

Summerset Care Limited - Summerset Monterey Park

Introduction

This report records the results of a 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:

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| Legal entity: | Summerset Care Limited |
| Premises audited: | Summerset Monterey Park |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| Dates of audit: | Start date: 1 December 2022 End date: 2 December 2022 |
| Proposed changes to current services (if any): | None |
| Total beds occupied across all premises included in the audit on the first day of the audit: | 56 |

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 |
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|  | 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 |
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| | 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 |
| | 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 Monterey Park provides hospital (geriatric and medical), and rest home levels of care for up to 104 residents. There were 56 residents on the days of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora – Health New Zealand Waitematā. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a nurse practitioner.

The village manager, who is a registered nurse (RN) is appropriately qualified and experienced and is supported by a care centre manager (RN). The management team are supported by clinical nurse leaders, a regional quality manager and a regional operations manager. There are quality systems and processes being implemented. Feedback from residents and family/whānau 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.

This certification audit identified that the service is meeting the Standard. Two continued improvement ratings have been awarded around quality initiatives.

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.

Services are planned, coordinated, and are appropriate to the needs of the residents. The care centre manager 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 Monterey Park is implementing the quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. The service 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 family/whānau 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.

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. A health and safety system is in place. Hazards are identified and well managed. Incidents and accident are reported appropriately.

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

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| 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 nurse practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Medication competent staff 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.

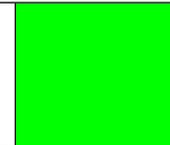
The recreational team provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors, outings, entertainment, and activities that meet the individual recreational, physical, cultural needs and resident preferences. Residents are supported to maintain links within the community.

All food and baking are 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. A current food control plan is in place.

All referrals and transfers are coordinated with residents and family/whānau.

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.



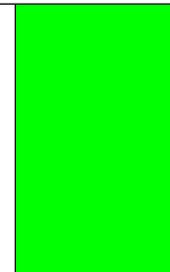
Subsections applicable to this service fully attained.

The building has a current building warrant of fitness. 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.

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 four outbreaks since the previous audit which were well managed. There are policies and procedures around waste management, laundry, and housekeeping. There are dedicated laundry and housekeeping staff. Laundry and cleaning are monitored through the internal audit schedule.

Here taratahi | Restraint and seclusion

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| 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. |
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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. Training is provided around restraint minimisation.

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) |
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| Subsection | 0 | 27 | 0 | 0 | 0 | 0 | 0 |
| Criteria | 2 | 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) |
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| 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 |
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| <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 at Monterey Park is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau should they enter the service 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 applicants when they do apply for employment opportunities at Summerset at Monterey Park, as evidenced in the business plan. At the time of the audit, there were Māori staff members. Summerset as an organisation 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</p> |

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| | | resident's care planning, their activities, and their dietary needs. |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | FA | <p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific 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 are 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) interviewed confirmed Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>Summerset at Monterey Park plan to partner with Pasifika organisations, and 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>There are currently staff members that identify as Pasifika.</p> <p>Interviews with eleven staff (four caregivers, three registered nurses (RNs), one enrolled nurse, one property manager, one food services manager, and one housekeeper), five managers (village manager [VM], regional quality manager [RQM], care centre manager [CCM], and two clinical leaders), four family (three rest home, one hospital), thirteen residents (seven rest home and six hospital), and documentation reviewed identified that the service provides person-centred care.</p> |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> | FA | <p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The village manager or 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</p> |

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| <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p> | | <p>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 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> <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>FA</p> | <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>The Summerset at Monterey Park 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 survey results confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place with training as part of the</p> |

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| | | <p>education schedule. Staff, and one married couple in the facility interviewed, confirmed that residents' rights to have space for intimate relationships are respected.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives 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 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> | <p>FA</p> | <p>An abuse and neglect prevention and support policy is being implemented. Summerset at Monterey Park 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. The 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</p> |

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| | | <p>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 family/whānau 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 resident wellbeing and to improve outcomes for Māori.</p> |
| <p>Subsection 1.6: Effective communication occurs</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>FA</p> | <p>Information is provided to residents/family/whānau on admission. Informal monthly and formal quarterly resident meetings identify feedback from residents and 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. Twelve accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed in 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 were 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/whānau 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</p> |

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| | | <p>the resident such as the hospice and Te Whatu Ora– Health New Zealand Waitematā specialist services. 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 residents with speech impediments and cognitive disabilities.</p> |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | <p>FA</p> | <p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Eight electronic resident files were reviewed. 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 family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision.</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,</p> |

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| | | <p>the nurse practitioner (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 cares and accessing residents' rooms. Training has been provided to staff around Code of Rights, informed consent and EPOAs in 2021 and will be held again as the HDC advocate becomes available.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating considering the resident's 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 village manager maintains a record of all complaints, both verbal and written on an electronic complaints' register. 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 have been no complaints (internal or external) logged since the previous audit in April 2021 to date. The complaints process includes an investigation, root cause analysis, follow up, and timescales for replies to the complainant. Staff would be informed of any complaints (and any subsequent corrective actions) in the quality and staff meetings.</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. Informal resident meetings are held monthly, chaired by a diversional therapist (DT), and formally every three months. These meetings are attended by the village and care centre manager (CCM) where concerns can be raised. Residents and family/whānau</p> |

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| | | <p>confirmed during interview the CCM and village manager 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.</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 highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>FA</p> | <p>Summerset at Monterey Park is part of the Summerset organisation and is certified to provide rest home and hospital level care for up to 104 residents. The service has 52 dual purpose beds in the care centre and 52 serviced apartments suitable for rest home level care. At the time of the audit there were 51 beds occupied in the care centre. On the day of audit, there were 21 residents at rest home level, including four on respite care and five residents in the serviced apartments. There were 30 residents at hospital level of care. Residents not on a contract were 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</p> |

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| | | <p>the Charter. Orientation and training are 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 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 Monterey Park 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 Monterey Park are holistic in nature, inclusive of cultural identity and 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. An example of 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</p> |
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| | | <p>specific clinical, quality and compliance and risk reports that are 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 (RN) who has been in the role for six months. The village manager (VM) has an extensive background in aged care management. The care centre manager (RN) has a number of years' experience in aged care and management and has been in the role for one year. The VM and CCM are supported by two clinical nurse leaders, 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 and have completed cultural competencies.</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 Monterey Park 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 noticeboard. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. 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>Staff have completed a cultural competency and training to ensure a</p> |

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| | <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>Satisfaction surveys are completed annually and evidence consistent high levels of both resident and family/whānau satisfaction with the service.</p> <p>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 in order to meet the Ngā Paerewa 2021 Standard, 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>There are procedures to guide staff in managing clinical and non-clinical emergencies. A health and safety system is in place and is a standing agenda item in the monthly quality meetings. The property manager is the health and safety representative with support from members of each 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.</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, as evidenced in twelve accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Each event involving a resident reflected a</p> |
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| | | <p>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 clinical nurse leaders in consultation with the care centre manager, allied staff, RNs, and caregivers. The service has identified a quality improvement around falls prevention.</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. There have been four outbreaks since the previous audit which were appropriately managed and notified to Public Health and Te Whatu Ora– Health New Zealand Waitematā.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>FA</p> | <p>There is an acuity and clinical staffing ratio policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. The VM interviewed confirmed staff needs and weekly 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 caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. 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>There is an annual education and training schedule being implemented, which includes cultural awareness training. External training opportunities for care staff include training through Te Whatu Ora– Health New Zealand Waitematā, 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</p> |

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| | | <p>address inequities.</p> <p>Thirty-nine caregivers are employed. Summerset at Monterey Park supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing. Fourteen caregivers have achieved a level three NZQA qualification or higher. 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 nurse competencies include (but are not limited to): restraint; medication administration; controlled drug administration; nebuliser; blood sugar levels and insulin administration; oxygen administration; bladder irrigation; male catheterisation; and wound management. Eleven of eleven RNs are interRAI trained. All RNs are encouraged to attend in-service training and have completed: critical thinking; infection prevention and control, including Covid-19 preparedness; identifying, and assessing the unwell resident; dementia; delirium; and depression. All RNs are encouraged to complete the organisation's professional development and recognition portfolio.</p> <p>All caregivers are required to complete annual competencies for restraint, 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 monthly staff meetings provide a forum to share quality health information; all staff are encouraged to attend.</p> <p>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> |
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| <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 securely. Eight staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking, completed orientation and annual appraisals.</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. There is an appraisal policy.</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 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</p> | <p>FA</p> | <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</p> |

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| <p>accurate, sufficient, secure, accessible, and confidential.</p> | | <p>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. The service is not responsible for National Health Index registration.</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 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>FA</p> | <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 clinical nurse leaders or the care centre manager (CCM).</p> <p>In cases where entry would be declined, the clinical nurse leader 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 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 the number of prospective residents and families that 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>The service receives referrals from the NASC service, Te Whatu Ora–Health New Zealand Waitematā, Hospice and directly from residents</p> |

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| | | <p>or family/whānau.</p> <p>The service has an information pack (compendium) relating to the services provided at Summerset at Monterey Park, 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 family/whānau.</p> <p>The service identifies and implements supports to benefit Māori and family/whānau. Summerset at Monterey Park has processes in place to support the admission process for future Māori residents. The service has information available for Māori, in English and in te reo Māori. The service continues to strengthen 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> | FA | <p>Eight electronic resident files were reviewed: five hospital and three rest home level (including one resident on respite care and one in the serviced apartments). 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 an 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. 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</p> |

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| | | <p>available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others, are included in the resident's electronic file. The short-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 family/whānau interviewed confirmed they participated in care planning and decision making.</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 family/whānau interviewed confirmed they participated 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 family/whānau to develop initial and long-term care plans. The service ensures residents with disabilities and their family/whānau are not restricted in accessing information, care, and support that they need.</p> <p>The nurse practitioner (NP) visits twice a week and completes three-monthly reviews, admissions and sees all residents of concern. The NP stated they are notified in a timely manner about any residents with health concerns. The NP or GP service is available after-hours 24/7. All NP notes are entered into the electronic system. The NP commented very 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 NP 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 NP visit or referral to nurse specialist consultants occurs.</p> <p>There were ten residents with a total of 12 wounds. One hospital level</p> |
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| | | <p>resident has a stage II pressure injury. This resident is on the palliative care trajectory pathway. Section 31 notifications have been made to the Ministry of Health. There are electronic wound care plans which documents the wound management plan, assessments, and evaluations with supporting photographs. The NP and if required the Te Whatu Ora– Health New Zealand Waitematā wound specialist nurse have input into chronic wound management. Registered nurses have completed wound assessment and management training.</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 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. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. 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> | FA | <p>Summerset at Monterey Park employs two diversional therapists (one part time and one full time), and a kaitiaki whose role is designed for small group engagement and one on one time with individual residents in the care centre. The kaitiaki also assists the physiotherapist with individual physical activity programmes. One of the diversional therapists at Summerset at Monterey Park identifies as Māori and has introduced Māori cultural traditions to the care home and in activities, including the use of Māori words and interactive celebration of Māori language week. The care home has a connection with the Rauawaawa Kaumātua Charitable Trust which is managed by a group of kaumātua. The diversional therapist (DT) has also given</p> |

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| | | <p>training to all staff on the Tangihanga process and how that can be incorporated into the care home.</p> <p>On admission each resident has a Life Story tool completed with family that include cultural needs of the resident. The information from the Life Story tool is used in the resident's cultural care plan and their individual activities plan. There is a monthly activities calendar.</p> <p>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): walks; exercises; board games; quizzes; happy hour; sing along; dancing; meeting groups; crafts; pet therapy; bowls; bingo; walks; and crosswords. Special events include 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, family/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> <p>Dance/movement therapists give group and one on one sessions with residents (viewed). Multi-denominational church services are available to residents. Regular van outings are provided for residents.</p> <p>The DTs attend monthly organisational zoom meetings and can access resources and ideas through memberships with international recreational organisations.</p> <p>Resident meetings are held monthly. Activities staff advised that family are invited to attend. Residents interviewed felt comfortable providing feedback to the service. The chef manager attends when required to discuss food services.</p> <p>The residents and relatives interviewed stated they were incredibly happy with the variety of activities on offer.</p> |
| Subsection 3.4: My medication | FA | Policies and procedures are in place for safe medicine management. |

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| <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>Medications are stored safely in the medication room.</p> <p>Registered nurses and caregivers administer medications, and all have completed medication competencies. There is a part-time pharmacist employed by Summerset that visits facilities to provide education sessions around medications. Registered nurses have completed syringe driver training. All medications 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 have safe storage of medications. On the day of the audit, there were three rest home level residents who self-administer their medication. All three residents had competencies in place which had been signed and reviewed three-monthly by the NP. 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 NP. There are no agency staff administering medications. All medication errors are reported and collated with quality data.</p> <p>Following analysis of benchmarking data, the care home identified there was higher than average number of regular and pro re nata (PRN) or 'as required' medicines against other Summerset care homes in Auckland. The care home initiative was to consult with the nurse practitioner and pharmacist to reduce polypharmacy. A formal multidisciplinary medication optimisation approach was applied. The care home worked with the GP/NP and the supply pharmacy. A brochure for family/whānau was developed outlining the medication optimisation process. Families reported that the information was clear and resident centric. Monthly medication optimisation meetings are now part of the quality programme.</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 and 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 NP had reviewed the medication charts three-monthly. 'As required' medications had prescribed</p> |
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| | | <p>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. When there are Māori residents in the facility, the registered nurses and management interviewed described ways of working with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and 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. The chef manager was unavailable at the time of the audit and the Summerset regional food lead was interviewed. All meals and baking are prepared and cooked on site by a qualified chef/cook. All food service staff that participate in cooking have completed food safety training. The Food Control Plan was registered with MPI and is current. The twelve-weekly winter and separate vegetarian menu has been approved and reviewed by a registered dietitian. The regional food lead stated the chef manager 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 and cultural 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 care home serveries in scan boxes. Scan boxes are taken by lift to the first floor where the care home is located. 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 area is spacious.</p> <p>The menu is displayed so residents can easily see what is on the menu for the day. All staff have cultural training in 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</p> |

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| | | <p>health and safety practices. The chef manager participates in the activities theme months particularly during cultural theme months and celebrations. The menu is substituted to accommodate cultural meals in line with the theme, supporting residents to have culturally appropriate food, which can also be requested. The regional food lead advised menus could be altered to support cultural beliefs, values, and protocols around food for Māori residents.</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, 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 and full compliance was achieved.</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.</p> |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | FA | <p>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. 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 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</p> | FA | <p>The building holds a building warrant of fitness with an expiry date of 28 May 2023. The property manager works full time (Monday to Friday) and is supported by a team of three who are responsible for</p> |

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| <p>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>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, 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, and mobility equipment. This plan is developed and overseen by Summerset. Essential contractors such as plumbers and other electricians are available 24 hours every day as required. Testing, tagging and calibration of equipment has been completed annually.</p> <p>Rooms are spacious. Forty-six rooms have ensuites and six rooms have shared bathrooms/showers. There is flowing soap in the ensuites and the shared bathrooms/ showers. There are sufficient numbers of communal toilets. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs and a hoist if appropriate. There are signs on all shower/toilet doors. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment.</p> <p>Caregivers interviewed reported that they have adequate space to provide care to residents. Residents are able to bring their own possessions into the home and are encouraged to personalise their bedrooms, as viewed on the day of audit.</p> <p>The care home is on the first floor and is serviced by lifts and stairs. The lifts are spacious enough to accommodate ambulance transfer equipment. There is a large spacious living area and kitchenette/dining area. There are smaller areas to sit around the care home. There is also a family room available.</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>The care home has ceiling heaters in residents' rooms and temperatures can be altered to suit. There are wall heaters in the corridors. Residents and relatives interviewed commented the facility</p> |
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| | | <p>is maintained at an ambient temperature.</p> <p>The Māori plan determines that the design of new buildings shall be in consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</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>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</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 case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is completed 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 ceiling circulating tanks, to provide residents and staff with at least 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 to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. 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 is</p> |

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| | | locked in the evening and visitors use an intercom system. There is a CCTV system in the care home. |
| <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 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> | FA | <p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Summerset at Monterey Park business plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors, by implementing an infection control programme.</p> <p>Summerset has as part of their senior management team, personnel with expertise in infection control and AMS. Expertise can also be accessed from the regional quality manager, Public Health, and Te Whatu Ora– Health New Zealand Waitematā. 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 is a documented pathway for reporting infection control and AMS issues to the Operational and Clinical Steering Committee. Monthly collation of data is completed by the infection control nurse, 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, the national clinical team, NP, and Public Health team.</p> <p>External resources and support are available through external specialists, microbiologist, NP, wound nurse, and Te Whatu Ora – Health New Zealand Waitematā 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 and has completed training for the role. A documented and signed role description for the infection control nurse is in place. The infection control nurse reports to the care centre manager.</p> <p>There are adequate resources to implement the infection control</p> |

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| | | <p>programme at Summerset at Monterey Park.</p> <p>Infection control reports are discussed at facility meetings. The infection control nurse 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> |
| <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. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | <p>FA</p> | <p>There 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. The infection prevention and control programme is reviewed annually. The infection control nurse has input when infection control policies and procedures are reviewed.</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 infection control nurse 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 infection control nurse has access to an online training system with resources, guidelines, and best practice. 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</p> |

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| | | <p>isolation.</p> <p>There are policies and procedures in place around reusable and single use equipment and items. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service has included the new criteria in their cleaning and environmental audits to safely assess and evidence that these procedures are carried out. All items of equipment for single use only are not reused.</p> <p>At site level the CCM and the infection control nurse have responsibility for purchasing thermometers, face masks and face shields. All other equipment/resources are purchased at national level.</p> <p>There is infection control personnel input into new buildings or when significant changes occur at national level, in conjunction with the regional quality managers. The service IPC policies acknowledge importance of te reo information around infection control for Māori residents and encouraging culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. Educational resources in te reo Māori were available and included te reo handwashing instructions on display.</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>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting and clinical focus group. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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> | FA | <p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The infection control nurse uses the information obtained through surveillance to determine infection control activities,</p> |

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| <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | | <p>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.</p> <p>Monthly infection data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. The service is incorporating ethnicity data into surveillance methods and data captured are easily extracted. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions are discussed at the infection control, quality, and staff meetings. Meeting minutes are available to staff. 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>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. There have been four outbreaks since the previous audit (Covid-19 in March, June, and October 2022 and one respiratory outbreak in August 2021). Outbreak reports and debrief meeting minutes were sighted. All had been reported to Public Health. Risk management systems were put in place for each event to minimise the exposure to other residents, staff and public.</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</p> | <p>FA</p> | <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 personal protective equipment (PPE); and disposal of general, infectious, and hazardous waste. Current material safety data information sheets are available and accessible to staff in relevant</p> |

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| <p>safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p> | | <p>places in the facility. Staff receive training and education in waste management and infection control as a component of the mandatory training.</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. There are documented systems for monitoring the effectiveness and compliance with the service's policies and procedures. Laundry and cleaning audits are conducted as per the quality assurance programme.</p> <p>The laundry has a defined clean and dirty workflow and is appropriately equipped. There are dedicated laundry assistants. Laundry chemicals are within a closed system to the washing machine. The laundry and cleaning areas have hand washing facilities. Residents and families confirmed satisfaction with laundry services in interviews.</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. Chemical bottles in storage and in use were noted to be appropriately labelled. Cleaners are aware of the requirement to keep their cleaning trolleys in line of sight or locked.</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 restraint coordinator 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-</p> |

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| | | free environment. Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme. |
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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.

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding |
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| <p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p> | CI | <p>The achievement of the rating that service provides an environment that encourages quality improvement is beyond the expected full attainment. The service has conducted a number of quality improvement projects where a review process has occurred, including analysis, and reporting of findings has occurred. There is evidence of action taken based on findings that has made improvements to service provision. The projects include reviewing if the improvements have had positive impacts on resident safety or resident satisfaction. Examples: Reduction in Falls and weight loss.</p> | <p>(i). The care home identified a significant increase in the number of falls between November 2021 (30 falls) and June 2022 (60 falls). They found an increased trend in falls rate from February 2022 till June 2022, where the falls rate was 25.79/1000 bed days. The care home initiated a comprehensive review of falls by the nursing team with the support of the CNL, the CCM and the falls prevention coordinator. More sensor mats were made available and decluttering the rooms of residents occurred with high falls risk. There was a medication review which included a polypharmacy review and review of prescribed Vitamin D. Implementation of Summerset approved balance and strengthening programmes for residents occurred every morning. Staff reviewed and encouraged residents with falls risk to use hip protectors. The CCM implemented new initiatives to improve staff engagement including: falls prize; falls</p> |

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| | | | <p>clock; one handover; and developed a falls coordinator role. Falls prevention was more frequently discussed during staff training. The CCM increased staffing hours and introduced new role (Kaitiaki) from May 2022 to focus on falls prevention strategies. One goal of the Kaitiaki role is to prevent falls by improving a resident's mobility and strength. Kaitiaki are working with individual residents that have had hip fractures, encouraging rehabilitation exercises and walking following physiotherapist guidance. A case study was undertaken by the CCM of a resident who had a hip fracture in January 2022, and after returning to the care centre had another three falls in March. The resident started taking regular walks with the Kaitiaki and the CCM reported that the resident enjoys and is engaged during these walks, often walking with confidence. The physio has also reported that the resident has improved, initially walking with two persons to assist, and now walking with one person up to 50 meters. The resident had two falls in June and one fall in July, and their progress continues to be monitored. The initiative was evaluated and found a 32% reduction in falls rate over the period of six months, which staff found had a positive impact on the residents' outcomes and quality of life.</p> <p>(ii). There was unidentified weight loss greater than 5% amongst nine residents in the month of July 2022 identified in quality data reports. The care home initiated an improvement plan in August 2022 with the goal to manage residents classified as at risk of malnutrition and unidentified weight loss. The care home developed a quality project with the kitchen team to improve residents weight outcomes in three months. Residents were informed. The care home identified the residents who were at high risk of malnutrition and/or have identified weight loss. Staff were reminded to encourage or assist residents with meals. Kaitiakis were involved in this process to</p> |
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| | | | <p>ensure more support. Additional ice cream was added to residents' lunch and dinner desserts. Cream was included in residents' morning and afternoon smoothies. The role of all staff including the Kaitiaki staff was to ensure that the residents have the additional items and also assist with feeding during mealtimes if required. The weight, BMI, and risk level for malnutrition was assessed and monitored ongoing for each of these residents. Each resident gained weight within the three months with the majority dropping to a lower risk level for malnutrition.</p> |
| <p>Criterion 3.3.4 Service providers shall facilitate opportunities for Māori to participate in te ao Māori.</p> | CI | <p>One of the diversional therapists (DT) at Summerset at Monterey Park is Māori and has introduced Māori cultural traditions learning to the care home. The care home has a connection with the Rauawaawa Kaumātua Charitable Trust which is managed by a group of Kaumātua. The DT has also given training to all staff on the Tangihanga process and how that can be incorporated into the care home.</p> | <p>With consultation with the CCM the Māori DT identified that there was an opportunity for a strong, respectful, and meaningful way to farewell a resident that had died in the care home. The care home initiative aimed to incorporate Māori culture into the farewell. The concept of appropriately integrating an appropriate Tangihanga process into the te ao Māori approach was welcomed by all staff. The Tangihanga approach was made available to all family/whanau whose family member has died. The DT developed the process and training package which was consolidated by a Kaumātua from the Rauawaawa Kaumātua Charitable Trust to ensure processes were culturally correct. This was approved by the CCM. Following the death of a resident the care home introduced farewell processes including: Whakapai te ruma (room preparation), Haerenga whakamutunga (final journey process), Poroporoaki (eulogy), Takahi ruuma (room blessing). The aim was also for staff to be trained and understand the process to become more natural where they engaged with the whanau of the deceased. The DT on interview stated the staff stood in line when the resident's body was leaving the care home to pay respect to the deceased resident. The care home</p> |

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| | | | <p>gave the opportunity for the process to be available to the wider community and family in the whole farewell process. Following implementation of this initiative the care home has received compliments and feedback from the family, resident who have seen the process and staff members. Families/ whānau stated they were overwhelmed by the sense of care and belonging. Non-Māori family/whānau have been offered and agreed to have the initiative for their family member. On interview staff wanted to be part of the process and found it helpful for their closure to farewell the resident in this way.</p> |
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End of the report.