staff meetings. Meeting minutes between August 20 and May 21 confirmed the inconsistencies of these meetings occurring. Minutes reviewed identified lack of documented evidence of discussion of quality data, audit outcomes, operational issues and concerns/complaints etc.</p> <p>There are monthly accident/incident and infection control benchmarking reports completed by the clinical manager that analyse the data collected across the rest home and this is compared to rest home services within other Summerset villages. Infection control is also included as part of benchmarking across the organisation. Data is analysed via the monthly reports and corrective actions are implemented where indicated based on benchmarking outcomes.</p> <p>The monthly health and safety meeting has a regular agenda. The meeting minutes confirmed that the corrective actions were taken. The clinical manager is the health and safety representative. The service addresses health and safety by recording hazards and near misses, sharing of health and safety information and actively encourage staff input and feedback. The service ensures that all new staff and any contractors are inducted to the health and safety programme with a health and safety competency completed by staff as part of orientation. The 'Health & Safety online treasure hunt' for 2021 has been proved popular among staff to promote the awareness of Health and Safety at work place. There is a current hazard register in place.</p>
<p>Standard 1.2.4: Adverse Event</p>	FA	<p>Incident/accident data is collected and analysed. Six incident/accident files (three unwitnessed falls, two skin tear and one medication error) between Jan 2021 and June 2021 were reviewed. The appropriate</p>

<p>Reporting</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>		<p>actions were taken and the appropriate clinical care had been provided.</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. A section 31 trespass incident notification was resolved through police early this year. Public health were notified of an outbreak July 2018. HealthCERT was notified of change in clinical manager.</p>
<p>Standard 1.2.7: Human Resource Management</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. Six staff files (three caregivers, one registered nurse (RN), one recreational therapist and one receptionist) were reviewed and all had relevant documentation relating to employment. Annual practicing certificates were maintained for qualified staff and allied health professionals.</p> <p>The service has an orientation programme in place 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 orientated well to the service. Care staff complete competencies as part of orientation relevant to their roles.</p> <p>There is an annual education plan that is outlined on the quality programme annual calendar. The 2021 education plan is being implemented. A competency programme is in place with different requirements according to work type (e.g., caregivers and RNs). Core competencies are completed, and a record of completion is maintained. Staff interviewed were aware of the requirement to complete competency training and commented that the current education programme was informative and interesting. Of 12 caregivers, five have level 3 and two level 4 careerforce qualification.</p>
<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>Staffing levels and skills mix policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. There are clear guidelines for increase in staffing depending on the acuity of residents. A staff availability list ensures that staff sickness and vacant shifts are covered, and a review of rosters confirmed that staff are replaced when on leave.</p> <p>Interviews with staff confirmed that they feel that staffing levels are sufficient to meet the needs of residents. The relief village manager and clinical manager both work 40 hours per week from Monday to Friday and the clinical manager is available on call for any clinical support on a 24/7 basis. There are two caregivers on morning, afternoon and night shifts. The enrolled nurse works Tuesday to Saturday.</p> <p>There are designated staff for activities, food services and laundry/housekeeping.</p>

<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access. Progress notes were dated, timed and signed with the designation of the writer. Care plans and notes were legible and signed, and dated by a registered nurse including designation. Individual resident files demonstrate service integration. An allied health section contained general practitioner notes and the notes of allied health professionals and specialists involved in the care of the resident</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>All residents have a needs assessment completed prior to entry that identifies the level of care required. The clinical manager (CM) screens all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident. There is admission/welcome booklet that outlines the services provided at Aotea.</p> <p>Residents and relatives interviewed stated that they received sufficient information on admission and there was discussion regarding the admission agreement. The admission agreement reviewed aligns with a) - k) of the ARC contract.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>An exit discharge and transfer policy describe guidelines for death, discharge, transfer, documentation and follow-up. All relevant information is documented and communicated to the receiving health provider or service. Follow-up occurs to check that the resident is settled or, in the case of death, communication with the family is made.</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 CM, EN and senior caregivers are responsible for the administration of medications for rest home residents and complete annual competences and medication education. Medications are stored safely. Regular medications are delivered in robotic rolls and checked on delivery against the electronic medication chart and signed in as pack checked. Any discrepancies are fed back to the supplying pharmacy. There was a resident self-medicating. The self-medicating competency had been completed. Eye drops and creams had been dated on opening. The medication fridge is monitored weekly temperatures were recorded. An extractor fan has been installed</p>

		<p>in the medication room with daily visual checks and weekly recordings.</p> <p>Ten electronic resident medication charts were reviewed. Medication charts had photograph identification and allergy status recorded. Staff recorded the effectiveness of 'as required' medications. All medication charts reviewed identified that the GP had reviewed the medication chart three-monthly.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>A contracted company is responsible for the provision of meals on-site, and to the village café. The kitchen manager/chef is supported by a team of relief chefs, kitchenhands and a café assistant. There is a Summerset 12-week rotating menu which has been reviewed by a dietitian. The kitchen manager receives a dietary requirement form from the clinical manager for each resident and is notified if there are any changes to dietary requirements. There were no special diets required. Resident dislikes are known and accommodated. Lip plates and specialized utensils are available as required. Meals are plated and delivered to apartments on the first and second levels. A bain maire is transported in the dumb waiter, to the main dining room on level 3 where care staff serve meals to rest home residents in the main dining room.</p> <p>The food control plan expires 27 June 2022. All food is stored safely and dated. All temperatures for fridges, freezers, walk-in chiller, end cooked foods, inward chilled goods and cooling food is recorded on the Safe Pro electronic food safety system. Cleaning schedules are maintained. Chemicals are stored safely within the kitchen. Staff were observed wearing correct personal protective clothing.</p> <p>The kitchen manager attends resident meetings for discussion around meals. There is ongoing consultation and discussion around food services. Annual resident surveys demonstrate satisfaction with the meals provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The reason for declining service entry to potential residents should this occur, is communicated to the potential resident or family/whānau and they are referred to the original referral agent for further information. The reason for declining entry would be if there were no apartments available.</p>
<p>Standard 1.3.4: Assessment Consumers' needs, support</p>	FA	<p>The initial assessment and clinical risk assessments are developed with information received on admission, including discussion with the resident and relatives. Clinical risk assessments are completed</p>

requirements, and preferences are gathered and recorded in a timely manner.		on admission where applicable and reviewed six-monthly as part of the InterRAI assessment. Outcomes of assessment tools are used to identify the needs, supports and interventions required to meet resident goals. Care plans identify links to the interRAI assessments.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Long-term care plans describe the individual support and interventions required to meet the resident goals for daily activities, cultural, spiritual needs and medical supports. Changes to supports and needs are updated on the care plans as they occur. Care plans demonstrate service integration and include input from allied health practitioners. There is documented evidence of resident/family involvement in the care planning process and six-monthly review. Residents/relatives interviewed confirmed they participate in the care planning process.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	PA Low	The RN initiates a review and if required, a GP or nurse specialist consultation when a resident's condition changes. Care plans reviewed addressed all residents' needs and goals and were current. Relatives interviewed stated their relative's needs are met and they are kept informed of any health changes. There was documented evidence in the resident files of family notification of any changes to health, including infections, accidents/incidents, appointments, GP visits and medication changes. Residents interviewed stated their needs are being met. Adequate dressing supplies were sighted. Initial wound assessments with ongoing wound evaluations and treatment plans were in place for one resident with a chronic leg wound. The wound size and photographs are used as part of the wound assessment and evaluation process. The GP reviews the wound at least three monthly and as required. The chronic wound is linked to the long-term care plan. The clinical manager reported that the wound nurse specialist is available if required. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed. There are a number of monitoring forms and charts available for use including (but not limited to) pain monitoring, observations, blood sugar levels, weight, wound evaluations, food and fluid intake, bowel monitoring, neurological observations and behaviour charts. Not all interventions had been implemented.
Standard 1.3.7: Planned	FA	The recreational therapist for the rest home has been in the role seven years and is currently progressing through the diversional therapy qualifications. She works Monday to Wednesday 9am – 2pm and

<p>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 service.</p>		<p>Fridays 1-6pm. At other times the caregivers assist and coordinate activities such as exercises, walks and games. There are plentiful resources available. There is an activity coordinator for the village. The national diversional therapist for Summerset oversees the activity team and was present on the day of audit. The programme for the rest home residents is displayed and identifies integrated activities with the village/independent living residents such as entertainment, church services and bloke's time. Rest home activities include (but not limited to): word games and puzzles, cooking, poetry, chair exercises, walks, arm chair travel, music therapy, movies, gardening, happy hour, crafts and art. In 2019 the organization introduced a new age sensory technology – Inmu touch which is beneficial in reducing anxiety and distress which enhances the emotional wellbeing in residents.</p> <p>Residents are encouraged to maintain their former community links. Community visitors include the music therapist monthly, church services, canine friends and entertainers. Families are invited to attend activities. Festive events and national days are celebrated. There are two van outings a month with visits to exhibitions, gardens, scenic drives and picnics.</p> <p>The diversional therapist completes activity assessments and plans and is involved in the multidisciplinary review, which includes the review of the activity plan. There is a Summerset guideline for recreation during a pandemic. Resident meetings provide an opportunity for residents to feedback on the programme. Residents and relatives interviewed were happy with the activities offered.</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 review of long-term care plans. The CM and EN had evaluated all initial care plans of the permanent residents within three weeks of admission. Written evaluations had been completed six-monthly. InterRAI reviews are completed prior to the care plan evaluations. There is evidence of multidisciplinary (MDT) team involvement in the reviews, including input from the allied health professionals involved in the resident's care. Families are invited to attend the MDT review and they are asked for input if they are unable to attend. Families have a copy of the care plan for their information. The GP completes three-monthly reviews.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer</p>	FA	<p>Referral to other health and disability services is evident in the sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The service provided examples of where a resident's condition had changed and the resident was reassessed for a higher level of care from independent living to rest home level of care.</p>

choice/needs.		
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Chemicals were stored safely in a main chemical store room. Safety data sheets and product charts were readily accessible for staff. There is a spills kit available. Personal protective clothing was available for staff in the sluice area. Staff were seen to be wearing appropriate personal protective clothing when carrying out their duties on the day of audit. Relevant staff have completed chemical safety on-line training.</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 has a current building warrant of fitness that expires on 21 October 2021. The building has three levels, with rest home residents located on the second and third levels. There is stair and lift access. There is a full-time property manager who oversees the village and serviced apartments. The property manager is available on call for urgent facility matters. There are request forms available for repairs at reception and the property manager checks for these three times daily. All requests are logged onto the electronic system and signed out as completed. There are essential contractors available 24 hours, seven days a week. The planned maintenance schedule is set out by head office and includes internal, external, clinical and environmental maintenance. Electrical equipment is tested and tagged annually. Hot water temperatures have been tested and recorded three-monthly, with readings between below 45 degrees Celsius.</p> <p>Corridors are of sufficient width in all areas to allow residents to pass each other safely. There is safe access to all communal areas and outdoor areas. Outdoor areas provide seating and shade. External areas are well maintained by the gardening team.</p> <p>The caregivers and CM (interviewed) state they have all the equipment required to safely provide the care documented in the care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene</p>	FA	<p>Serviced apartment rooms have full ensuites of an appropriate design to meet the needs of the residents. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. There are adequate numbers of communal toilets located near the communal areas. Communal toilet/shower facilities have a system that indicates if it is engaged or vacant.</p>

requirements or receiving assistance with personal hygiene requirements.		
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	There is adequate room to manoeuvre mobility aids and transferring equipment safely, such as a hoist, if required in the event of a fall. The doors are wide enough for ambulance trolley or evacuation chair access. The serviced apartments are one or two bedrooms. Residents and families personalise their apartments as viewed on the day of audit.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	Communal areas within the facility include a main lounge and dining room on level three where rest home activities take place. There are spacious communal areas on the first floor with outdoor areas including a bowling green. There are seating alcoves within the facility. The communal areas are easily accessible for residents including a café and library and internal atrium. There is a visiting hairdresser.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All linen and personal clothing is laundered on-site. The caregivers undertake cleaning/laundry for rest home level of care residents each day. There is a small domestic laundry should residents wish to launder their personal clothing. The laundry facility is well equipped, and all machinery has been serviced regularly. There is a sluice area in the laundry with personal protective equipment available. The laundry has defined clean/dirty areas and an entry and exit door with adequate ventilation. Laundry is delivered in bags down the chute which is safely locked when not in use.</p> <p>Cleaning trolleys sighted were well-equipped and kept in designated locked cupboards when not in use. There is a housekeeper on each floor from 9am to 3pm. There is a chemical mixing system and adequate personal protective clothing available. Internal audits monitor the effectiveness of laundry and cleaning processes. The chemical provider monitors the use of chemicals and provides chemical safety training.</p>
Standard 1.4.7: Essential, Emergency, And Security	FA	There are emergency and civil defence plans to guide staff in managing emergencies and disasters. There is an approved fire service evacuation plan dated 12 April 2011. The last six-monthly fire drill was

<p>Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>held 21 June 2021. Emergency management and first aid are included in the mandatory in-service programme. There is a first aid trained staff member on every shift. The service has gas and electric cooking in the kitchen and BBQs available in the event of a power failure. There is a civil defence cupboard with adequate civil defence supplies including radio, batteries and torches and bottled water. The service has two water tanks with one 7,000 litres and the other 25,000 litres. Call bells were evident in residents' rooms, lounge areas and toilets/bathrooms. Some residents use pendants. There are monthly checks of the call bell system. There is a small generator on-site with access to a second generator from another local Summerset facility. Cameras are in place at the front reception area and at the security gates to the village. The facility is secured at night. Emergency personnel have code access.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>Visual inspection evidences that the residents have adequate natural light in the bedrooms and communal rooms, safe ventilation, and an environment maintained at a safe and comfortable temperature. There is underfloor heating in all areas and residents may choose to install heat pumps in their living area.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control programme is appropriate for the size and complexity of the service. The infection control coordinator is the clinical manager who has been in the role since 2021. The responsibility of the role is defined in the job description. The infection control programme is linked into the quality management system and it is reviewed annually at head office, in consultation with infection control coordinator and infection control committee. The facility meetings include a discussion of infection control matters, infection events, analysis, trends and any areas for improvement.</p> <p>Visitors are asked not to visit if they are unwell. Covid screening and health declarations remain in place. Influenza and Covid vaccines are offered to residents and staff. Hand sanitisers are available throughout the facility. The DHB infection control specialist and a pharmacist visited the site to assess Covid outbreak preparedness. There are adequate supplies of personal protective equipment on each floor of the facility with isolation trolleys set up ready for use.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human,</p>	FA	<p>The infection control coordinator has previously had experience in the role. She has completed I-learn infection control training through Summerset. There are monthly zoom meetings with the Summerset national infection control coordinator. The infection control committee meet monthly and are</p>

physical, and information resources to implement the infection control programme and meet the needs of the organisation.		representative of the clinical, food services, laundry and cleaning areas. There is access to expertise within the organization. DHB, public health, laboratory and GPs. The infection control coordinator has attended Covid training for outbreak management and taking of swabs.
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	There are infection control policies that are current and reflected the Infection Control Standard SNZ HB 8134:2008, legislation and good practice. These are across the Summerset organisation and were reviewed last in April 2021. The infection control policies are available on the intranet and a hard copy manual is available to staff.
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating and providing education and training to staff. The orientation package includes specific training around hand washing competencies, standard precautions and use of personal protective equipment. Ongoing training occurs annually as part of the training calendar set at head office. There has been additional training provided around Covid outbreak management, pandemic planning, alert levels and correct use of personal protective equipment. Staff had been kept informed through text messaging, tie target messages, regular memos and daily handovers.</p> <p>Resident education occurs as part of providing daily cares. Care plans can include ways to assist staff in ensuring this occurs. Residents were kept informed on Covid visitor restrictions. Families were kept informed on alert levels and visiting restrictions through email letters. Updates were displayed at reception.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is</p>	FA	The infection control policy includes surveillance procedures. Infection events are collected monthly and analysed for trends. The infection control coordinator provides infection control data, trends and relevant information to the infection control committee and clinical/quality meetings. The facility is benchmarked

carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.		against other Summerset facilities and benchmarking results are fed back to the infection control coordinator. There have been zero identified infections since March 2021. Infection control audits are completed and corrective actions signed off. Surveillance results are used to identify infection control activities and education needs within the facility. There has been one gastroenteritis outbreak in July 2018. Public health were notified and case logs sighted.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The restraint policy includes the definitions of restraint and enablers, which is consistent with the definitions in NZS 8134.0. Interviews with the staff confirmed their understanding of restraint minimisation. At the time of the audit there were no residents with restraint or enablers in the services. Staff training has been provided around restraint minimisation and management of challenging behaviours annually.

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 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	PA Low	The 'quality programme annual calendar' schedules monthly activities. There is a compulsory meeting schedule including monthly quality and staff meetings. Meeting minutes between August 20 and May 21 confirmed the inconsistencies of these meetings occurring. Minutes reviewed identified lack of documented evidence of discussion of quality data, audit outcomes, operational issues and concerns/complaints etc	(i). Meetings were not completed as per schedule; (ii) Meeting minutes sighted did not document discussion of quality data.	(i). Ensure meetings are held as scheduled. (ii).Ensure there is documented evidence of discussion at meetings around quality data. 90 days

<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	<p>PA Low</p>	<p>There are a number of monitoring forms available which were in use on the day of audit to monitor resident's progress against resident goals, however there was no monitoring in place for one resident whereabouts as required following an incident of wandering.</p>	<p>One resident with confusion had wandered outside of the building in March 2021. The corrective action required monitoring of the residents whereabouts, however this had not been put in place and a further incident of wandering had occurred. The risk is considered to be low as monitoring was implemented on the day of audit.</p>	<p>Ensure monitoring of the resident's whereabouts is in place.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

End of the report.