

# Summerset Care Limited - Summerset in the River City

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## 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:

<b>Legal entity:</b>	Summerset Care Limited
<b>Premises audited:</b>	Summerset in the River City
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 9 March 2023    End date: 10 March 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	33

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six 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
	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 in the River City is located in Wanganui and provides hospital (geriatric and medical) and rest home care for up to up to 37 residents in the care centre. There are 12 serviced apartments certified to provide rest home level of care. On the days of the audit, there were 33 residents in the care centre and no residents that require rest home care in the serviced apartments.

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-Wanganui. 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. The management team is supported by a clinical nurse lead and a regional quality manager.

There are quality systems and processes being implemented. Feedback from residents and families/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.

The certification audit meets the intent of the standard.

This audit awarded two continuous improvements ratings for the implementation of an environment that encourages quality initiatives and for the activities programme.

## 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.

Summerset in the River City provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

This service supports culturally safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences.

There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and documented.

## 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.

Summerset Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The two village managers are supported by a care centre manager, that oversees the day-to-day operations of the service.

The business plan informs the site-specific operational objectives which are reviewed on a regular basis. Summerset in the River City has an established quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team.

Summerset in the River City collates clinical indicator data and benchmarking occurs. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has 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. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing.

The staffing policy aligns with contractual requirements and included skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

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 ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Residents are assessed before entry by the Needs Assessments and Service Coordination (NASC) team to confirm their level of care. The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were developed and evaluated in the care plans reviewed.

There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme.

The organisation uses an electronic medicine management system for e-prescribing, dispensing, and administration of medications. The general practitioner (GP) is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Residents were complimentary of the food services.

Residents are referred or transferred to other health services as required.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Clinical equipment has been tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities. The facility vehicle has a current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. A fire drill is conducted six monthly. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents reported a timely staff response to call bells. Security is maintained.

## **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.
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The implemented infection prevention and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention officer leads the programme. Specialist infection prevention advice is accessed when needed.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There have been infection outbreaks reported since the last audit that were managed effectively.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service.

## Here taratahi | Restraint and seclusion

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

Subsections  
applicable to this  
service fully attained.

The aim of the service and governing body is to eliminate restraint. The restraint policy includes objectives for eliminating restraint.

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 was one resident using a restraint. Restraint is only used as a last resort when all other options have been explored. Restraint documentation processes are robust to include assessments, consent, monitoring and evaluation processes to minimise associated risks. Quality review of restraint use occurs monthly and is benchmarked.



## 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	29	0	0	0	0	0
Criteria	2	172	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

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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>	FA	<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 residents who identify as Māori. Summerset in the River City is committed to respecting the self-determination, cultural values and beliefs of Māori residents and whānau and evidence will be documented in the resident care plan.</p> <p>The village manager stated that they support increasing Māori capacity within the workforce and will be employing more Māori applicants when they do apply for employment opportunities at Summerset. At the time of the audit there were Māori staff members. Summerset in the River City evidence commitment to a culturally diverse workforce as evidenced in the business plan and Māori health plan. The Summerset organisational business plan includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. There is an established relationship with Hourua Pae Rau at governance level and established partnerships with village specific consultation partners.</p>

		Residents and family/whānau are involved in providing input into the 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 Peoples' Health Policy and Procedure. The aim is to uphold the principles of Pacific people by acknowledge respectful relationships, valuing families and provide high quality healthcare.</p> <p>On admission all residents state their ethnicity. There are no residents that identify as Pasifika. Pacific Peoples' Health Policy and Procedure objective states Summerset's commitment to supporting Pacific residents and their families/whānau.</p> <p>Registered nurses interviewed explain family/whānau will be encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The care centre manager (CCM) stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>Summerset in the River City partners with Pacific organisations, and collaborates with their Pacific employees and village specific consultation partners to ensure connectivity within the region. Code of Rights are accessible in Tongan and Samoan when required.</p> <p>The service is actively recruiting new staff. There are currently staff that identify as Pasifika. The village manager described how Summerset in the River City increases the capacity and capability of the Pacific workforce through promoting their diverse workforce.</p> <p>Interviews with nine staff (five caregivers, two registered nurses [RN] (including the clinical nurse lead), one diversional therapist and one housekeeper), seven managers (village manager [VM], property manager, regional quality manager [RQM], care centre manager [CCM], chef manager, regional quality food lead and national programme lead diversional therapy specialist), eight residents (five rest home, three hospital), seven family/whānau (two rest home and five 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> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical nurse lead supported by the care centre manager discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the quarterly resident/family/whānau 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 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</p>	FA	<p>Caregivers 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. Residents have control over and choice over activities they participate in. Summerset in the River City's 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</p>

experiences.		<p>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 and interviews with family/whānau confirmed that residents and family/whānau are treated with respect.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together. There were no married couples at the time of the audit and no shared rooms. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo, and cultural competency. At the time of audit, there were residents identified as Māori. The diversional therapist (DT) confirmed that the service is actively supporting Māori by identifying their needs and aspirations. This was evidenced in the care plan of a Māori resident whose care plan included the physical, spiritual, family/whānau, and psychological health of the resident.</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</p>	FA	<p>An abuse, neglect and prevention policy is being implemented. Summerset in the River policies prevent any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with</p>

<p>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>evidence of staff signing the code of conduct document. This management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Staff complete education on orientation and annually as per the training plan on code of conduct and professional boundaries. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Summerset promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</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>Information is provided to residents and family/whānau on admission. Monthly resident meetings and quarterly family/whānau meetings with a resident advocate 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. The accident/incident forms reviewed identified family/whānau are kept informed, this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the</p>

		<p>audit, there was no residents who did not speak English. 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 the resident, such as the hospice and Te Whatu Ora Health New Zealand-Wanganui specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. 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 confirm they know what is happening within the facility and felt informed regarding events/changes related to Covid-19 through emails, 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</p>	FA	<p>There are policies implemented in relation to informed consent. Informed consent processes were discussed with residents and families/whānau on admission. Seven electronic resident files were reviewed which evidenced written general consents sighted for photographs, release of medical information and medical cares were included in the admission agreement. The written general consents were signed appropriately as part of the admission process by the resident or activated enduring power of attorney (EPOA). Specific consent forms were in place for procedures such as influenza and Covid-19 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 EPOA. The service welcomes the involvement of family/whānau</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>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 &amp; related form is in place. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the GP or NP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Staff members who identify as Māori, and resident's whānau assist staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and provision of cultural support when a resident had a choice of treatment options available to them. Staff have received training on cultural safety and tikanga best practice. Training has been provided to staff around Code of Rights, informed consent and EPOAs in November 2022.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The care centre manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically.</p> <p>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).</p> <p>The complaints logged were classified into themes with a risk severity rating and available in the complaint register. There were two complaints lodged since the previous audit with low-risk ratings. Complaints logged include an investigation, root cause analysis, follow up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted). There were no complaints</p>



		<p>from external agencies.</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.</p> <p>Resident meetings are held monthly where concerns can be raised. Family/whānau confirmed the care centre manager (CCM) and village manager (VM) are available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The CCM acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p>
<p><b>Subsection 2.1: Governance</b></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>	FA	<p>Summerset in the River City is located in Wanganui. The care centre is a single storey building. The service has 37 beds across the care centre. There are also 12 serviced apartments suitable for rest home level care. There were no residents at rest home level of care in the serviced apartments at the time of audit.</p> <p>At the time of the audit there were 33 beds occupied in the care centre. All beds are certified for dual purpose. There were 13 residents at hospital level of care and 20 residents at rest home level of care, including one on an interim contract. All other residents were under the aged related residential care contract (ARRC).</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 bimonthly 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</p>

		<p>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 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. Hourua Pae Rau (Deloitte's Māori sector team) assist at governance level. 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>Terms of reference operate for this committee and is documented in 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 2023 business plan is specific to Summerset in the River City and describes specific and measurable goals that are reviewed quarterly. Site specific goals relate to clinical effectiveness, risk management and financial compliance.</p> <p>There is a quality and risk management programme documented for 2022 and a strategic plan based on the service's vision and mission. The organisation philosophy and strategic plan reflect a resident/family-centred approach to all services. 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. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and regular resident meetings. Feedback is collated, reviewed, and used by the Summerset management team to identify barriers to care to improve outcomes for all residents. The strategic plan has a focus</p>
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		<p>on improving equitable outcomes for Māori and addressing barriers for Māori. There has been a comprehensive feedback system and complaints process that is focused on continual service improvement within the home. The governance and management team have an open and transparent decision-making process that includes regular staff and resident meetings. Cultural safety is embedded within the business and quality plan and staff training.</p> <p>The bimonthly report to the Operations and Clinical Steering group provides organisational clinical oversight and includes a range of information on high level complaints, progress with corrective actions and national systems improvements that are identified as a result of the complaint findings – as an example of this includes policy reviews and implementation to drive change on a national level.</p> <p>The quality programme includes regular (weekly and monthly) site specific clinical quality and compliance and risk reports that is 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 village manager has been in the current role at Summerset for over five years and has attended leadership training through Summerset conferences. The village manager is supported by a care centre manager (RN) who has been in the role for over four years. The care centre manager is supported by a clinical nurse leader. The management team are supported by a regional quality manager and a regional operations manager.</p> <p>The CCM and VM have maintained the required eight hours of professional development activities related to managing an aged care facility. The CCM completed a professional development recognition programme and both managers completed Mauri Ora cultural competency.</p>
Subsection 2.2: Quality and risk	FA	Summerset in the River City is implementing a quality and risk management programme. The quality and risk management systems

<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>include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement meetings, RN and staff meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); 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. The service has conducted a number of quality improvement projects and attainment of two of the projects are beyond the expected full attainment. A continuous improvement rating was awarded for the implementation of initiatives around resident activities (link 3.3.1), improvement of the medication cart and implementation of a new assessment tool. Results of these projects led to improved resident safety and resident satisfaction. A quality improvement project is documented for minimising restraint and to work towards a restraint-free environment.</p> <p>Quality data and trends in data are posted on a quality noticeboard in staff areas. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices. 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 align with the Ngā Paerewa 2021 Standard. Regular policy review, and internal and external benchmarking of quality data occur to provide a critical analysis to practice and improve health equity. Staff completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</p> <p>The resident and resident/family satisfaction surveys has been</p>
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		<p>completed for 2022 and evidence overall satisfaction on all areas of service delivery. There were no areas identified for improvement.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from each department that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. There are monthly meetings with the national health and safety manager. There is a monthly theme 'Golden Rule' that ensures a monthly focus on health and safety. Staff are provided with learning opportunities and reading material related to the theme. 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. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues and each month has a health and safety focus theme. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Results are discussed in the quality and staff meetings and at handover. A notification and escalation matrix are available to staff. The system escalates alerts to senior team members depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against other Summerset facilities and other aged care provider groups.</p> <p>Discussions with the village managers and care centre manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been four Section 31 notifications completed to notify HealthCERT in 2022/2023 year to date including two (August 2022) related to staff shortages (one for RN shortages for four shifts over two days and one for six caregivers shifts), one related to a wandering resident</p>
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		(February 2023) and one related to an unstageable pressure injury (February 2023). There have been three outbreaks reported in 2022 (one Covid-19 outbreak in July 2022 and two gastroenteritis outbreaks [February 2022 and November 2022]); all were reported appropriately.
<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>	FA	<p>There is staffing policy and procedure that describes rostering and staffing rations in an event of acuity change and outbreak management. The VM interviewed confirmed staff needs and shortages are reported to the national senior team. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>All registered nurses and all caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. No agency staff have been utilised. Any absences and sick leave are covered through extending working hours through mutual agreement with employees. The CCM and CNL will work a RN shift when RNs cannot replace the shift or through extension of working hours. There were no staff shortages reported at the time of the audit and there were no vacancies reported. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirm their care requirements are attended to in a timely manner.</p> <p>There are 13 hospital residents and 20 rest home residents across 37 dual purpose beds.</p> <p>The roster reviewed evidence registered nurse cover 24/7. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts.</p> <p>The full-time VM works Monday to Friday. The full-time CMM works Tuesdays to Saturdays and the full-time CNL works Mondays to Thursdays. The on-call roster is shared between the CCM, CNL, and RNs. The village manager and property manager are also available for non-clinical matters. There is one RN on each shift and an RN admin role allocated when needed to address interRAI and care plan</p>

	<p>documentation. There are five caregivers in the morning, four in the afternoon and two at night. Shifts are a mix of long shifts (7.5 hours and shorter shifts 5.5 hours). There is a kaitiaki on morning and afternoon for a total of 10 hours a day to assist with fluids, one on one activities, and exercises.</p> <p>Serviced apartment call bells go to a pager system and the first aider will respond to bells if required.</p> <p>There are separate staff dedicated to recreation, cleaning, and laundry for seven days a week. Grounds and maintenance staff are rostered over five days.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff last attended cultural awareness training at their orientation in July 2022. External training opportunities for care staff include training through Te What Ora-Whanganui and hospice.</p> <p>Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Eighteen caregivers are employed. Summerset in the River City supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing. All caregivers, except four, achieved a level three NZQA qualification or higher. There is a national learning and development team that support staff with online training resources.</p> <p>A professional development policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Registered nurses' complete specific competencies (eg, restraint, medication administration, and wound care). Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. Four of eight RNs are interRAI trained. All RNs are encouraged to attend in-service training</p>
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		<p>and complete training in: critical thinking; infection prevention and control, including Covid-19 preparedness; identifying and assessing the unwell resident; and 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 including (but not limited to) restraint, moving and handling, and handwashing. 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>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. The workplace union delegates, staff and management collaborate to ensure a positive workplace culture.</p>
<p><b>Subsection 2.4: Health care and support workers</b></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. Six staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. 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. The appraisal policy is implemented. All staff had a 12 week and six-month appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Volunteers are utilised when the Covid-19 protection framework</p>



		<p>permits. An orientation programme and policy for volunteers is in place. A management of agency staff policy is documented for the organisation.</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>There is a staff debrief and psychological first aid policy, which includes follow up of any staff incident/accident, evidence of debriefing, support for employee rehabilitation, and safe return to work documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>There is a resident records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Summerset business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's past paper-based documents are securely stored and uploaded to the system.</p> <p>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</p>	FA	<p>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA/whānau/family of choice (where appropriate), local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for</p>

<p>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>residents assessed as requiring rest home, and hospital level of care were in place.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required timeframes and are signed on entry. Family/whānau were updated where there was a delay to entry to service. This was observed on the days of the audit and in inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The care centre manager (CCM) reported that all potential residents who are declined entry are recorded. When an entry is declined, relatives are informed of the reason for this and made aware of other options or alternative services available. The resident is referred to the referral agency to ensure the resident will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is being implemented. The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support 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>A total of seven files sampled identified that initial assessments and initial care plans were resident centred, and these were completed in a timely manner. The files reviewed included five hospital level of care, including one resident on an intermediate contract, and two rest home. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, family/whānau and EPOA. Long-term care plans were also developed, and six-monthly evaluation processes ensures that assessments reflected the resident's daily care needs. Resident,</p>

		<p>family/whānau/EPOA, and GP involvement is encouraged in the plan of care.</p> <p>The GP completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually. There is a contracted podiatrist who visits the service six-weekly, and a contracted physiotherapist who completes assessments of residents and manual handling training for staff. Notations were clearly written, informative and relevant. In interview, the GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly.</p> <p>The CCM reported that sufficient and appropriate information is shared between the staff at each handover, which was observed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Interventions are resident focussed and provide detail to guide staff in the management of each resident's care.</p> <p>Any incident involving a resident reflected a clinical assessment and a timely follow up by a RN. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the CCM in consultation with the RNs, and caregivers.</p> <p>Progress notes were completed on every shift and more often if there were any changes in a resident's condition. There were 17 active wounds at the time of the audit and no pressure injuries. Wound management plans were implemented with regular evaluation completed.</p> <p>Each resident's care was being evaluated on each shift and reported in the progress notes by the care staff. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The short-term care plans were reviewed weekly, or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not</p>
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		<p>resolve in three weeks. Any change in condition is reported to the CCM and CNL and this was evidenced in the records sampled. Interviews verified residents and EPOA/family/whānau are included and informed of all changes.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident and EPOA/family/whānau responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The residents and EPOA/family/whānau interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts; turn charts; neurological observations forms; blood glucose; and restraint monitoring charts.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau. There were residents who identify as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and</p>	FA	<p>Activities are conducted by the diversional therapist (DT) and assisted by three kaitiaki (assistants). The activities are based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These were completed within two weeks of admission in</p>

<p>activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>consultation with the family and residents. A monthly planner is developed, and each resident is given a copy of the planner. Daily activities were noted on noticeboards to remind residents and staff. A newsletter is published every two months.</p> <p>The activity programme is formulated by the DT in consultation with the management team, national recreational and diversional therapist, registered nurses, EPOAs, residents, and care staff. The activities are varied and appropriate for people assessed as requiring rest home, and hospital level of care. Activity progress notes and activity attendance checklists were written daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/family/whānau and friends. There are regular outings and drives, for all residents (as appropriate). Resident meetings (monthly) provide a forum for feedback relating to activities. The quality improvement project in the activities programmes was initiated and the implementation of the programme is rated beyond the expected full attainment.</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious and cultural festivals, and Māori language week.</p> <p>EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</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>	FA	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management was in use. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications, including over the counter medications and</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>supplements. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Effectiveness of PRN medications was being consistently documented.</p> <p>Medication reconciliation was conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>A total of 14 medicine charts were reviewed which comprised eight hospital, four rest home, and two on intermediate care contract. Allergies were indicated, and all photos uploaded on the electronic medication management system were current.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures was being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room and cupboards.</p> <p>There were no residents self-administering medications. There was a self-medication policy in place when required. There were no standing orders in use.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. The GP reported that when requested by Māori residents or family/whānau, appropriate support for Māori treatment and advice will be provided. This was reiterated in interviews with the</p>
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		CCM, registered nurse and Māori residents.
<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. 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 kitchen service complies with current food safety legislation and guidelines. All food and baking is prepared and cooked on site. The kitchen is managed by the chef manager who reports to the regional food lead. The service employs three chefs and three kitchen hands. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires May 2024. The menu was reviewed by a registered dietitian on 14 February 2023. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers are maintained, and these are recorded on the electronic management system. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options which are culturally specific to te ao Māori, (eg, 'boil ups', hāngi, and pork) and these are offered to Māori residents when required.</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 is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The CCM reported that discharges are normally into other similar facilities. Discharges are overseen by the clinical team who manage the process until exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan is developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and scanned onto the resident's electronic management system. If a resident's information is required by a subsequent GP, a written request is required for the file to be transferred.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. Residents and family/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of</p>	FA	<p>The care centre and serviced apartments (two separate buildings) have a current warrant of fitness that expires on 2 February 2024. The physical environment supports the independence of the residents. Residents were observed moving freely around the areas with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their whānau to utilise are available.</p> <p>The planned maintenance schedule includes electrical testing and tagging, resident's equipment checks, and calibrations of the weighing scales and clinical equipment. The scales are checked annually. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by certified tradespeople where required.</p>



<p>belonging, independence, interaction, and function.</p>		<p>The environmental temperature is monitored and there were implemented processes to manage significant temperature changes.</p> <p>Six bedrooms have an ensuite with two other rooms sharing an ensuite. The remainder of resident rooms all have a hand basin and share bathroom and toilet facilities. There are adequate numbers of shared showers and toilets in close proximity to resident areas. There is adequate space for mobility equipment/shower beds in the ensuites/shared bathrooms. Communal toilet and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free flowing soap and paper towels in the toilet areas.</p> <p>There is a large lounge and dining room, and two conservatories within the care part of the facility. The dining room is spacious and located directly off the kitchen area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they were able to move around the facility and staff assisted them when required. Activities take place in the lounge.</p> <p>In the serviced apartment building, there is a large cafe and lounge area. Rest home residents in the apartments utilise these areas, and if they wish they can have their meals delivered directly to their own units.</p> <p>Residents' rooms are personalised according to the resident's preference. Toilets are of a suitable size to accommodate equipment. All rooms have external windows to provide natural light and have appropriate ventilation and heating.</p> <p>The grounds and external areas were well maintained. External areas are independently accessible for residents. All outdoor areas have seating and shade. There is safe access to all communal areas. There is a designated smoking area for residents who smoke.</p> <p>The CCM and regional quality manager reported that when there is a planned development for new buildings, there shall be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</p>
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<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>	FA	<p>Policies and guidelines for emergency planning, preparation, and response are displayed and known to staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A trial evacuation drill was performed in December 2022. The drills are conducted every six-months, and these are added to the training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the car park is the designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, continent products, and a gas BBQ, that meets the requirements for 33 residents, including rostered staff. There is no generator on site, but one can be hired if required. Emergency lighting is available and is regularly tested. All staff had current first aid certificates. Staff confirmed their awareness of the emergency procedures.</p> <p>The service has a call bell system in place that is used by the residents, whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance personnel. Residents and whānau confirmed that staff responds to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at predetermined times. Whānau and residents know the process of alerting staff when in need of access to the facility after hours.</p> <p>There is a visitors' policy and guidelines available to ensure residents' safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers, wear masks within the facility, and complete a Covid-19 screening questionnaire. Contact information is collected for tracing should this be required.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials 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>The infection prevention control and antimicrobial stewardship (AMS) programmes are led by the clinical nurse lead. Infection prevention and control and antimicrobial stewardship policies and procedures have been recently reviewed, and are appropriate for the service. The infection control programme and policies and procedures link to the quality improvement system and are reviewed and reported regularly. Details of the inclusion of infection prevention within the infection surveillance and clinical outcomes reports are noted within the quality and risk programme This includes reports on significant infection events.</p> <p>Expertise and advice are sought from the general practitioner, Te Whatu Ora- Whanganui infection control team and experts from the local public health unit as and when required. The clinical nurse lead attends the management and quality team meetings where infection control issues are discussed.</p> <p>A pandemic/infectious diseases response plan is documented. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</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.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The clinical nurse lead oversees and coordinates the implementation of the infection control programme. Infection control officer's role, responsibilities and reporting requirements are defined in the infection control officer's job description. The clinical nurse lead has completed external education on infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents. There is a defined and documented infection control programme implemented that was developed with input from external infection control services. The programme was approved by the regional quality team and is linked to the quality improvement programme and is current. Infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. Policies reflect the requirements of the infection prevention and control standards and include appropriate</p>

		<p>referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources, including personal protective equipment (PPE), were available on the days of the audit. Resources were readily accessible to support the pandemic response plan if required. The infection control officer has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the Covid-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings and included reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The infection control officer liaises with the CCM and regional quality team on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Te What Ora- Whanganui. The CCM stated that the infection control officer will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body and same applies for white and coloured pillowcases. There were culturally safe practices observed, and thus acknowledge the spirit of Te Tiriti. The CCM reported that residents who identify as Māori will be consulted on infection control</p>
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		<p>requirements as needed. In interviews, staff understood these requirements.</p> <p>The service has printed off educational resources in te reo Māori.</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 AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the regional quality team. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. The annual infection control and AMS review and the infection control and hand washing audit includes: the antibiotic usage; monitoring the quantity of antimicrobial prescribed; effectiveness; pathogens isolated; and any occurrence of adverse effects.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated infections.</p> <p>Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease and action advised. Any new infections are discussed at shift</p>

		<p>handovers for early interventions to be implemented. Benchmarking is completed with other sister similar facilities.</p> <p>Residents and family/whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There have been three outbreaks reported in 2022 (one Covid-19 outbreak in July 2022 and two gastroenteritis outbreaks in February 2022 and November 2022); all were reported and well managed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available, which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>There are designated cleaners (housekeepers). Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The housekeepers have attended training appropriate to their roles. The management team has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits. These did not reveal any significant issues.</p> <p>Personal laundry and bed linen is washed on site or by family members or residents if requested. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents daily. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All laundry personnel and care staff have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal</p>

		audit programme. The laundry personnel, care staff and cleaning staff demonstrated awareness of the infection prevention and control protocols. Resident and family interviews confirmed satisfaction with cleaning and laundry processes.
<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>	FA	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. The restraint coordinator is the care centre manager, who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. The facility has one hospital resident on restraint at the time of the audit (lap belt).</p> <p>An interview with the restraint coordinator, and regional quality manager described the organisation's commitment to restraint minimisation and implementation across the organisation, as reviewed in the business plan. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the documentation of the resident requiring restraint, included a process and resources for assessment, consent, restraint care plan monitoring, and evaluation. The restraint approval process includes the resident (if competent), GP, restraint coordinator, registered nurse and family/whānau approval. Restraint review meetings occurs monthly as part of the quality improvement meeting.</p> <p>Restraint is used as a last resort, only when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of eliminating restraint use. Training for all staff occurs at orientation and annually. Training includes cultural considerations and de-escalation techniques to manage challenging behaviour. Staff completes a restraint competency annually. The service is actively working towards eliminating restraint.</p>

<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>A restraint register is maintained by the restraint coordinator. A restraint policy documents the requirements of safe restraint use and the type of restraints approved.</p> <p>One (hospital) resident's file was reviewed. The restraint assessments reviewed, address alternatives to restraint use before restraint was initiated and include falls prevention strategies and management of behaviours. Cultural considerations are included in the restraint assessments. Restraint is put in place only as a last resort. Written consent was obtained by the residents' EPOAs following a comprehensive discussion. Family/whānau receive an information booklet that explain Summerset in the River City's commitment to eliminate restraint use in their facility. The use of the restraints, alternatives considered, and risk associated with restraint use and frequency for monitoring were stated in the resident's care plan. The care plan addresses the resident's cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga (where applicable).</p> <p>Monitoring forms are completed as per the monitoring frequencies stated in the restraint policy. Each episode of restraint is documented and include any observations when lap belt is in use, when the lap belt was applied and when it was taken off. Any comments related to restraint use is recorded on the electronic form and in progress notes.</p> <p>Summerset in the River City do not approve the use or implementation of emergency restraint practices, as documented in the restraint policy. Any accident or incident that occurred as a result of restraint use are monitored. There were no incidents reported around the use of restraints since the last audit.</p> <p>Residents using restraints are reviewed three-monthly. Restraint use is discussed in the monthly quality improvement meetings, RN meetings and at handover.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can</p>	FA	<p>The Summerset National restraint group as part of the clinical governance, has endorsed the review of the restraint programme.</p>



<p>influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>The restraint programme is reviewed annually. Monthly reporting on restraint usage and benchmarking is included, as well as evaluation of the staff restraint education programme. Meeting minutes reflect discussions on how to minimise the use of restraint and to ensure that it is only used when clinically indicated and when all other alternatives have been tried. Clinical data reviewed evidence no reported incidents related to restraint use since the last audit. A quality improvement project has been implemented to reduce restraints.</p> <p>Residents requiring restraint are discussed at the RN meeting and the restraint meeting as a standard agenda item. The restraint coordinator provides a monthly report and discusses it at the monthly restraint review meeting (as part of the quality improvement meeting). The report includes methods of restraint use, trends, adverse events, initiatives, and other approaches, family/whānau feedback, internal audit results, staff training and status on restraint equipment.</p>
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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.

No data to display
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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, there 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
Criterion 2.2.4 Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.	CI	The achievement of the rating that the service provides an environment that encourages quality initiatives 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. There was evidence of actions taken based on those findings. The projects include medication cart upgrade and implementation of a new pain assessment. Reviewing if the improvements have had positive impacts on resident safety or resident satisfaction	An example of the projects reviewed include: (i). Summerset recognises that pain is a subjective experience and pain assessment relies heavily on verbal self-report. To improve consistency in pain assessments and to improve pain management for verbal and non-verbal residents; the facility introduced a face analysis application that is available on iPads and detects pain in residents who cannot reliably report their own pain. The paincheck looks for micro changes in facial muscles. The Iowa and Abbey pain assessments were removed. The pain management policy was updated. Registered nurses can complete the assessments. The pain assessments are integrated into the electronic resident management system. Monthly reports are provided for clinical governance over pain assessments. Pain assessments increased from about 56 pain assessments at Summerset in the

			<p>River City in May 2022, to 270 pain assessments per month in February 2023. As a result of the increased number of pain assessment, staff are more confident to identify pain with a tool that ensures to facilitate effective pain assessment. Fourteen residents regularly received pain medication identified an improvement in pain management. Resident report high satisfaction with the clinical care provided, as stated in the last resident satisfaction survey.</p> <p>(ii). Summerset recognised there were a number of medication errors in 2021/2022 related to distraction during the medication round. An equipment condition survey was conducted on all medication charts. Medication carts were upgraded to include easier navigation through the drawers, simplified the placements of robotic rolls within the cart and ergo dynamic placement of the electronic medication management device. All carts are consistently set up as per specifications in what items are placed where. Medication administration aprons were change from blue to red. Staff feedback as a result of the changes include the carts are now more organised with less distraction. In May 2022, Summerset in the River City has implemented all the changes required. The review of the quality data evidence there were no staff related medication errors reported since June 2022. The implementation of the project had a positive impact on resident safety.</p>
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their</p>	CI	<p>There is a full range of social activities that are available on the weekly programme for all residents to participate in. Residents who are assessed as rest home and hospital level of care are invited to specific activities that are appropriate for their level of ability and these are used to facilitate emotional and physical wellbeing. The activities are varied and unique</p>	<p>The achievement of the quality improvement project in the activities programmes and implementation of the programme is rated beyond the expected full attainment. This has: improved participation significantly and stimulated interest; created a homely environment for residents, minimising deinstitutionalisation; enabled residents to build more meaningful relationships within the service and outside</p>

identity.		<p>when compared to previous years resulting in record high attendances.</p> <p>The service engaged in three projects namely Summerset Songsters, which involved using music to enhance the residents' wellbeing and quality of life. New technology "the Inmu", is a unique sensory stimulating companion through interactive music and virtual reality (VR), and a computer-generated environment with scenes and objects that appear to be real, making the user feel they are immersed in their surroundings.</p> <p>Summerset Songsters is a unique music programme led by the village manager with support from the nursing, care team, and diversional therapist. This group of residents is comprised of the hospital, rest home and village residents and meet weekly for music sessions. The idea was mooted by a group of residents who were passionate about music. It was found out that several research models pointed out that singing stimulates multiple areas of the brain at the same time, thereby increasing blood flow to the brain regions that generate and control emotions. The limbic system, which is involved in processing emotions and controlling memory lights up when ears perceive music. The music programme is 100% inclusive and it brings together the River in the City community, residents from all levels of care and village residents to sing as one. This has stimulated interest and promoting social interacting, reducing anxiety and boredom.</p>	<p>community at large; reduced a sense of loneliness, boredom, and ageism; improved language and speech, including vocal range; enhanced memory processing and recall; and lowering stress and anxiety levels. As part of the person-centred approach, VR provided an opportunity to get to know residents and allow staff to tailor the VR experience to personal stories. The technology has proven to be a dignifying care tool that provides residents with a feeling of comfort and safety. Positive outcomes have been measured in staff, resident, and relative satisfaction. Ongoing positive feedback is received from residents and family members. All this was confirmed through case studies, residents' meeting minutes, and interviews with residents, families, and staff members, respectively.</p> <p>The outcomes were positive and have made residents become more interested in attending the daily activities. Documented evidence of daily activities participation record confirmed this.</p>
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End of the report.