

Summerset Care Limited - Summerset on Cavendish

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Summerset Care Limited
Premises audited:	Summerset on Cavendish
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 27 October 2022 End date: 28 October 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:	55

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Summerset on Cavendish is certified to provide hospital (geriatric and medical), dementia and rest home levels of care for up to 135 residents. There were 55 residents on the days of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Te Whatu Ora Health New Zealand-Waitaha Canterbury. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The village manager is appropriately qualified and experienced and is supported by a care centre manager (RN). There are quality systems and processes being implemented. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed the five shortfalls identified at the previous certification audit relating to: family notification; interRAI and care plan timeframes; care plan interventions; neurological observations; and monitoring of water temperatures.

This audit identified no further shortfalls.

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.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information packs given to new or potential residents and family/whānau. A Māori health plan is in place for the organisation. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

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. 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.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

The registered nurses are responsible for each stage of service provision. Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for the consumer group.

There are menu options culturally specific to te ao Māori.

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 holds a current warrant of fitness.

The service has a documented pandemic plan that includes Covid management. There is an approved evacuation scheme and emergency supplies for at least three days. There are documented and implemented security processes in place for the facility and staff. The dementia unit is secure.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. The service has culturally safe processes for infection management and communication.

Here taratahi | Restraint and seclusion

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. The restraint coordinator is the clinical nurse leader. There were no residents using a restraint. Maintaining a restraint-free environment is included as part of the education and training plan.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	22	0	0	0	0	0
Criteria	0	58	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Summerset on Cavendish has policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. The village manager confirmed that the service plans to partner with a Māori organisation or leader who identifies as Māori to provide guidance and consultation. At the time of the audit there were no staff or residents who identified as Māori. The village manager stated that they support increasing Māori capacity within the workforce and will be employing more Māori staff members when they do apply for employment opportunities. Summerset evidence commitment to improve labour market outcomes for Māori in their business plan and Māori health plan.</p> <p>A Māori health plan is in place and understood by staff interviewed and staff have received training on Te Whare Tapa Whā model of care. Ethnicity data is gathered when staff are employed, and this data is analysed by Summerset head office staff.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>Not Applicable</p>	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific Health policy and procedure. The service has a plan in place to partner with a Pacific organisation to provide guidance and consultation. At the time of the audit, there were staff and residents who identified as Pasifika. Staff have completed training around equitable and culturally safe services for Pasifika. In the interview, staff were able to describe how they can apply a Pacific health perspective to 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> <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>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Interviews with nine care staff (including two registered nurses (RN), five caregivers and two recreational therapists) interviewed, confirmed their understanding of the requirements of the Code. The service is guided by the cultural policies and training sessions that outline cultural responsiveness to residents' who identify as Māori. Interviews with the village manager, two relatives (dementia and hospital) and four residents (three rest home and one hospital) and review of five care plans, confirmed that Māori mana motuhake is recognised in all aspects of service delivery.</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>Summerset supports residents in a way that is inclusive and respects their identity and experiences. Signage in te reo Māori is in place in various locations throughout the care centre. Te reo Māori is reinforced by those staff who are able to speak/understand this language. The staff noticeboards contain information on Māori tikanga practice. Interviews with care staff confirmed their understanding of Tikanga best practice with examples provided.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori. The training facilitates staff and resident participation in te ao Māori. Residents' privacy, dignity, confidentiality, and preferred level of interdependence are respected.</p>

		Relatives and residents reported that their values, beliefs, are respected, and six resident files reviewed evidenced this.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Summerset policies prevent any form of discrimination, coercion, harassment, or any other exploitation. 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 policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>A holistic Te Whare Tapa Whā model of health at Summerset is promoted, which encompasses an individualised approach, that ensures the best outcomes for all. Care plans evidenced a strengths-based model of care and residents stated they feel well supported by staff.</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>	FA	<p>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. The previous shortfall (NZS 8134:2008 # 1.1.9.1) around family notification of adverse events in relation to incident reporting has now been addressed.</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</p>	FA	<p>The Māori health plan acknowledges Te Tiriti and the impact of culture and identity on the determinants of the health and wellbeing of Māori residents. The service follows relevant best practice tikanga guidelines, including welcoming the involvement of family/whānau in decision-making, when the resident receiving services wants them to be involved. Resident files reviewed all documented appropriately signed consent forms as needed. Residents and family/whānau</p>

<p>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>interviewed were able to describe informed consent and knew they had the right to make choices.</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 Code of Health and Disability Rights is displayed in both English and te reo Māori. The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The village manager maintains a record of all complaints, both verbal and written on an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There have been four complaints received in 2022 year to date and eight complaints made during 2021. One of the complaints received in 2022 was through the Health and Disability Commissioner (HDC). The complaint has been reviewed by the service and a response letter was sent to HDC in October 2022.</p> <p>Discussions with relatives and residents confirmed they are provided with information on the complaints process.</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</p>	<p>FA</p>	<p>Summerset on Cavendish is certified to provide rest home, hospital (medical and geriatric) and dementia level care for up to 135 residents.</p> <p>The care centre facility is on three-levels. There are 43 (rest home and hospital level) rooms on the first floor (all dual-purpose), including 14 double rooms available for couples, which allows for a total of 57 residents. There are 20 rooms in the dementia unit (all certified as suitable to have couples, but the service would only take up to two couples at a time), making 22 total beds in the memory care unit. There are 56 serviced apartments across three floors, and</p>

<p>sensitive to the cultural diversity of communities we serve.</p>		<p>all are certified as suitable to provide rest home level care.</p> <p>At the time of audit there were 55 residents in total. This included: 18 rest home residents, including one resident on respite care; 17 hospital level residents, including two residents on ACC contracts, and one resident on end-of-life care; 16 dementia care residents, including one resident on respite care; and four rest home level of care residents in the serviced apartments, including one resident on respite care.</p> <p>The 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. 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.</p> <p>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 on Cavendish are holistic in nature, inclusive of cultural identity, spirituality and respect 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 village manager and care centre manager have maintained the required eight hours of professional development activities related to managing an aged care facility. Both managers have completed cultural competency training.</p>
<p>Subsection 2.2: Quality and risk</p>	<p>FA</p>	<p>Summerset on Cavendish is implementing a quality and risk management programme. The quality and risk management</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>systems include performance monitoring through internal audits and through the collection of clinical indicator data. 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 were documented as taking place with corrective actions documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. Staff completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori. 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>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 to meet the 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 to staff.</p> <p>Resident and family/whānau satisfaction surveys completed in October 2021 showed 100% in some key indicators, such as: resident personal choices; staff are helpful; communal lounge; and dining area environment. Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for two hours per week and strategies implemented to reduce the frequency of falls. Registered nurses collaborate with caregivers to evaluate interventions for individual residents.</p> <p>Discussions with the village manager and care centre manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been ten section 31 notifications completed since the last audit, including four pressure injuries and six resident behaviour incidents. There have been two Covid outbreaks and one gastric outbreak, which were appropriately notified to Public Health.</p>
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<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>Human resource policies include documented rationale for determining staffing levels and skill mixes for safe service delivery (Safe staffing policy). This defines staffing ratios to residents and rosters have been developed and are adjustable depending on resident numbers. The village manager and care centre manager both work full-time Monday to Friday and are on call 24/7 for any operational and clinical issues, respectively. They are supported by a clinical nurse lead in the rest home/hospital and an RN in the dementia unit. Interviews with caregivers stated the RNs are supportive and approachable. Interviews with residents and family/whanau indicated there were sufficient staff to meet resident needs.</p> <p>There is an annual education and training schedule being implemented for 2022. The education and training schedule lists compulsory training which includes cultural awareness training. Staff last attended cultural awareness training in August 2022. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>All RNs are encouraged to attend in-service training specific to the RN role. Additional RN specific competencies include: subcutaneous fluids; syringe driver; bladder irrigation; male catheterisation; female catheterisation; and interRAI assessment competency. All RNs are encouraged to complete the organisation's professional development and recognition portfolio. At the time of the audit, five of the six RNs were interRAI trained.</p> <p>The service supports and encourages care workers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 38 care workers, 87% have completed qualifications; 27 have completed their level four, six have completed their level three and five have completed their level one qualification. Competencies are completed by staff, which are linked to the education and training</p>

		programme. Eleven caregivers work in the dementia unit; six have completed their dementia standards and five are in the process of completing their dementia standards. All five have been at the service for less than 18 months.
<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>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held securely. Five staff files reviewed (one care centre manager, one RN and three caregivers) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. The service maintains a register of up-to-date professional qualifications for its staff. All staff had either a six-month or annual performance appraisal completed. There are job descriptions in place for all positions.</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 demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. Ethnicity data is identified, and the service maintains an employee ethnicity database. 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 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.</p>	FA	<p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes, including required documentation. The care centre manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals. These records capture ethnicity.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were no residents or staff members identifying as Māori. The service is planning to partner with a Māori organisation or leader who identifies as Māori, to provide guidance</p>

<p>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>and consultation.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Summerset organisation have comprehensive policies around all aspects of the resident assessment and care planning process. Six resident files were reviewed: two hospital (including one on ACC and one on an end-of-life contract), two dementia level, and two rest home level care (including one respite and one from the serviced apartments). The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed and in progress notes. There is a documented process in place to ensure that barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. The service supports all residents, including Māori and whānau to identify their own pae ora outcomes in their care plan. Māori health care plans are strength based and based on Te Whare Tapa Whā holistic model of health.</p> <p>A comprehensive nursing assessment and an initial support plan is completed within 24 hours of admission. Dietary requirements are completed on admission with a copy shared with the kitchen staff. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan.</p> <p>Long-term care plans reviewed had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timescales for all residents. Evaluations reviewed have been completed six-monthly or sooner for a change in health condition and included written progress towards care goals. InterRAI assessments sampled had been updated six-monthly. The previous finding around timeliness of interRAI assessments and care plans (NZS 8134:2008 Criteria 1.3.3.3) has been addressed. Care plans reviewed included interventions to support all assessed needs. The previous finding</p>

	<p>around care plan interventions (NZS 8134:2008 Criteria 1.3.6.1) has been addressed. Dementia resident files reviewed included documented routines and activities across a 24-hour plan.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with a local medical centre and a GP visits weekly and as necessary. The GP was unavailable for interview. After hours cover is provided by a local 24-hour service. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist available who visits for two hours a week and a podiatrist visits regularly. Mental health team support is well documented and a dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora Waitaha Canterbury.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. This was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written on every shift and as necessary by caregivers and RNs.</p> <p>Family/whānau members interviewed reported the needs and expectations regarding their family member were being met. When a resident's condition alters, the clinical operations manager, or an RN initiates a review with a GP. Family are notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. Family/whānau contacts are recorded in the progress notes and evidence notifications and discussions.</p> <p>Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for the 11 residents with 18 wounds. Wound dressings were being changed appropriately and a wound register is maintained. There was evidence of communication and documented input from the local wound nurse specialist.</p> <p>Care staff interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are</p>
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		<p>available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Care plans reflect the required health monitoring interventions for individual residents.</p> <p>Caregivers and RNs complete monitoring charts as needed. Neurological observations are completed as per policy for unwitnessed falls, or where there is a head injury. The care centre manager also reviews all neurological observations as a matter of routine when closing events. The previous finding around neurological observations (NZS 8134:2008 Criteria 1.3.6.1) has been addressed.</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>	<p>FA</p>	<p>Summerset on Cavendish employs three recreation officers and one kaitiaki.</p> <p>The activities calendar for both areas include celebratory themes and events. Special events include armchair travel, cultural days, community outings, celebrations for Christmas, Easter, Māori language week, Waitangi Day 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.</p> <p>Community connections include the facilitation of sessions with well-known New Zealanders who provide interactive ‘question and answer’ zoom sessions. The service facilitates opportunities for Māori residents to participate in te ao Māori, through the use of Māori language on planners, in activities, signage and culturally focused food related activities.</p> <p>There is a full range of social activities that are available on the monthly programme for all residents to participate in. One-on-one contact time is allocated daily with residents who choose not to participate in group activities. All activity plans were resident centred and comprehensive. The programme is very flexible in the dementia unit and activities are often spontaneous, depending on the resident’s interests and the weather on the day. The Life Story tool is completed by the relatives for residents in the dementia unit which</p>

		<p>provides information that contributes to the activity plan. This information and the cultural assessment forms the basis of the individual activities plan and the 24-hour activity plan. The 24-hour activity plans include strategies for distraction and de-escalation. The previous finding around 24-hour activity plans (NZS 8134:2008 Criteria 1.3.7.1) has been addressed.</p> <p>Residents and families/whānau interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration was last provided 25 February 2022. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and ‘as required’ medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the two facility medication rooms and locked trolleys. The medication fridge and medication room temperatures are monitored, and the temperatures were within acceptable ranges. All medications, including the bulk supply order, is checked weekly and signed on the checklist form. All eye drops have been dated on opening. All over the counter vitamins or alternative therapies residents may choose to use, must be reviewed, and prescribed by the GP. Standing orders are not used.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all residents’ medication charts three-monthly, and each drug chart has photo identification and allergy status identified. There were self-medicating residents who evidenced completed competencies and</p>

		<p>safe storage of medications.</p> <p>The registered nurses and management described working in partnership with future Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents interviewed stated they were well informed regarding their medications and felt that the staff explained all aspects of their care.</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>	FA	<p>The service adopts a holistic approach to menu development that ensures nutritional value, and respects and supports cultural beliefs, values, and protocols around food. There are menu options culturally specific to te ao Māori. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. Nutritious snacks and finger foods are available for the residents at any time of the day or night.</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>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Summerset on Cavendish, and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 1 February 2023. Water temperatures in resident</p>

<p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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>areas are monitored monthly and evidence all temperatures are within required range. The previous finding around monitoring of water temperatures (NZS 8134:2008 Criteria 1.4.2.1) has been addressed. The environment is inclusive of peoples' cultures and supports cultural practices, as evidenced in care plans.</p> <p>The service has no plans to expand or alter the building, but will consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future.</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. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness.</p> <p>The facility is part of the gated Summerset community, with gates which automatically lock at 8:30 pm and open again at 6 am. The building is locked at 5 pm each night and has camera surveillance at all entrances. Monitors are located in the care centre nurses' stations and in management offices. Staff complete security checks at night.</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.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has a pandemic plan and an organisational Covid-19 response plan which includes site specific preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur. There are outbreak kits readily available and sufficient supplies of personal protective equipment.</p> <p>The organisation has sought external expertise to ensure policies incorporate culturally safe practises. Summerset on Cavendish is working towards incorporating information in te reo Māori around infection control. Staff interviewed were knowledgeable around providing culturally safe practices, to acknowledge the spirit of Te Tiriti o Waitangi.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. The infection prevention coordinator (IPC) is new to the role and is supported by the care centre manager while completing orientation to the role.</p> <p>Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at clinical, quality and staff meetings. Meeting minutes and graphs are displayed for staff. The service incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>During Covid outbreaks, the facility followed their Covid pandemic plan. All areas were kept separate, and staff were cohorted where possible. Staff wore PPE and residents and staff had rapid antigen (RAT) tests daily. Families were kept informed by phone or email. Visiting was restricted. The gastro outbreak was managed as per gastro management procedures. The service communicated all outbreaks to Te Whatu Ora- Health New Zealand Waitaha Canterbury and Public Health, and ensured that residents were informed. Residents and family /whānau interviewed stated that the communication was good.</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. The designated restraint coordinator is the clinical nurse leader/RN. 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. Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.