

# Summerset Care Limited - Summerset Richmond Ranges

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## 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:

<b>Legal entity:</b>	Summerset Care Limited
<b>Premises audited:</b>	Summerset Richmond Ranges
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 27 January 2022      End date: 28 January 2022
<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>	46

# 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 Richmond Ranges is a new retirement village complex that opened on 31 May 2021. The service has 65 beds across the care centre (22-bed dementia unit, and 43 dual-purpose beds). There are also 56 serviced apartments suitable for rest home level care. On the day of the audit, there were 46 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 the general practitioner and staff.

The village manager is appropriately qualified and experienced and is supported by a care centre manager (registered nurse) who oversees the clinical services. The management team are supported by two clinical nurse leads, a regional quality manager and a regional operations manager. There are quality systems and processes being implemented. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care. The residents and relatives interviewed spoke positively about the care and support provided.

The audit identified one shortfall in relation to medication management.

## 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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The service functions in a way that complies with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and related services are readily available to residents and families. Policies are available that support residents' rights. Cultural assessment is undertaken on admission and during the review process. Residents and family interviewed verified ongoing involvement with the community. Care plans accommodate the choices of residents and/or their family. Complaints processes are being addressed in line with HDC requirements.

## 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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Summerset Richmond Ranges has an established quality and risk management system that supports the provision of clinical care. Key components of the quality management system link to the monthly quality improvement meetings. Annual surveys and regular resident meetings provide residents and families with opportunities for feedback about the service. Quality performance is reported to staff at meetings and includes discussions relating to incidents, infections, and internal audit results. There are human resources policies that cover recruitment, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an in-service training programme covering relevant aspects of care. There is a policy for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents, and rosters are in place and are adjustable depending on resident numbers. There are sufficient numbers of staff currently employed to cover the roster across each area.

## 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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Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. The registered nurses are responsible for each stage of provision of care including assessments, care plans and evaluations. Risk assessment tools and monitoring forms are available and implemented. Residents and family interviewed confirmed that they were happy with the care provided and the communication.

Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the integrated activities programme. There are outings into the community and visiting entertainers.

There is a secure electronic medication system at the facility. There are medicine management policies documented that align with acceptable guidelines. Staff responsible for the administration of medications complete annual medication competencies and education. The general practitioner reviews the medication charts three monthly.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The kitchen is well equipped for the size of the service. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Nutritional snacks are available in the memory care (dementia) unit 24 hours a day.

## 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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Chemicals are stored safely throughout the facility. Appropriate policies are available along with product safety charts. The building holds a code of compliance. Resident rooms are spacious with an adequate number of shower and toilet facilities for the number of residents. There is wheelchair access to all areas. External areas are safe and well maintained. Fixtures, fittings, and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies for at least three days. At least one first aid trained staff member is on duty at all times and on outings. Cleaning and laundry services are well monitored through the internal auditing system.

## 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 around restraints and enablers. The induction programme includes training around restraint minimisation and competency assessments. The restraint coordinator role is a registered nurse. Restraint review meetings are held monthly RN meeting. During the audit, there were no residents using either a restraint or an enabler. Restraint is only used as a last resort and has not been required since the facility opened.

## Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The infection control programme is appropriate for the size and complexity of the service. The infection control coordinator (clinical nurse leader) is responsible for coordinating and providing education and training for staff. The infection control coordinator has attended external training. The infection control manual outlined the scope of the programme and included a comprehensive range of policies and guidelines. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This included audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Somerset facilities. There have been no outbreaks since the last audit. Resident infections are closely monitored and well-managed.

Covid 19 is well prepared for, education has been provided around donning and doffing personal protective equipment, isolation practices and hand washing. Adequate supplies of personal protective equipment were sighted.

## 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)
<b>Standards</b>	0	44	0	1	0	0	0
<b>Criteria</b>	0	92	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Discussions with six managers (care centre manager, village manager, regional quality manager, clinical nurse lead rest home/hospital, clinical nurse lead memory centre (dementia), property manager) and eleven staff (four caregivers (two rest home/hospital, one serviced apartments, one dementia); three registered nurses (RNs); two recreation assistants, one national diversional therapy and recreational specialist, one chef, one laundry) confirmed their familiarity with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and its application to their job role and responsibilities. Six residents (four rest home including two (married) residents in a serviced apartment, and two hospital) and three relatives (one rest home, one hospital, one dementia) interviewed confirmed the services being provided are in line with the Code. Observations during the audit also confirmed this in practice.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices</p>	FA	<p>There are established informed consent policies/procedures and advanced directives. General consent forms were evident on all seven files reviewed (two hospital level of care, two dementia and three rest home including one respite resident and one residing in a serviced apartment). The two files of residents in the dementia unit had activated enduring power or attorney's (EPOA's) on file.</p> <p>There was documented evidence of discussion with the enduring power of attorney (EPOA) where the general practitioner has made a medically indicated not for resuscitation status. Copies of the</p>

<p>and give informed consent.</p>		<p>residents' advance directive where applicable was available on file.</p> <p>Family discussions were evident in the electronic progress notes. Interviews with family members state they have input in care and choices are offered on a daily basis. Long-term care plans and 24-hour multidisciplinary care plans demonstrate resident choice as appropriate.</p> <p>Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for personal care, entering rooms and so on. Signed admission agreements, was evident in the resident files reviewed.</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>	<p>FA</p>	<p>Residents are provided with a copy of the Code on entry to the service. Residents interviewed confirmed they are aware of their right to access independent advocacy services and advocacy pamphlets are available at reception. Discussions with relatives confirmed the service provides opportunities for the family/enduring power of attorney (EPOA) to be involved in decisions. The resident files include information on residents' family/whānau and chosen social networks.</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>	<p>FA</p>	<p>Visitors were observed coming and going during the audit. Interviews with staff, residents and relatives confirmed residents are supported and encouraged to remain involved in the community and external groups. Relatives and friends are encouraged to be involved with the service and care. The service promotes community visitors to the village and encourages resident involvement.</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>	<p>FA</p>	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are readily available. Information about complaints is provided on admission. Interviews with residents and family members confirmed their understanding of the complaints process.</p> <p>There is an electronic complaint register that includes verbal and written complaints and evidence to confirm that complaints are being managed in a timely manner including acknowledgement, investigation, timelines, corrective actions (when required) and resolutions. In 2021, seven complaints lodged reflected evidence of follow-up actions taken and feedback provided in staff meetings including corrective actions (if any). No complaints have been received year to date (2022).</p> <p>Complainants are provided with information on how to escalate their complaint if resolution is not to their satisfaction.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The service provides information to residents that include the Code, complaints, and advocacy. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents and relatives interviewed confirmed that they were well informed about the Code. Two monthly residents' meetings are led by a health advocate volunteer. These meetings provide the opportunity for residents to raise concerns. An annual residents/relatives survey is completed although only two residents responded to the last survey (September 2021).</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>Care staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, resident's privacy, and dignity. Contact details of spiritual/religious advisors are available. Church services are provided on the premises. Residents and relatives interviewed reported that residents are able to choose to engage in activities and access community resources.</p> <p>There are two double rooms located in the memory (dementia) wing. Double rooms are also available in the serviced apartments. One married couple (serviced apartments) was interviewed and confirmed that their personal privacy and dignity is respected.</p> <p>There is an elder abuse and neglect policy with evidence of staff training on this topic.</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>Summerset has a Māori health plan that includes a description of how they achieve the requirements set out in the contract. There are supporting policies that provide recognition of Māori values and beliefs and identify culturally safe practices for Māori. The Code is posted in English and in Māori te reo in visible locations. At the time of the audit there were no residents that identified as Māori. Staff interviewed were able to describe how they can ensure they meet the cultural needs of residents.</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,</p>	FA	<p>An initial care planning meeting is carried out where the resident and/or whānau as appropriate/able are invited to be involved. Individual beliefs and values are further discussed and incorporated into the care plan. Six monthly multi-disciplinary team meetings occur to assess if resident's needs are being met. Family is invited to attend. Discussions with family/whānau confirm values and beliefs are considered. Residents interviewed confirm that staff take into account their culture and values. There was one resident in the memory centre who has difficulty understanding English. Translation takes place either through staff, family, or hand/facial gestures. Translation services are also available</p>

spiritual values, and beliefs.		through the DHB if needed.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	Staff job descriptions include responsibilities and staff sign a copy as part of the employment process. The monthly quality meetings include discussions on professional boundaries and concerns as they arise. Management provides guidelines and mentoring for specific situations. Interviews with managers and staff confirmed their awareness of professional boundaries.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	Residents and relatives interviewed spoke positively about the care and support provided. Staff have a sound understanding of principles of aged care and state that they feel supported by the village manager, care centre manager and clinical nurse leads. All Somerset facilities have a master copy of policies which have been developed in line with current accepted best practice and are reviewed regularly. The content of policy and procedures are sufficiently detailed to allow effective implementation by staff.  There is a quality improvement programme that includes performance monitoring against clinical indicators and benchmarking against like services within the Somerset group of aged care facilities. There is evidence of education being supported in addition to the robust Somerset training plan. There are implemented competencies for caregivers and registered nurses including (but not limited to): insulin administration, medication, wound care and manual handling, oxygen administration, warfarin, restraint, and infection control).
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	An open disclosure policy describes ways that information is provided to residents and families. The admission pack gives a comprehensive range of information regarding the scope of service provided to the resident and their family on entry to the service and any items they are to pay for that are not covered by the agreement. Regular contact is maintained with family including if an incident or care/health issue arises. Family members interviewed stated they were well-informed. Seventeen incident/accident forms were reviewed and identified that the next of kin were contacted.  Resident's meetings are chaired by a health advocate/volunteer who resides in the retirement village. Issues or concerns are encouraged to be discussed. Minutes are maintained and show follow-up actions for resolution of matters raised.  The service has policies and procedures available for access to DHB interpreter services. The information pack is available in large print and can be read to residents.  Non-Subsidised residents are advised in writing of their eligibility and the process to become a

		subsidised resident should they wish to do so.
<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Summerset Richmond Ranges is a new retirement village complex that opened on 31 May 2021. The care centre is a three-level facility. The ground floor includes the service areas, a secure dementia unit and serviced care apartments. The secure dementia unit (Memory Care) are all license to occupy (LTO) apartments with no standard rooms. There are 43 (rest home and hospital level) rooms on the first floor (all dual-purpose).</p> <p>On the day of the audit, there were a total of 26 rest home level residents (including one resident on respite care and eight in the serviced apartments), eight hospital level and 12 dementia level residents. The remaining residents were on an age-related residential care (ARRC) contract</p> <p>There are serviced apartments across the three floors (9 on the ground floor, 19 on the first-floor plan and 28 on the second floor); all 56 apartments have been verified as suitable to provide rest home level care.</p> <p>The village manager has been in the role since August 2019 and was involved in the opening of the village. The village manager has a background in recruitment and banking. A care centre manager (RN) who has many years of experience in aged care management, commenced February 2021. The management team are supported by two clinical nurse leads (one rest home/hospital, one dementia), a regional quality manager and a regional operations manager. Regional managers are onsite approximately one day per month and are otherwise available by phone/email.</p> <p>Summerset group has a well-established organisational structure, which includes a board, chief executive officer, operations managers, and a national clinical improvement manager. Each of the Summerset facilities throughout New Zealand is supported by this structure. They have a quality assurance and risk management programme and an operational business plan for the project. Quality objectives and quality initiatives are set annually. 2021 goals were evidenced as being reviewed three monthly. Work is currently underway to further develop the 2022 business goals.</p> <p>The managers have each attended a minimum of eight hours of professional development relating to their respective management roles.</p>
<p><b>Standard 1.2.2: Service Management</b></p> <p>The organisation ensures the day-to-day operation of the service is</p>	FA	<p>The office manager fulfils the village manager's role during a temporary absence with support from the office staff, clinical nurse leads and the regional managers. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home, hospital (geriatric and medical) and dementia level care. The appointment of staff and building of the facility are appropriate</p>

<p>managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>		<p>for meeting the assessed needs of residents.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></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>An annual quality and risk management plan is in place. Policies and procedures reflect evidence of regular reviews as per the document control schedule. New and/or revised policies are made available for staff to read and sign that they have read and understand the changes. Summerset village managers and care centre managers are held accountable for their implementation.</p> <p>The monthly collating of quality and risk data includes (but is not limited to) residents' falls, bruising, skin tears and infection rates. Data is collated and benchmarked against other Summerset facilities to identify trends. A resident satisfaction survey is conducted each year. Results for 2021 reflect resident satisfaction with the services received although the sample size is not representative of the facility's population (sample size two).</p> <p>An annual internal audit schedule was sighted for the service. Corrective actions are developed where opportunities for improvements are identified and are signed off when completed. Eight corrective actions have been implemented since the facility opened and are signed off by the care centre manager. Staff are kept informed of audit findings either by attending meetings or reading the meeting minutes in the staff room.</p> <p>Falls prevention strategies are in place that include the identification of interventions on a case-by-case basis to minimise future falls. Strategies include (but are not limited to) sensor mats, placing residents on extra low beds, intentional rounding, and meetings with family to identify possible triggers). A falls prevention group, led by a registered nurse, meets monthly. As part of the admission process, the resident undergoes a FRAT (falls risk assessment tool). This is repeated following a resident fall. A physiotherapist is available one day a week (four hours) to assist in the development of falls reduction strategies for at-risk residents.</p> <p>The health and safety committee consists of eight staff, three who have completed stage one health and safety training. The committee meets monthly. Data relating to health and safety is entered into the electronic Risk Management Support System (RMSS). Hazard identification forms and a hazard register are in place. Health and safety and fire training commence during staff orientation. This includes manual handling training, infection control training, Covid-19 prevention and outbreak planning and displaying health and safety 'golden rules'. The village risk register is reviewed and updated monthly. A health and safety internal audit was completed in November 2021. Seven corrective actions were identified, and all are now closed. Staff receive health and safety training at orientation. This continues as a regular in-service topic. Contractors are also orientated to health and safety during their induction. This is repeated every year.</p>

<p>Standard 1.2.4: Adverse Event 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>FA</p>	<p>The service collects a comprehensive set of data relating to adverse, unplanned, and untoward events. This includes the collection of incident and accident (events) information. The reporting system is integrated into the quality and risk management programme. Seventeen incident reports held electronically were sampled (ten unwitnessed falls, two challenging behaviours, four soft tissue injuries (skin tears), one medication error). All adverse events reviewed evidenced clinical follow up by a registered nurse with sign off by the care centre manager following review and investigation. Neurological observations are completed as per protocol for any unwitnessed fall and/or suspected injury to the head. If risks are identified these are processed as hazards.</p> <p>Discussions with the village manager and care centre manager have confirmed their awareness of statutory requirements in relation to essential notification. Three section 31 notifications have been completed, two for resident assaults and one police investigation for a sudden death.</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>	<p>FA</p>	<p>There are human resource policies and procedures, which includes the requirements of skill mix, staffing ratios, and rostering. Summerset has organisational documented job descriptions for all positions, which detail each position's responsibilities, accountabilities, and authorities. The service has implemented the policy addressing competencies and requirements for validating professional competencies. Copies of current practising certificates were sighted for registered nursing staff and external health professionals (e.g., GP, nurse practitioners, dietitian, physiotherapist, pharmacists).</p> <p>An orientation programme is in place. Prior to opening, staff underwent four weeks of orientation training during the month of May. Orientation training is now being offered online, with instructions to complete prior to beginning work onsite. The orientation programme also includes specific training and competencies (e.g., equipment, manual handling, safe chemical handling, medication, emergency, and fire training). The annual training plan includes a list of topics that must be completed at least two yearly and this is reported on.</p> <p>The service has a contract with a local medical centre including GPs specialised in elder care and nurse practitioners. A GP visits the facility two times per week. Either a GP or nurse practitioner visits outside of these times for acute conditions. Contracts are in place with physiotherapy services (four hours per week), pharmacy, dietician, and foot care services.</p> <p>Eight staff files were reviewed (five caregivers, one staff RN, one clinical nurse lead, one café assistant). Evidence of signed employment contracts, job descriptions, reference checking, completed orientation and competencies that are specific to their job duties, and staff attendance at educational in-services were sighted. Performance appraisals for staff are conducted beginning</p>

		<p>twelve weeks following their orientation.</p> <p>The service has a training policy and schedule for in-service education. The in-service schedule is implemented, and attendance is recorded. Inservice education is supported by competency assessments (e.g. hand hygiene, moving and handling, wound care, restraint, syringe driver, medication administration, oxygen administration, emergency management, health, and safety).</p> <p>Twenty-five caregivers are employed. One has achieved a level two Careerforce qualification and fifteen have achieved a level four Careerforce qualification. Ten caregivers work in the dementia unit (memory centre). Three have completed their required dementia qualification and the remaining seven are enrolled.</p> <p>Nine RNs are employed and three are interRAI trained.</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>	<p>FA</p>	<p>Human resource policies include documented rationale for determining staffing levels and skill mixes for safe service delivery (Safe staffing policy). This defines staffing ratios to residents, and rosters have been developed and are adjustable depending on resident numbers. There is also a document 'guidelines for management of fluctuating occupancy'. General ratios of 1:5 for hospital level residents and 1:10 for rest home residents or a combination as resident needs dictate are adhered to. There is 24-hour RN cover.</p> <p>The care centre manager and clinical nurse lead (rest home/hospital) work full time Monday – Friday and the clinical nurse lead for the dementia centre is employed full time Sunday – Thursday. The care centre manager and clinical leads share on-call responsibilities.</p> <p>Care centre (18 rest home, eight hospital): In addition to the clinical nurse lead, an RN is employed across the am, pm and night shifts. Caregiver staffing: am shift: three long (eight hour) and one short shift to 1300; pm shift: three long shift; night two long shift.</p> <p>Dementia (memory care) centre (12 residents): In addition to the clinical nurse lead, two long shift caregivers cover the am and pm shifts and one caregiver covers the night shift.</p> <p>Serviced apartments (eight rest home level residents): one long shift and one short shift caregiver (0800 – 1230) covers the am shift, one long and one short shift (1630 – 2030) cover the pm shift and one long shift covers the night shift.</p> <p>A recent appointment of one 'kaitiaki' staff is rostered five hours/day (pm shift) to assist as a lounge carer or for specialising if needed.</p> <p>Interviews with staff and residents confirmed that staff are very busy and that the residents' needs are being met.</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. Care plans and progress notes are documented electronically. Resident files demonstrate service integration.</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>Summerset Richmond have comprehensive admission policies and procedures in place to safely guide service provision and entry to services. Referring agencies establish the appropriate level of care required prior to admission of a resident. Prospective residents are screened by the care centre manager and the clinical nurse lead. The service has a well-developed information pack available for residents/families/whānau at entry outlining services able to be provided, the admission process and entry to the service. Information provided to families include information around dementia in line with the ARRC contract.</p> <p>Information gathered at admission is retained in resident's records. All admission agreements viewed were signed. Exclusions from the service are included in the admission agreement. Residents and relatives interviewed stated they were well informed upon admission and had the opportunity to discuss the admission agreement with the manager.</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>There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. Copies of documentation and handover is kept on file as evidenced in one resident file that was transferred to hospital following a fall.</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</p>	PA Low	<p>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice. The RNs are responsible for the administration of medications and have completed medication competencies and annual medication education. Senior caregivers have competencies for second checkers in the absence of a second registered nurse (afternoon and night). 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</p>

<p>guidelines.</p>		<p>pharmacy. Standing orders are not used by the service. There was one self-medicating resident (rest home) on the day of the audit. The resident had an assessment and competency signed by the resident, RN, and GP, this is due to be reviewed in three months.</p> <p>All medications were stored securely in the locked medication rooms in both the care centre and in the memory care unit. Original labels were present on medication in the medication trolley and cupboards. Eyedrops had open dates documented. The medication fridge temperatures were monitored and recorded regularly. Medication room temperatures were recorded in the care centre, however, not in the memory care unit.</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>	<p>FA</p>	<p>Summerset Richmond Ranges has comprehensive nutritional management policies and procedures for the provision of food services for residents. There is a chef manager, two chefs, kitchen assistants, and café assistants employed who provide all aspects of the food service. All food services staff have completed food safety training. A current food control plan is in place until June 2022.</p> <p>All food and baking are freshly prepared in the large purpose-built kitchen on the ground floor adjacent to the café and dining area of the village residents. There is a walk-in chiller, and freezer. Temperatures are recorded twice daily electronically on an app. All decanted food in the walk-in pantry has been dated. The 12-week seasonal menu is designed and reviewed by a registered dietitian. Food is transported in hot boxes to the satellite kitchen in the main dining room of the care centre on level one, to the satellite kitchen/dining area of the rest home residents in serviced apartments, and the memory care unit kitchenette. Meals are served to residents from the hot boxes in the satellite kitchen by staff. There is a lift near the service area, that is used to transport food carriers to each floor and dishes back to the kitchen.</p> <p>All residents are required to have a nutritional profile completed on admission, which is provided to the kitchen. There is access to a community dietitian. There are documents in large font posted on the whiteboard to alert staff of residents' dislikes. Special diets including gluten free, textured diets and diabetic diets are accommodated for. Feedback is gained through satisfaction surveys (2021 results did not include a sufficient sample size to gain meaningful results), and verbal feedback when serving food in the dining rooms. The kitchen manager interviewed was aware of residents with special diets and who are losing weight unintentionally. Alternatives are available if required. Snacks are available in the care centre for residents when the kitchen is closed.</p> <p>Extra snacks are available in the fridge in the kitchenette in the memory care unit 24/7. There is an induction hob in the kitchenette of the memory care unit and dual-purpose units that prevent any resident burning themselves if touched. Boiling water taps have a safety mechanism.</p>

<p><b>Standard 1.3.2: Declining Referral/Entry To Services</b></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 service records the reason for declining service entry to potential residents should this occurs and communicates this decision to the potential residents/family/whānau and the referring agency. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency for appropriate placement and advice.</p>
<p><b>Standard 1.3.4: Assessment</b></p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The long-term resident files sampled evidenced that residents are admitted with a care needs level assessment completed by the Needs Assessment and Service Coordination (NASC) team prior to admission. Files sampled indicated that personal needs information is gathered during admission from discharge summaries, medical notes, home care assessments and from discussions with the resident and their relative where appropriate. The interRAI assessment tool was utilised to guide the long-term care plan. Additional risk assessments for skin integrity, continence, and pain, etc, are completed on admission and evidence review when there is a change in a resident's condition. The electronic resident management system implemented by the service provides a suite of assessments for RNs to utilise as appropriate. Outcomes of the assessments were reflected in the long-term care plans.</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>Six of the seven (one was a respite admission) resident long-term care plans were reviewed. The long-term care plans, completed within three weeks, records the resident's problem/need and objectives, all had sufficient interventions that reflected the residents' current needs. Residents and families interviewed confirmed their involvement in the care planning process. The resident or the family member 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 (but not limited to): wounds, infections and skin conditions and increasing behaviour, and changes in health status. These were reviewed regularly and signed off as resolved or if an ongoing problem, added to the care plan. Resident files demonstrated service integration and evidence of allied health care professionals involved in the care of the resident such as referral to mental health team dietitian, hospice services and physiotherapist.</p>
<p><b>Standard 1.3.6: Service</b></p>	FA	<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</p>

<p><b>Delivery/Interventions</b></p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>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 rooms. The wound care files were reviewed. Electronic wound assessments, treatment and evaluations were in place for 21 current wounds (10 skin tears, five lesions, one basal cell carcinoma and five chronic ulcers). There were no pressure injuries on the day of audit. The RNs interviewed were able to describe the referral process for a wound care nurse specialist if required. Short-term care plans are used for short-term needs and were sighted for wounds, skin tear and skin infection. 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>A suite of electronic monitoring charts is available to monitor resident health and progress against implemented interventions including (but not limited to) behaviour, weight, wounds, blood sugar monitoring, neurological observations, food, fluid, pain, turning charts and vital signs.</p>
<p><b>Standard 1.3.7: Planned Activities</b></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>FA</p>	<p>Summerset Richmond employs two recreation officers (both are enrolled in diversional therapy NZQA qualification courses). One is based in the memory care unit and the other is based in the care centre. Both have current first aid certificates and receive education support and guidance from the national diversional and recreational specialist based in Auckland. On admission or soon after, the resident and or their family representative are provided with a Life Story tool which provides information that contributes to an activity's assessment. This information forms the basis of the individual activities plan and the 24-hour activity plan for residents in the dementia unit. The diversional therapists maintain attendance records daily and document progress notes at least monthly.</p> <p>Activities in the care centre run over Monday to Friday starting at 9.30am with daily exercises, and finish at 4pm. There is a full range of social activities that are available on the monthly programme for all residents to participate in. Activities include (but are not limited to) container gardening, golf, pool therapy, pet therapy, chair exercise, bowls, bingo, walks, arts and crafts, quiz, crosswords. Special events include armchair travel, ice cream tasting, cultural days, community outings, celebrations for Christmas, easter, and daffodil day. One-on-one contact is made daily with residents who are unable to or choose not to participate in group activities. The organisation has high profile New Zealanders as</p>

		<p>ambassadors who provide interactive question and answer zoom sessions.</p> <p>Activities in the memory care unit run over Monday to Friday with the care staff assisting with activities over the weekend. The monthly programme is very flexible in the memory care unit and activities are often spontaneous, depending on the resident's interests and the weather on the day. Activities include gardening, sensory activities such as the immu (an interactive music and vibration tool), the Toverfafel sensory table, gardening, baking, painting, arts, and crafts, walking and one on one activities such as hand massages and aromatherapy.</p> <p>Summerset Richmond Ranges has implemented pool therapy for specific residents. The physiotherapist assesses each residents' abilities and provides guidance for activities staff on safety and suitable exercises. These and resident assessments and recreational staff education have enabled many of the less able residents to participate and enjoy the pool.</p> <p>High school volunteers and other community volunteers visit the facility visit as able (depending on Covid restrictions). Church services are held monthly, and van outings are provided for residents.</p> <p>The organisation has been proactive in developing options to ensure residents are provided with additional opportunities during times of restricted visiting due to Covid. The organisation employs a national diversional and recreational specialist who has developed comprehensive guidelines for use during a pandemic. The guidelines identified challenges and solutions around infection control, communication and the use of technology, visual art, physical activities, and all aspects of the activities programme. A checklist has been implemented for each of the traffic light levels. The diversional and recreational officers attend monthly organisational zoom meetings and can access resources and ideas through memberships with recreational organisations in Australia, America, Canada, and the United Kingdom.</p> <p>Resident meetings are held two-monthly with an experienced advocate from the village. Family and friend meetings are held quarterly, and minutes made available via email. The residents interviewed felt comfortable providing feedback of the service. The chef manager attends when required to discuss food services. A recent satisfaction survey has been held however the sample size was too small to provide meaningful feedback.</p> <p>The residents and relatives interviewed stated they were satisfied with the variety of activities on offer, and residents attend activities of their choice.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive</p>	<p>FA</p>	<p>There is evidence of resident and family involvement in the evaluation of resident care plans. Initial care plans and short-term care plans were evaluated by the registered nurses. All of the resident files reviewed had been at the facility less than six months and did not require six monthly reviews. There was evidence of earlier review for health changes. When a resident is reviewed, families are invited to</p>

<p>and timely manner.</p>		<p>attend the 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. Care plan evaluations document resident progression towards meeting goals, and care plan interventions were updated accordingly.</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 choice/needs.</p>	<p>FA</p>	<p>Referral to other health and disability services is evident in the resident files sampled. Mental health services for older people, podiatrist, speech and language therapy and physiotherapy are some of the allied services accessed by resident referrals in consultation with GP. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Residents/EPOAs are informed and involved in the referral process. The GP refers residents to medical specialists when required.</p>
<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>	<p>FA</p>	<p>There are documented policies and procedures for waste disposal and chemical storage. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. Chemicals are automatically dispensed in the laundry. There are two key padded sluice rooms, one in the dual-purpose unit and one in the memory care unit. Bulk chemicals are stored securely in a separate chemical shed.</p> <p>All housekeeping and laundry staff have completed chemical safety, waste management training and personal protective equipment (PPE) at orientation. Gloves, aprons, and disposable visors are readily available in the sluice rooms, cleaners' cupboards, and laundry.</p> <p>Staff interviewed were knowledgeable around waste management procedures.</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>	<p>FA</p>	<p>The care centre is a three-level facility. The ground floor includes nine serviced care apartments, service areas and a secure dementia unit. Dementia rooms in memory care unit are all LTO apartments. Level one includes 43 rooms (all dual-purpose hospital/rest home rooms). There are also 19 serviced apartments on level one. Level two includes 28 serviced apartments. All 56 serviced apartments can provide rest home level care.</p> <p>The building holds a current CPU certificate which is valid until April 2022.</p> <p>There is a property manager employed from Monday to Friday and available on call, after hours and on weekends. He is supported by a property assistant, a gardener and a lawn mowing person. All members of maintenance team work 40 hour per week. The Summerset planned maintenance</p>

		<p>programme is in place to address reactive and preventative maintenance. All medical and electrical equipment was purchased new and is less than a year old. All equipment has been tagged tested and calibrated in December 2021. All equipment is stored in the centrally located equipment rooms in the both the care centre and the memory care unit. Staff stated they have sufficient equipment to safely deliver care to meet resident needs.</p> <p>Hot water temperatures in resident areas have been regularly monitored and recorded. Water temperature checks were within expected ranges. The property manager describes corrective actions required and plumber availability should the water temperatures fall outside of the expected range.</p> <p>Hallways are very wide with seating areas. The facility has enough space for residents to mobilise using mobility aids and residents are observed moving around freely. There is a large lift (suitable for beds) and another smaller lift to transport residents and relatives between floors.</p> <p>The external areas and gardens are well maintained. The facility is built around a central courtyard. Residents in the memory care unit have easy access to the secure internal courtyard and were viewed enjoying garden activities. Seating with shade is provided.</p> <p>The memory loss unit is secure. Visitors have speaker access to staff and then the door will be released to enter the entrance foyer. All exits in and out require electronic fobs access by staff. Decals are used around the corridors to distract residents from locked rooms, dead end walls and doors. Contrasting colours in some areas such as ensuites provide easier visibility and identification of furniture. There are large, coloured wall boxes outside each resident room that can be personally decorated.</p> <p>The care centre has a centrally located 'conservatory' area, with access to balcony areas. Communal areas have balcony spaces for residents to enjoy. There is also a family room available for residents and families to utilise. Residents have access to designated external areas that have seating and shade.</p> <p>The service has two vehicles (a car and bus) to provide transport to residents and for staff usage. Both vehicles have current vehicle warrants of fitness and registration documents as evidenced.</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</p>	<p>FA</p>	<p>All resident rooms have full ensuite facilities with a shower. There are mobility toilets located near all lounges with locks that can be opened from the outside if needed. There are separate staff and visitor toilets.</p> <p>There are picture signs for residents in the memory care unit to assist with locating the toilet. Doors into the ensuites in the memory care unit are different colours, and the toilet seats are coloured.</p>

<p>hygiene requirements or receiving assistance with personal hygiene requirements.</p>		
<p><b>Standard 1.4.4: Personal Space/Bed Areas</b></p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Residents' rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and communal toilets and bathrooms. Double rooms are large enough for two beds and limited mobility equipment. The centre manager reports the double rooms would be used for rest home level care residents; hospital level residents would be able to use the room with limited use of equipment. The apartments in the memory care unit and the serviced apartments all have a separate lounge and bedroom.</p>
<p><b>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</b></p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>There is a café, dining room and large lounge area adjacent to the apartments on the ground floor. This is available for village residents, visitors and any care centre residents that choose to go to the café. There is also another lounge/dining area for serviced apartment rest home residents on level one. On level one (dual-purpose unit), there is a large spacious living area and kitchenette/dining area. There is a separate recreation area off the lounge. There is also a large spacious conservatory area and covered balcony. A separate family room is also available.</p> <p>There is a separate dining room and kitchenette on one side of the Memory Care unit. On the other side of the Memory Care unit there is a spacious activity room and lounge. There is also a separate family room/sensory room off the activities lounge.</p> <p>There are other areas available for sitting and resting throughout the facility.</p>
<p><b>Standard 1.4.6: Cleaning And Laundry Services</b></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>	<p>FA</p>	<p>There are policies for cleaning and infection prevention and linen handling and processing. These policies ensure that all cleaning and laundry services are maintained and functional at all times. All chemicals are within a closed system. Material safety datasheets are provided by the contracted company and to be displayed in the cleaning cupboards, laundry, and sluices in each area. The laundry and cleaning areas have hand-washing facilities. There are personal laundries in the serviced apartments on each floor. All chemicals are stored securely in locked cupboards. There are designated laundry and housekeeping staff employed to provide services across seven days a week.</p> <p>The facility laundry is on the ground floor and has an entrance for dirty laundry and an exit for clean. The laundry is large and includes two commercial washing machines and two dryers. Dirty linen can be transported to the ground floor via a laundry chute from level one to the laundry. There are covered laundry trolleys in the units with colour coded linen bags. The laundry assistant interviewed was knowledgeable around laundry processes, infection control practices and keeps laundry from</p>

		<p>each unit separated.</p> <p>There are documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are completed with corrective actions documented for any non-conformities. The chemical provider checks all chemical systems monthly and submits reports</p> <p>There are designated locked cleaning trolleys on each floor. All housekeeping and laundry staff have completed chemical safety training. Housekeeping trolleys have locked boxes to store chemicals. Housekeeping staff were noted to be wearing personal protective equipment (PPE) when attending to their duties. The laundry worker interviewed described training around infection control practices</p>
<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>	<p>FA</p>	<p>The site-specific emergency manual for Summerset Richmond Ranges includes emergency and disaster policies and procedures, including (but not limited to) fire and evacuation and dealing with emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. There is a first aid trained staff member on every shift and on outings. All registered nurses undergo CPR and first aid training in addition to a selection of caregivers and diversional therapists.</p> <p>The service has a generator available in the event of a power failure for emergency power supply. There are also extra blankets available. There is a civil defence locker on each floor which includes all necessary civil defence requirements. A number of water tanks are available for a total of five 1000 litre tanks, and three 900 litre tanks for the main building.</p> <p>The call system involves a pager system whereby staff are alerted to a resident's call bell via the personal pagers held by each care staff member. Call bells are available in each bedroom and ensuite. The system in the dementia unit includes sensor bed mats that activate the lights in resident rooms, so when a resident gets up at night the light in their ensuite automatically turns on. This prompts the resident to go to the toilet and then on leaving the ensuite the light above the resident's bed illuminates and encourages the resident to go back to bed. This system is controlled by a timer and therefore can be set to meet the individual needs of each resident.</p> <p>The fire evacuation scheme was approved by the New Zealand Fire Service before the facility opened on 21 April 2021. Fire drills take place six-monthly with the most recent drill occurring on 19 January 2022.</p> <p>Summerset Richmond Ranges is a gated facility. The gates are locked between 9pm and 7am with fob access for the village residents. There is a main double-door entrance into the care centre that is secure at dusk with phone access. All exits in and out of the main building require swipe card access</p>

		by staff after hours. Sixteen internal and external security cameras are placed in strategic locations. There is a separate entrance area into the secure dementia unit.
<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>General living areas and resident rooms are appropriately heated and ventilated. Resident's rooms throughout the facility have air conditioning units. The communal living areas are heated and cooled via ceiling heating/cooling systems. All rooms have floor to ceiling external windows with plenty of natural sunlight. All windows are double-glazed, and all areas have good lighting. Resident suites in the memory care unit rooms have individual resident room lighting which can be controlled by staff from controls outside each room. Some rooms in the care centre have individual Juliette balconies.</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. There is an infection control responsibility policy that includes responsibilities for the infection control officer who is an RN. The infection control officer has a signed job description. The infection control programme is linked into the quality management system and reviewed annually. There is a monthly National Somerset IPC 'zoom' meeting. This is chaired by the National Clinical Improvement Manager and is attended by Somerset Care centres IPC Coordinators. Facility meetings include a discussion of infection control matters.</p> <p>Visitors are asked not to visit if they are unwell. Influenza vaccines are offered to residents and staff. Hand sanitisers are available throughout the facility. There have been no outbreaks since the facility opened in May 2021,</p> <p>Covid 19 is well prepared for. All visitors and contractors are required to sign in using the electronic system, which includes wellness checks and show their vaccination passes. Since Christmas all visitors are required to have a negative rapid antigen test before entering the facility. All staff, visitors and contractors were required to wear masks and use hand sanitiser in line with current (red traffic light) Covid requirements. All staff have been trained in donning and doffing personal protective equipment (PPE), isolation and standard precautions. Adequate supplies of PPE were sighted in the infection control cupboard. Monthly stocktakes are completed to ensure adequate supplies are available.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human,</p>	FA	<p>The infection control officer has been in the role at Somerset Richmond for five months. She has recently an on-line Somerset infection control course and another through Health learn online education platform. The monthly "zoom" meetings with all Somerset infection control officers</p>

<p>physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>		<p>includes topical infection control.</p> <p>The infection control committee is representative of the facility. The infection control team meet monthly and provide a report to the quality improvement meeting, facility meetings and infection control quality manager at head office.</p> <p>The infection control officer has access to an infection control nurse specialist at the DHB, GPs, laboratory, pharmacy, and expertise within the organisation.</p> <p>Summerset Richmond Ranges has implemented robust policies and procedures in relation to management of Covid. All visitors currently complete rapid antigen testing and confirmation of a vaccination pass prior to entering the facility, followed by an electronic login process.</p>
<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>	<p>FA</p>	<p>Policies and procedures are developed and reviewed at head office and include Covid 19 policies and procedures. Policies are available to all staff. They are notified of any new/reviewed policies and are required to read and sign for these. There is Covid 19 information available in the nurses' station to guide staff through the Covid19 lockdown levels and traffic light requirements</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control officer is responsible for coordinating and providing education and training to staff. The orientation package includes specific training around handwashing competencies and standard precautions. Ongoing training occurs six-monthly as part of the training calendar set at head office. Education for 2021 to date includes isolation procedures, outbreak management, and hand hygiene spot checks. Specific education on donning off and on and correct application and fitting of N95 masks has been provided. Resident education occurs as part of providing daily cares. Care plans can include ways to assist staff in ensuring this occurs.</p>
<p>Standard 3.5: Surveillance</p>	<p>FA</p>	<p>The infection control policy includes a surveillance policy that includes a surveillance procedure,</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>		<p>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. 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. 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.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There are policies around restraints and enablers. The induction programme prior to opening includes training around restraint minimisation and competency assessments. Competencies are to be completed annually. The restraint coordinator is the clinical nurse lead in dementia. Restraint meetings are held monthly as part of the RN meeting. Challenging behaviour training is included as part of the annual training programme and also has been included in the induction programme prior to opening.</p> <p>There are policies around restraints and enablers. The service had no residents requiring a restraint or an enabler. Staff receive training around restraint minimisation that includes annual competency assessments.</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)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	Both medication rooms had heat pumps in place to regulate the room temperature. Monitoring of temperatures in the care unit were monitored and recorded daily.	The temperature in the memory care unit medication room had not been monitored during the month of January 2022.	<p>Ensure the medication room temperature is monitored daily and temperatures documented.</p> <p>60 days</p>

## 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.