

Summerset Care Limited - Summerset at Avonhead

Introduction

This report records the results of a Partial Provisional Audit; Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Summerset Care Limited

Premises audited: Summerset at Avonhead

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 28 June 2022 End date: 29 June 2022

Proposed changes to current services (if any): The provider had requested a reconfiguration of 10 serviced apartments (care suites) on the first floor as dual-purpose rooms. Phone confirmation was received to include a partial provisional was requested as an add on to the certification audit. The total dual-purpose rooms will increase from 43 to 53. A letter dated 21 July 2022 has since been received acknowledging the reconfiguration.

Total beds occupied across all premises included in the audit on the first day of the audit: 50

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

Key to the indicators

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

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

General overview of the audit

Summerset at Avonhead provides hospital (geriatric and medical), rest home and dementia care for up to 144 residents. There were 50 residents on the days of audit.

The service recently opened the new purpose build facility in September 2021.

The service has 65 beds across the care centre (22-bed dementia unit, and 43 dual-purpose beds). There are also 79 serviced apartments suitable for rest home level care.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

A partial provisional audit was also undertaken to assess the facility for preparedness to provide hospital (medical and geriatric) level care in 10 serviced apartments already certified to provide rest home level of care.

The village manager (non-clinical) is appropriately qualified and experienced and is supported by a care centre manager (RN). The management team are supported by a clinical nurse lead, a memory care lead, a regional quality manager and a regional operations manager. There are quality systems and processes being implemented. Feedback from residents and families was

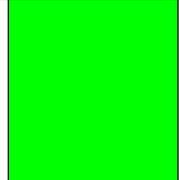
positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care

The audit identified the serviced apartments, staff roster, equipment requirements, established systems and processes are appropriate for providing hospital (medical and geriatric) in the serviced apartments. Summerset is an experienced aged care provider and there are clear procedures and responsibilities for the safe management of residents in the serviced apartments.

The certification audit identified that there are no corrective actions required.

The partial provisional audit identified improvements required by the service prior to occupancy of the serviced apartments. Improvements are related to the availability and accessibility of flowing hand soap; hand towels and hand gel and staff assist call points within the serviced apartments.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Services are planned, coordinated, and are appropriate to the needs of the residents. The care centre manager (RN) oversees the clinical operations of the service. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Summerset at Avonhead is implementing the quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. Summerset at Avonhead collates clinical indicator data and benchmarking occurs. There are human resources policies including recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and

support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. Care plans viewed demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled nurses and medication competent caregivers are responsible for administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The recreational team provides and implements a wide variety of activities which include cultural celebrations. Activities in the secure dementia unit is meaningful and appropriate. The programme includes community visitors and outings subject to Covid restrictions, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

All food and baking is prepared and cooked on site in the main kitchen. Residents' food preferences and dietary requirements are identified at admission. The menu is designed by a dietitian at an organisational level. Individual and special dietary needs are accommodated. Residents interviewed responded favourably to the food that is provided. There are additional snacks available 24/7. A current food control plan has been registered.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained
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The building has a current code of compliance certificate, which expires in July 2022. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Resident rooms are spacious and personalised, all have full ensuites and sliding doors providing access to a decked area. The dementia unit is secure with a secure enclosed outdoor area.

Emergency systems are in place in the event of a fire or external disaster. There is always a staff member on duty with a current first aid certificate. Management have planned and implemented strategies for emergency management. Fire drills occur six-monthly.

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

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

Subsections applicable to this service fully attained.

The infection prevention and antimicrobial stewardship programmes are appropriate to the size and complexity of the service and include policies and procedures to guide staff. A registered nurse is the infection control nurse. Infection data is collated, analysed, and trended. Antimicrobial prescribing is monitored. Internal and external benchmarking occurs, and monthly surveillance data is reported to staff. There have been no outbreaks since opening the new facility. There are organisational Covid-19 prevention strategies in place.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. On the day of the on-site audit, there were no residents using restraint. Restraint is only used as a last resort when all other options have been explored. Summerset on Avonhead do not approve emergency restraint practices.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	0	0	0	0
Criteria	0	167	0	0	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)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan is documented for the service. This policy acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The service currently has no residents who identify as Māori. Summerset on Avonhead is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and evidence will be documented in the resident care plan.</p> <p>The village manager stated that they support increasing Māori capacity within the workforce and will be employing more Māori staff members when they do apply for employment opportunities at Summerset at Avonhead. At the time of the audit there were no Māori staff members. Summerset at Avonhead evidence commitment to improve labour market outcomes for Māori in their business plan. Summerset is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. Currently there is an established relationship with Hourua Pae Rau (Deloitte’s Māori sector team).</p>

		<p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Ten care staff interviewed (six caregivers, three registered nurses (RNs), one recreational therapist) described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific Health Policy and Procedure. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality health care.</p> <p>On admission all residents state their ethnicity. There are no residents that identify as Pasifika. Resident's whānau will be encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The care centre manager (CCM) confirmed during interview Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>Summerset at Avonhead plan to partner with Pasifika organisations, collaborate with their Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. Code of Rights are accessible in Tongan and Samoan when required.</p> <p>The service is actively recruiting new staff. There are currently staff members that identify as Pasifika. The village manager described how Summerset at Avonhead increases the capacity and capability of the Pacific workforce.</p> <p>Interviews with sixteen staff (ten care staff, one care centre assistant [CCA], one office manager [OM] one laundry assistant, three housekeepers), seven managers (head of clinical services [governance], village manager [VM], property manager, regional quality manager [RQM], care centre manager [CCM], chef manager and national programme lead diversional therapy specialist), four residents (one rest home, three hospital), six family/whānau (three dementia and three hospital), and documentation reviewed identified</p>

		that the service provides person-centred care.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The care centre assistant (CCA) supported by the care centre manager discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the quarterly resident/family meetings. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support and links with Huia Ma is documented in the policy. The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place. Church services are held virtually weekly.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p>	FA	<p>Caregivers and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p>

<p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>Residents have control and choice over activities they participate in.</p> <p>The Summerset at Avonhead annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. Annual satisfaction surveys have not yet been completed and are due in August 2022, however post-admission surveys confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place with training part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were two married couples in the facility on the day of the audit (could not be interviewed). The care plans had documented interventions for staff to follow to support and respect their time together. There are two double rooms in the dementia unit which is only used for couples. One of these was occupied by a married couple on the day of the audit.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relative interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.</p> <p>Te reo Māori is celebrated and staff are encouraged and supported with correct pronunciation. A tikanga Māori flip chart is available for staff to use and te reo resources are available on the education</p>
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		<p>platform and company intranet.</p> <p>Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori and cultural competency.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect prevention and support policy is being implemented. Summerset at Avonhead policies prevent any form of acknowledgement of institutional racism, discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct document. This management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy, cultural training, available resources, and the Code of Conduct.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori.</p>
<p>Subsection 1.6: Effective communication occurs</p>	FA	<p>Information is provided to residents/family/whānau on admission. Monthly resident meetings identify feedback from residents and</p>

<p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>consequent follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Fifteen accident/incident forms reviewed identified family/whānau are kept informed, this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there was no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and DHB specialist services (e.g. physiotherapist, district nurse, speech language therapist, older persons mental health clinical nurse specialist, geriatrician, pharmacist, and dietitian). The delivery of care includes a multidisciplinary team and residents/family/whānau provide consent and are communicated with in regard to services involved. The care centre manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirmed they know what is happening within the facility and felt informed regarding events/changes related to covid-19 through emails and regular newsletters and resident meetings.</p> <p>Staff have completed annual education related to communication with</p>
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		residents with speech impediments and cognitive disabilities.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families on admission. Eight electronic resident files were reviewed (two rest home including one in the serviced apartments and one on respite care, three hospital residents including one on end-of-life contract and three in the dementia unit). Written general consents sighted for photographs, release of medical information and medical cares were included in the admission agreement and signed as part of the admission process. Specific consent had been signed by resident/relatives for procedures such as influenza and covid vaccines. Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney (EPOA) evidence is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision. The EPOA had been activated in the three dementia care files reviewed.</p> <p>A shared goals of care and resuscitation policy and related form is in place. Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision the NP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the caregivers and registered nurses confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around code of rights, informed consent and EPOAs in August and November 2021.</p>

		<p>The service follows relevant best practice tikanga guidelines by incorporating considering the residents cultural identity when planning care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The care centre manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy and electronically on V-Care. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>The complaints logged were classified into themes with a risk severity rating and available in the complaint register. There were three complaints logged from 2021 – 2022 year to date with low-risk ratings. There were no complaints from external agencies.</p> <p>Complaints logged include an investigation, root cause analysis, follow-up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly, chaired by a recreational therapist (RT) where concerns can be raised. Family/whānau confirmed during interview the CCM and village manager (VM) are available to listen to concerns and act promptly on issues raised. Residents/family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters' contact details are available. The CCM acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Summerset at Avonhead is a new retirement village complex that opened on 6 September 2021. The care centre is a three-level facility. The service has 65 beds across the care centre (22-bed dementia unit, and 43 dual-purpose beds). There are also 79 serviced apartments suitable for rest home level care.</p> <p>At the time of the audit there were 48 beds occupied in the care centre. On the day of audit, there were 12 residents at rest home level, one on respite care and two residents in the serviced apartments. There were 18 residents at hospital level of care including two on a support care contract (end of life). There were 18 residents at dementia level of care in the secure dementia unit. There were two residents at rest home level of care in the serviced apartments. Residents not under a specific contract identified, are under the age-related residential care (ARRC) contract.</p> <p>Summerset group has a well-established organisational structure. The Governance body for Summerset is the Operational and Clinical Steering Committee that is run bi-monthly and chaired by the General Manager of Operations and Customer Experience. Members of the committee include the Chief Executive for Summerset, Group Operations Managers, Head of Clinical Services, Operations Finance business partner, Customer Experience Manager and Operations and Business Improvement Managers. Each of the Summerset facilities throughout New Zealand is supported by this structure.</p> <p>The director for Summerset is a member of the governing committee and is the Chief Executive Officer (CEO). The CEO works with the chair of the committee and the members to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks and a focus on continuous quality improvement.</p> <p>Terms of reference operate for this committee and is documented in the Charter. Orientation and training is not specifically provided for the role on the committee as all members on the committee hold senior roles in Summerset. All members have the required skills to support</p>
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		<p>effective governance over operational, clinical services, quality of resident care and fiscal responsibility. If individuals require support to develop their skills, there is financial support to attend courses or training as required and the People and Culture team can provide internal support.</p> <p>The Governance body for Summerset have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha.</p> <p>Summerset group have a quality assurance and risk management programme and an operational business plan. The 2021-2022 business plan is specific to Summerset at Avonhead and describes specific and measurable goals that are regularly reviewed and updated. Site specific goals relate to clinical effectiveness, risk management and financial compliance.</p> <p>The overarching strategic plan has clear business goals to support their philosophy of ‘to create a great place to work where our people can thrive.’ The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Summerset at Avonhead is holistic in nature, inclusive of cultural identity, spirituality and respects the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha.</p> <p>The bi-monthly report to the Operations and Clinical Steering group includes a range of information on high level complaints, progress with corrective actions and national systems improvements that are identified as a result of the complaint findings – as an example this would include policy reviews and implementation to drive change on a national level.</p> <p>The quality programme includes regular (weekly and monthly) site specific clinical quality and compliance and risk reports that is</p>
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		<p>completed by the CCM and VM and available to the senior team. These outcomes and corrective actions are discussed at several meetings. High risk areas are automatically escalated to senior team members at national level. Measures are then reviewed and adapted until a positive outcome is achieved or the goal is achieved.</p> <p>The service has a village manager (non-clinical) who has been in the role for three months. The village manager (VM) has a background in people and culture. A care centre manager (RN) has many years' experience in managing an aged care facility and has been in the role since June 2021. The management team are supported by a clinical nurse lead and a memory care lead (both RNs), regional quality manager and a regional operations manager.</p> <p>The CCM and VM have maintained the required eight hours of professional development activities related to managing an aged care facility. The CCM completed a professional development recognition programme and both managers completed Mauri Ora cultural competency.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Summerset at Avonhead is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>Monthly quality meetings and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), cultural compliance, staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staff room and nurses' station. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Staff have completed a cultural competency and training to ensure a</p>

		<p>high-quality service and culturally safe service is provided for Māori. Māori health is a standing agenda item at the quality meeting.</p> <p>The resident and resident/family satisfaction surveys are due to be completed in August 2022.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. The Summerset group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated with further updates required in order to meet the Ngā Paerewa 2021 standards, and review of policies provide a critical analysis of practice to improve health equity. New policies or changes to a policy are communicated and discussed with staff.</p> <p>A health and safety system is in place. A health and safety team meets monthly. The property manager and CCM are the health and safety representatives with support from each member of a department. Hazard identification forms and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. Staff incident, hazards and risk information is collated at facility level, reported to national level and a consolidated report and analysis of all facilities are then provided to the Governance body.</p> <p>There are regular manual handling training sessions for staff. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for three hours per week and when required. Strategies implemented to reduce the</p>
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		<p>frequency of falls include intentional rounding/checks and the regular toileting of residents who require assistance. Mobility is assessed and evaluated by the physiotherapist at admission and part of post fall assessment. A kaitiaki also assists the physiotherapist with individual physical activity programmes. Registered nurses collaborate with caregivers to evaluate interventions for individual residents. Hip protectors are available for at-risk residents who consent to wearing them. Residents are encouraged to attend daily exercises.</p> <p>Electronic reports are completed for each incident/accident. They have a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in fifteen accident/incident forms reviewed (witnessed and unwitnessed falls, challenging behaviours, absconding of a resident, skin tears). Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against other Summerset facilities and aged care provider groups. The system escalates alerts to senior team members depending on the risk level.</p> <p>Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow-up by a registered nurse. Neurological observations were consistently recorded as per policy. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the care centre manager in consultation with the management team, allied staff, RNs, and caregivers.</p> <p>Discussions with the VM, CCM and RQM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification completed to notify HealthCERT in 2021 and 2022 year to date for a pressure injury (June 2022). There have been no outbreaks since opening (September 2021).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen</p>	<p>FA</p>	<p>There is an acuity and clinical staffing ratios policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. The VM interviewed confirmed staff needs and weekly</p>

<p>to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>hours are included in the weekly report to the national senior team. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>All registered nurses and all caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. No agency staff have been utilised since opening, sick leave/annual leave are filled by a casual pool or staff working overtime. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirmed their care requirements are attended to in a timely manner.</p> <p>The village manager and care centre manager work Monday to Friday. On call roster is shared between the care centre manager, clinical nurse leads and RNs. The village manager and property manager are also available for non-clinical matters.</p> <p>Care centre (43 dual purpose wings - 30 beds occupied wing 12 Rest home and 18 hospital level)</p> <p>Clinical nurse lead (CNL) Tuesday to Saturday (will also oversee the dementia unit on a Saturday) 7.30 am-4 pm</p> <p>AM one RN 6.45 am-3.15 pm supported by five caregivers (four from 7 am-3 pm and one from 7 am-1 pm).</p> <p>PM one RN 2.45 pm-11.15 pm supported by five caregivers (four from 3 pm-11 pm and one from 3 pm-9 pm).</p> <p>Night one RN 10.45 pm-7.15 am supported by two caregivers 11 pm-7 am.</p> <p>Recreational therapist from Sunday to Friday 9 am-5 pm.</p> <p>Special care unit (dementia unit) (22 beds – 18 occupied)</p> <p>Memory Care CNL Sunday to Thursday 9.45 am-6.15 pm and supported by a RN Tuesday, Wednesday, and Fridays 6.45 am-3.15</p>
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		<p>pm.</p> <p>AM three caregivers (two from 7 am-3 pm and one from 7 am-2 pm).</p> <p>PM three caregivers (two from 3 pm-11 pm and one from 2 pm-9 pm).</p> <p>NIGHT two caregivers 11 pm-7 am.</p> <p>Recreational therapist 9 am-5 pm seven days a week.</p> <p>One housekeeper seven days a week 8am-4.30pm</p> <p>Serviced apartments (two residents at rest home level)</p> <p>Serviced apartment coordinator works 7-3 pm Monday to Friday.</p> <p>One caregiver on pm and one on nights oversees the serviced apartments.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Staff last attended cultural awareness training at their orientation in August 2021. External training opportunities for care staff include training through the DHB, and hospice.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-six caregivers are employed. Summerset at Avonhead supports all employees to transition through the NZQA Careerforce certificate for health and wellbeing. All caregivers except two achieved a level three</p>
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		<p>NZQA qualification or higher. There are 10 caregivers working in the dementia unit and all have completed the relevant dementia unit standards required. There is a national learning and development team that supports staff with online training resources.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Registered nurses (e.g. restraint, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, bladder irrigation, male catheterisation, wound management, nebuliser). Additional RN specific competencies include subcutaneous fluids, syringe driver, female catheterisation, and interRAI assessment competency. Six of six RNs are interRAI trained. All RNs are encouraged to attend in-service training and completed critical thinking, infection prevention and control including covid-19 preparedness, identifying, and assessing the unwell resident, dementia, delirium, and depression. All RNs attend relevant quality, staff, RN, health, and safety and infection control meetings when possible. All RNs are encouraged to complete the organisations professional development and recognition portfolio.</p> <p>All caregivers are required to complete annual competencies for restraint, and moving and handling, and cultural competencies. A selection of caregivers completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic human resources system.</p> <p>A management of agency staff policy is documented for the organisation. If agency staff are used the orientation includes health and safety and emergency procedures (clinical and non-clinical).</p> <p>The service encourages all their staff to attend monthly meetings (e.g., staff meetings, quality meetings). Resident/family meetings are held monthly and provide opportunities to discuss issues of concern or share information on the day-to-day happenings within the facility.</p> <p>A health and safety team is in place with health and safety meetings</p>
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		<p>taking place monthly. Health and safety is a regular agenda item in staff and quality meetings. Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training and hazard reporting. Environmental internal audits are completed. Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted and visible in staff locations.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held secure. Nine staff files reviewed (four caregivers, three RNs including the care centre manager, one recreational therapist and one laundry assistant) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g. RNs, GPs, pharmacy, physiotherapy, podiatry, speech and language therapist and dietitian). There is an appraisal policy. All staff had a 12 week and six-month appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrated that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Volunteers are utilised when the Covid-19 protection framework permits. An orientation programme and policy for volunteers is in</p>

		<p>place.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>There is a clinical records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed up using cloud-based technology and password protected. There is a documented Summerset business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents past paper-based documents are securely stored and uploaded to the system.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality</p>	FA	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The prospective residents are screened by the CCM.</p> <p>In cases where entry would be declined, the CCM advised there would be close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The management</p>

<p>care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>team described reasons for declining entry would only occur if the service could not provide the required service the resident required, after considering staffing, equipment requirements, and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The CCM completes a weekly report on current occupancy and sends to the village manager identifying how many prospective residents and families have viewed the facility and have requested a hold on the room. The report would include information on declined admissions if any. The village manager reports to the group operations manager. This report includes resident ethnicity information.</p> <p>As the facility opened in September 2021, there are currently beds available and no waiting list. The service receives referrals from the NASC service, the DHB, Hospice and directly from residents or whānau.</p> <p>The service has an information pack (compendium) relating to the services (including dementia care) provided at Summerset at Avonhead which is available for families/whānau and residents prior to admission or on entry to the service and kept in the resident's room. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. Summerset has a person-centred approach to services provided. Interviews with residents and family all confirmed they received comprehensive information at entry and communication was good. The service includes information about other support services, such as community support groups, when communicating with the person and their whānau.</p> <p>The service identifies and implements supports to benefit Māori and whānau. Summerset at Avonhead has processes in place to support the admission process for Māori residents. The service has information available for Māori, in English and in te reo Māori. The</p>
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		<p>service continues to develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The care planning policy and procedure guides staff around admission processes, required documentation including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review. Short term care plan policy and procedure is included in this policy.</p> <p>There are a suite of policies around clinical aspects of care including (but not limited to); continence, challenging behaviour, pain, personal hygiene, intimacy and sexuality, skin wounds, fall prevention, continence promotion, end of life, spirituality and grief, and cultural safety.</p> <p>Eight electronic resident files were reviewed: three hospital (including one resident on an end-of-life contract), two rest home level (including one resident on respite care and one in the serviced apartments) and three from the special care unit (dementia). A registered nurse had undertaken an initial assessment, risk assessments and developed an initial care plan for all residents on admission. The resident on respite care had appropriate risk assessments and initial care plan completed.</p> <p>A registered nurse completes an initial assessment and care plan on admission to the service which includes relevant risk assessment tools including (but not limited to); falls risk, detailed pain, pressure injury, skin, continence, and nutritional assessments. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes. The care plans on the electronic resident management system were resident focused and individualised. All long-term care plans reviewed identified all support needs, goals, and interventions to manage medical needs/risks. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others are included in the resident electronic file. The short-</p>

		<p>term care plans integrate current infections, wounds, or recent falls to reflect resident care needs. Short-term needs are added to the long-term care plan when appropriate and removed when resolved. Residents and whānau interviewed confirmed they were involved in care planning and decision making. The registered nurses interviewed described working in partnership with the resident and whānau to develop initial and long-term care plans.</p> <p>Staff described the four cornerstones of Māori health 'Te Whare Tapa Whā' and stated care plans include the physical, spiritual, family, and mental health of the residents. For end of life care they use Te Ara Whakapiri. Residents and whānau interviewed confirmed they were involved in care planning and decision making and residents have the opportunity to identify their own pae ora. The registered nurses interviewed described working in partnership with the resident and whānau to develop initial and long-term care plans. The service ensures residents with disabilities and their whānau are not restricted in accessing information, care, and support that they need.</p> <p>Residents have the choice to remain with their own GP, however there is a 'house' general practitioner (GP) who provides medical services to residents. The GP visits twice a week and completes three-monthly reviews, admissions and sees all residents of concern. The GP stated he is notified via text and email in a timely manner for any residents with health concerns. The GP is available after-hours 24/7. All GP notes are entered into the electronic system. The GP commented positively on the care the residents received. Allied health care professionals involved in the care of the resident included, (but were not limited to) physiotherapist, district nurse, speech language therapist, older persons mental health clinical nurse specialist, geriatrician, pharmacist, and dietitian.</p> <p>Residents interviewed reported their needs were being met. Relatives are invited to attend GP reviews, if they are unable to attend, they are updated of any changes. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or referral to nurse</p>
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		<p>specialist consultants occurs.</p> <p>There were twelve residents (six hospital, one rest home and five dementia) with a total of 24 wounds including skin tears, scratches, and skin lesions. One hospital level resident has a non-facility acquired unstageable pressure injury. Incident reports and section 31 notifications have been made to the Ministry of Health. The electronic wound care plan documents the wound management plan, assessments, and evaluations with supporting photographs. The GP and if required the district nurse wound specialist have input into chronic wound management. Registered nurses have completed wound assessment and management training in March 2022.</p> <p>Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Electronic monitoring charts included (but were not limited to) weights, observations including vital signs, weight, turning schedules, food and fluid balance recordings, catheter changes and intentional rounding. All monitoring charts were implemented according to the care plan interventions.</p> <p>Evaluations are completed and reviews record progress towards meeting goals.</p> <p>Caregivers interviewed advised that a verbal handover occurs at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic programme. Tablets are readily available for staff to update monitoring charts and document progress notes on the electronic system.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives</p>	<p>FA</p>	<p>Summerset at Avonhead employs one recreation therapist and one kaitiaki (enrolled in diversional therapy NZQA qualification courses). A second qualified diversional therapist has been employed and is commencing early July. The kaitiaki role is designed for small group engagement and one on one time with individual residents in the care</p>

<p>and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>centre. The kaitiaki also assists the physiotherapist with individual physical activity programmes. At present the recreational therapist spends the morning in the care centre and the afternoon in the memory care unit. The recreational therapist has a current first aid certificate, attends organisational education and is enrolled in a NZQA diversional therapy qualification. The national programme lead diversional therapy specialist (interviewed) based in Auckland provides support, training, education support and guidance.</p> <p>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 activities assessment. In the first week, the recreational therapist completes the sections 1 and 2 of the activities assessment, the cultural assessment and plan for the move in survey. This information and the cultural assessment 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. The monthly planners are specific to each area.</p> <p>The recreational therapist provides activities in the care centre from Tuesday to Saturday starting at 9 am with daily exercises and finishing at 5 pm. On days off and when the recreational therapist is on the memory care unit, the kaitiaki who works from 9.30 am to 5 pm assists with activities. 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); garden walks, chair exercises, board games, skittles, quizzes, happy hour, sing along, dancing, meeting groups, crafts including knitting, artwork, pool therapy, pet therapy, bowls, bingo, walks, and crosswords. Special events include armchair travel, cultural days, community outings, celebrations for Christmas, easter, and Matariki. A “What does Matariki mean to you” booklet has been produced by Summerset and made available to residents, whānau and staff. One-on-one contact time is allocated daily with residents who are unable to or choose not to participate in group activities. The organisation has high profile New Zealanders as ambassadors who provide interactive question and answer zoom sessions.</p>
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		<p>Resident meetings are held monthly. Activities staff advised that family would usually be invited to attend; however, under current Covid restrictions this has been restricted. Family and friend meetings with an advocate representative are planned quarterly and are due to commence when Covid restrictions are decreased. Residents interviewed felt comfortable providing feedback of the service. The chef manager attends when required to discuss food services.</p> <p>The residents and relatives interviewed stated they were happy with the variety of activities on offer.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in two medication rooms. The internal audit schedule includes medication management. The medication management internal audit 94% compliance in November 2021. Corrective actions were implemented.</p> <p>Registered nurses and medication competent caregivers administer medications, and all have completed medication competencies. The part time pharmacist employed by Summerset has visited the facility to provide education sessions around medications. Registered nurses have completed syringe driver training. All medication blister packs are checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent and safe storage of the medications. On the day of the audit, there were two hospital residents who self-administer inhalers. Both had competencies in place which had been signed and reviewed three-monthly by the GP. There are no standing orders or 'nurse initiated' medications used. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP. There are no agency staff administering medications. All medication errors are reported and collated with quality data.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are stored in plastic containers and</p>

		<p>returned to the pharmacy on a fortnightly basis.</p> <p>Sixteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three monthly. 'As required' medications had prescribed indications for use and were administered appropriately with outcomes documented in progress notes. Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described ways of working in partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food services are overseen by a chef manager who works Monday to Friday. All meals and baking are prepared and cooked on site by a qualified chef/cook. All food service staff that are involved in cooking have completed food safety training. The Food Control Plan was registered with MPI on 28 July 2021. The twelve weekly winter and separate vegetarian menu has been approved and reviewed by a registered dietitian in June 2022. The chef manager (interviewed) receives resident dietary profiles and notified of any dietary changes for residents. The residents have a dietary assessment completed on admission and a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes. All dietary assessments are reviewed at least three-monthly.</p> <p>The care centre kitchen is centrally located at the back of the café on the ground floor. Food is plated in the kitchen and delivered to the unit serveries in scan boxes. There is a service lift adjacent to the main kitchen. Staff serve meals from the scan boxes to residents in the dining rooms. Tray service is available for residents who choose to dine in their rooms. The serveries are a central part of the dining room complex and include fridge, microwave, and a dishwasher. The dining areas are spacious and open to an upstairs external seating area. The dining area in the dementia unit downstairs opens to an enclosed</p>

		<p>courtyard.</p> <p>The menu is displayed in each unit so residents can easily see what is on the menu for the day. All staff have an understanding of tapu and noa. Staff were observed adhering to tapu and noa consistent with a logical Māori view of hygiene and align with good health and safety practices.</p> <p>All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Freezer, fridge and end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. Food is probed for temperature, plated, and transferred to the scan box until served to the resident. The internal audit schedule includes food and dining service audit. The last internal audit evidenced 100% compliance in June 2022.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as needs required. Residents and relatives interviewed were complimentary of the food services. The chef manager is involved in the activities theme months particularly during cultural theme months and celebrations, and the menu is substituted to accommodate cultural meals in line with the theme, supporting residents to have culturally appropriate food, which can be requested. On interview the chef manager advised menus could be altered to support cultural beliefs, values, and protocols around food for Māori residents.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan. Families/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies</p>

<p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>when required.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current code of compliance certificate with an expiry date of 7 July 2022. The property manager interviewed confirmed all relevant supplementary documents for the new building warrant of fitness certificate had been completed. The property manager is also a registered electrician by trade (also a health and safety representative) works full time (Monday to Friday) and is supported by a team of three who are responsible for maintenance and gardening.</p> <p>Maintenance requests are logged through the electronic system and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell and pager checks, calibration of medical equipment and monthly testing of hot water temperatures. Other monthly maintenance checks include (but are not limited to) checks of building warrant of fitness compliance, vehicles, mobility equipment, swimming pool and spa filters and chemicals and gym equipment. This plan is developed and overseen by Summerset. Essential contractors such as plumbers and other electricians are available 24 hours as required. Medical equipment is new and testing and tagging of resident’s equipment was completed in May 2022. Checking and calibration of medical equipment, hoists and scales are planned for August 2022.</p> <p>Summerset at Avonhead is a new retirement village complex. The care centre is a three-level facility. The ground floor includes the service areas (laundry, kitchen, maintenance workshop, chemical and cleaning storage, and staffrooms), a secure dementia unit and serviced care apartments.</p> <p>Special care unit:</p> <p>The secure 22 bed dementia unit (special care) are all license to</p>

		<p>occupy (LTO) apartments with no standard rooms.</p> <p>The special care unit is designed around a secure large internal courtyard. There is a separate secure entrance area. Visitors have speaker access to staff and then the door will be released to enter the entrance foyer. All exits in and out require swipe card access by staff.</p> <p>All corridors have rest points along the hallways that promote safe mobility. Corridors are wide and residents were observed moving freely around the areas with mobility aids where required.</p> <p>There is a separate dining room and kitchenette on one side of the special care unit. On the other side of the special care unit there is a spacious activity room and lounge. There is also a separate family room/sensory room off the activities lounge. The nurses' station is off the main lounge area and staff were observed to monitor the dining room and lounge.</p> <p>There are two double rooms of which one was occupied by a married couple. The two double rooms are large enough for two beds and mobility equipment.</p> <p>Rooms are spacious with an ensuite and lounge. There is flowing soap in the ensuites. There are picture signs for residents in the special care unit to assist with locating the toilet. There are large, coloured wall boxes outside each resident room that can be personally decorated.</p> <p>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 toilet lids provide easier visibility and identification of furniture. The courtyard is accessible for the residents in the special care unit from both lounges on each side. There are external paths that lead from the dining area and also from the lounge with large sliding doors and wheelchair accessible. The outdoor courtyard is well designed/landscaped for wandering and includes raised planters and seating and umbrellas for shade.</p>
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		<p>to provide rest home level of care. There is a well-appointed central nurses' station on the first floor. All corridors have rest points along the hallways that promote safe mobility. Corridors are wide and residents were observed moving freely around the areas with mobility aids where required.</p> <p>Individual serviced apartments all have a separate lounge and bedroom. Residents assessed at rest home level confirmed their needs are attended to in a timely manner.</p> <p>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>All bedrooms and communal areas have sufficient natural light and ventilation. There are heat pumps and underfloor heating throughout the facility. Heat pumps in the rooms can be individually controlled.</p> <p>There is also a lounge/dining area for serviced apartment rest home residents on level one.</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.</p> <p>There are no plans for building projects, or further refurbishments, however if this arises, the organisation will include local Māori providers to ensure aspirations and Māori identity are included. The facility received a Māori blessing prior to opening.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New</p>

<p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>Zealand Fire Service 19 July 2021. A recent fire evacuation drill has been completed on 25 May 2022 and this is repeated every six months. The facility uses a contracted evacuation specialist to conduct these fire drills. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage there is a generator that automatically switches on. There are adequate supplies in the event of a civil defence emergency including water stores in three ceiling circulating tanks to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors and on attenuating panels in hallways and pagers to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. There are staff assist panels in the toilets/ensuites and residents' room. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>All external doors are digitally controlled. The building is secure after hours, and staff complete security checks at night. The main door and main gate close at 8 pm. Visitors use an intercom system and staff can remotely open the front doors and gate.</p> <p>There is a CCTV system with cameras at the main entrance, main gate, and access doors.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials</p>	<p>FA</p>	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Summerset at Avonhead business plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control</p>

<p>appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>programme.</p> <p>Summerset has as part of their senior management team, personnel with expertise in IPC and AMS. Expertise can also be accessed from the regional quality manager, Public Health, and the district health board.</p> <p>There is a documented pathway for reporting IPC and AMS issues to the Operational and Clinical Steering Committee. Monthly collation of data is completed by the infection control nurse (ICN), trends are analysed and discussed at monthly infection control meetings. Internal and external benchmarking occurs.</p> <p>There are policies and procedures in place to manage significant IPC events. Any significant events are managed using a collaborative approach and involve the infection control nurse (ICN), the national clinical team, the GP, and the public health team.</p> <p>External resources and support are available through external specialists, microbiologist, GP, wound nurse and the DHB when required. Overall effectiveness of the programme is monitored by the facility management team in collaboration with the national clinical team.</p> <p>A registered nurse is the infection control nurse (ICN) and has completed training for the role. A documented and signed role description for the ICN is in place. The ICN reports to the CCM.</p> <p>There are adequate resources to implement the infection control programme at Summerset at Avonhead. The ICN who is responsible for implementing the infection control programme, liaises with the infection control committee who meet monthly and as required.</p> <p>Infection control reports are discussed at facility meetings. The ICN has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p>
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<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control programme is reviewed annually and is linked to the quality and business plan.</p> <p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for hand hygiene, aseptic technique, transmission-based precautions, prevention of sharps injuries, prevention and management of communicable infectious diseases, management of current and emerging multidrug-resistant organisms (MDRO), outbreak management, health care acquired infection (HAI) and the built environment.</p> <p>Infection prevention and control resources including personal protective equipment (PPE) are available should a resident infection or outbreak occur. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Summerset has a pandemic response plan in place which is reviewed and tested at regular intervals.</p> <p>The ICN and infection control committee have input when IPC policies and procedures are reviewed.</p> <p>The ICN is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last six months. The ICN has access to an online training system with resources, guidelines, and best practice. The ICN has completed infection control audits.</p> <p>At site level the CCM and ICN have responsibility for purchasing thermometers, face masks and face shields. All other</p>
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		<p>equipment/resources are purchased at national level.</p> <p>There is infection control input into new buildings or significant changes occurs at national level and involves the regional quality managers. There is a policy in place for decontamination of reusable medical devices and the procedure around single use items. Educational resources in te reo Māori can be accessed online if needed. All residents are included and participate in IPC and staff are trained in cultural safety. There have been no outbreaks since opening of the facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There are approved policies and guidelines for antimicrobial prescribing. Prescribing of antimicrobial use is monitored, recorded, and analysed at site level. Further discussion takes place at senior management level and is reported to the Operational and Clinical Steering Committee.</p> <p>Trends are identified both at site level and national level with a support of a medication optimisation group that includes the GP and Summerset pharmacist. Feedback and further input occurs from national senior management level.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the IPC policy in use at the facility. The ICN uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service. The surveillance programme is appropriate to the size and setting of the service. The service benchmarks surveillance data. The electronic analysis tool includes the number and types of events in a defined time period, including ethnicity data.</p> <p>Monthly infection data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with</p>

		<p>outcomes and actions are discussed at the infection control meetings, quality, and staff meetings. Meeting minutes are available to staff.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors at the entry of the facility and in the hallways. Ministry of Health information and Covid-19 information is available to all visitors to the facility.</p> <p>Visitors to the facility complete health screening declarations and record keeping of all incoming and outgoing visits.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	FA	<p>The facility implements Summerset waste and hazardous management policies that conform to legislative and local council requirements. Policies include but are not limited to considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms (in dual purpose care centre service apartments and special care unit. Staff receive training and education in waste management and infection control as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas.</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.</p> <p>There are documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are conducted as per the quality assurance programme.</p> <p>The laundry is in the service area 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. Covered linen trolleys are used to transport linen. There are dedicated laundry assistants. Laundry chemicals are within a closed system to the washing machine. There are personal laundries in the serviced apartments on each floor. Residents' clothing is labelled and personally delivered from the laundry to their rooms. Residents and families confirmed satisfaction with laundry services in interviews.</p> <p>The service has a secure area for the storage of cleaning and laundry chemicals and a cleaning room on each level. Laundry chemicals are within a closed system to the washing machine. Material safety datasheets are provided by the contracted company and displayed in the cleaning cupboards, laundry, and sluices in each area. The laundry and cleaning areas have hand washing facilities.</p> <p>Cleaning services are provided seven days a week. There are staff dedicated to performing cleaning duties. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. Cleaners are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles in storage and in use were noted to be appropriately labelled.</p> <p>There is policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and</p>
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		<p>maintenance activities. It details consultation by the infection control team. There were no construction, installation, or maintenance in progress at the time of the audit.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a registered nurse. At the time of the audit, the facility was restraint free. The use of restraint (if any) would be reported in the quality/staff meetings. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment. Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme.</p> <p>Summerset at Avonhead do not approve emergency restraint practices.</p>

Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

These corrective actions relate to the Partial Provisional audit only and do not have any bearing on the outcome of the Certification audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.4</p> <p>There shall be adequate numbers of toilet, showers, and bathing facilities that are accessible, conveniently located, and in close proximity to each service area to meet the needs of people receiving services. This excludes any toilets, showers, or bathing facilities designated for service providers or visitors using the facility.</p>	PA Low	<p>All serviced apartments have ensuites with appropriate flooring that is easy to clean. There is adequate space within the ensuite to accommodate mobility equipment and a hoist if needed. The doors are wide for safe mobility and transfer. There are glove dispensers within the ensuite. The flowing hand soap and hand towel dispensers are yet to be installed. There are an inadequate number of hand gel dispensers accessible to staff along the corridor or within the serviced apartments.</p>	<p>(i) There are no hand soap dispensers and towel dispensers within the ensuite of the apartments or accessible to staff.</p> <p>(ii) There are no hand sanitiser dispensers available and accessible to staff either in the corridors or the serviced apartments identified to be reconfigured.</p>	<p>(i) Ensure flowing soap dispensers and hand towel dispensers are installed within the ensuite and accessible to staff.</p> <p>(ii) Ensure adequate hand gel dispensers are accessible for use.</p> <p>Prior to occupancy</p>

				days
<p>Criterion 4.2.5</p> <p>An appropriate call system shall be available to summon assistance when required.</p>	PA Low	<p>There is a separate call bell panel in the dual-purpose rooms in the care facility that can be pressed when staff needs assistance. Staff assist' button. The call bell panels in the serviced apartments are functional however there is no 'staff assist' call point or distinguished sound in the apartments.</p>	<p>There is no staff assist call point in the serviced apartments to be verified for dual purpose.</p>	<p>Ensure the call bell system is appropriate for staff to call for assistance.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.