

Summerset Care Limited - Summerset at Aotea

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Summerset Care Limited	
Premises audited:	Summerset at Aotea	
Services audited:	Rest home care (excluding dementia care)	
Dates of audit:	Start date: 25 January 2023	End date: 25 January 2023
Proposed changes to current services (if any):	None	
Total beds occupied across all premises included in the audit on the first day of the audit:	19	

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Summerset at Aotea provides rest home level of care for up to 46 residents. There were 19 residents on the days of audit.

This surveillance audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora- Health New Zealand Capital, Coast and Hutt Valley. 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, and staff.

A village manager is responsible for the retirement village, and she is supported by a clinical manager who is a registered nurse with a current annual practising certificate. Residents and their family/whānau confirmed their satisfaction with the service during interview.

The service has addressed one of the two previous audit shortfalls around meeting minutes. Improvements continue to be required around monitoring charts.

No further shortfalls were identified as part of this surveillance audit.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. Summerset is committed to ensuring any Māori residents flourish and thrive in an environment that enables good health and wellbeing. The cultural responsiveness policy and associated documents reviewed provide guidelines for the provision of culturally safe services for Māori residents. An updated Māori health plan and a Pacific Health plan is in place for the organisation. There is a policy for the management of complaints that meets guidelines established by the Health and Disability Commissioner. There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The Governance body for Summerset is the operational and clinical steering committee who meet bimonthly and chaired by the General Manager of Operations and Customer Experience. All members on the committee hold senior roles in Summerset. Organisational performance is monitored through several processes to ensure it aligns with the identified values, scope, and strategic direction. The business plan is tailored to reflect the goals related to Summerset at Aotea.

The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Internal audits, and collation of data were all documented as taking place, with corrective actions as indicated.

There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Registered nurses are responsible for each stage of service provision. Residents' records reviewed provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans demonstrate service integration.

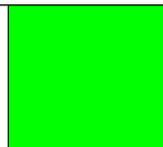
The activity programme offers a diverse range of activities and provides activities for both rest home and hospital residents. The programme incorporates the cultural requirements of the residents.

Medicines are safely managed and administered by staff who are competent to do so. Residents and their family/whānau are supported to understand their medications when required.

Summerset at Aotea provides in-house food services for the facility. Resident's individual, cultural and dietary needs were identified and accommodated.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



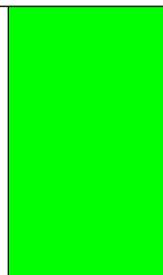
Subsections applicable to this service fully attained.

The building has a current building warrant of fitness. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose.

Fire and emergency procedures are documented, and related staff training has been conducted. There is an implemented policy around resident, staff, and the building security.

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.

Summerset at Aotea ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated, and reported to relevant staff and related health providers in a timely manner. The service has a robust pandemic policy. Covid-19 screening is in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies.

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 governance group are aware of their responsibilities in respect of restraint elimination. Encouraging a restraint-free environment is included as part of the education and training plan.

Use of restraints nationally is included in the bimonthly reports as one of the clinical indicators. Restraint use is demonstrated in graphs showing a breakdown of restraint use by each site and the 12-month trend for Summerset restraint use. The restraint coordinator is the clinical manager.

There were no residents listed as using restraint at the time of the audit.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	22	0	0	0	0	0
Criteria	0	56	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Māori staff are employed across the service. The organisation has been actively recruiting Māori staff as part of the Summerset Māori health plan. Ethnicity data is gathered when staff are employed, and this data is analysed by Summerset head office staff. Staff interviewed confirmed that they feel well supported by management.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>There is a Pacific plan in place, which was developed in partnership with Pasifika. Staff completed training around equitable and culturally safe services for Pasifika. The registered nurse, and two caregivers interviewed were able to describe how they can apply a Pacific health perspective to person-centred care.</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori.</p> <p>An interview with the village manager and staff confirmed that Māori mana motuhake is recognised in all aspects of service delivery, such as personal beliefs, religions, and independence, as described in the Māori health Plan. Two family members and five residents interviewed stated that they were well informed regarding their rights. The residents reported they were encouraged and supported to be as independent as they are able. The care plans reviewed evidenced the level of support required for residents to be independent and autonomous.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Summerset supports residents in a way that is inclusive and respects their identity and experiences. Interviews with management (one regional quality manager, one village manager, and one clinical manager) and staff (one registered nurse, two caregivers, one maintenance manager, one regional food lead, two cooks, and one diversional therapist) confirmed their understanding of what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. Evidence of Te Tiriti o Waitangi training was sighted, and staff have completed cultural competencies.</p> <p>At the time of the audit, no residents identified as Māori. Te reo Māori is celebrated during Māori language week. Tikanga Māori and cultural awareness training is provided annually. Māori cultural training is compulsory for all staff.</p> <p>The management and staff work in partnership with residents (including those with disabilities) and whānau to ensure residents who choose to, have the opportunity to participate in te ao Māori.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Summerset policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Staff complete training around this. All staff are held responsible for creating a positive, inclusive, and safe working environment. Staff interviewed described the positive work environment and promoting teamwork at Summerset at Aotea.</p> <p>A holistic Te Whare Tapa Whā model of health at Summerset is promoted, which encompasses an individualised, strength-based approach to ensure the best outcomes for all.</p> <p>Residents interviewed expressed that they have not witnessed any abuse or neglect, they are treated fairly, and they feel safe and protected from abuse and neglect. There are monitoring systems in place, such as residents' satisfaction surveys and residents and family/whānau meetings, to monitor the effectiveness of the processes in place to safeguard residents.</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. 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. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and family/whānau interviewed were able to describe informed consent and knew they had the right to make choices. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making when the resident receiving services wants them to be involved.</p> <p>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 cultural support when a resident had a choice of treatment options available to them.</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>FA</p>	<p>The complaints procedure is equitable and is provided to residents and relatives on entry to the service. The clinical manager maintains a record of all complaints, both verbal and written, by using a</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>complaint register. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Complaints forms are located in a visible location at the entrance to the facility, next to a suggestions box. To date there were three complaints since the last certification audit in 2021, including one HDC complaint. Complaints logged include an investigation, follow up, and replies to the complainant. The two internal complaints lodged have been investigated and documented as resolved. Currently, the HDC complaint remains open; the complaint has been investigated and the requested information has been sent to the HDC. The service is waiting for the HDC response. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings. Staff meeting minutes reflected evidence of corrective actions shared with staff.</p> <p>Interviews with residents and relatives confirmed they were provided with information on the complaints process. Residents or relatives making a complaint can involve an independent support person in the process if they choose. The clinical manager acknowledged the importance of face-to-face communication with Māori and maintains an open-door policy.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Summerset at Aotea provides care for up to 46 residents at rest home level care in a serviced apartment complex. On the day of the audit there were 19 residents receiving rest home level care. All permanent residents were under the age-related residential care contract (ARRC).</p> <p>The Governance body for Summerset is the Operational and Clinical Steering Committee which is run bimonthly and chaired by the General Manager of Operations and Customer Experience. All members on the committee hold senior roles in Summerset. There is an overarching strategic business plan in place for the company, with national goals. Summerset at Aotea has a site-specific business plan called “key village activities”. The village manager completes three-</p>

		<p>monthly progress reports toward these identified goals.</p> <p>There are policies and resources available for staff to understand the application of health models for Māori and Pasifika – this includes completion of competencies, staff education and ongoing training. The governing body actively supports the provision of culturally safe practices and is supporting and embracing the use of te reo within Summerset. The organisation is also engaging with an external provider’s Māori business unit and identified leaders in the Pacific community to provide support, advice, and governance around cultural safety issues, equity and identifying barriers to accessing services for both Māori and Pacific groups. There is a plan to collaborate further with the external provider to develop an assessment process for all Summerset staff. 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.</p> <p>The non-clinical village manager has been in the position for 17 months. The clinical manager (CM), a registered nurse, was on leave on the day of the audit. A Summerset regional quality manager was overseeing the clinical manager role on the day of the audit. The CM supports the village manager. Regional operations and quality managers and a clinical education manager based at the head office also provide support. Village and clinical managers attend annual organisational forums and regional forums each year for training and support.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality</p>	<p>FA</p>	<p>Summerset at Aotea has an established organisational quality and risk management programme. There is a quality programme annual calendar which includes schedules of training, meetings, and audit requirements for the month. The village manager and the clinical manager implement the quality programme.</p> <p>There is an internal audit programme that includes all aspects of clinical care. Monthly and annual analysis of results is completed and provided to staff. There are monthly accident/incident benchmarking reports that break down the data collected across the rest home, with</p>

<p>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>this compared to other Summerset services of similar size and composition. Infection control is also included as part of benchmarking across the organisation. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Caregivers, staff, management, and quality improvement were completed as scheduled. Meeting minutes included: quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; clinical issues; and education. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved. The previous audit shortfall around meetings (NZS 8134:2008 criteria 1.2.3.6) has been addressed.</p> <p>Resident and family/whānau (consumer) satisfaction surveys are completed annually and consistently reflect high levels of satisfaction. The 2022 consumer communications survey overall satisfaction level is 81%, comparable to the national Summerset benchmark of (83%). Residents and family/whānau also confirmed their satisfaction with the service during interview. Monthly resident's meetings take place and communication is evident in meeting minutes.</p> <p>There is a health and safety system in place. The property manager is the health and safety representative. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually.</p> <p>Each incident/accident is documented electronically. The accidents/incidents reviewed were fully completed with clinical follow up and investigation documented. Incident and accident data is collated monthly and analysed. Results are discussed in the caregivers and at quality improvement meetings.</p> <p>Discussions with the village manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications required in 2022. There has been one Covid-19 outbreak (July 2022) since the</p>
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		<p>last audit in 2021. It was appropriately notified, managed and staff debriefed. There are procedures to guide staff in managing clinical and non-clinical emergencies.</p> <p>The service provides sufficient training to ensure their staff can deliver high-quality health care for Māori. Staff completed Māori cultural competencies in 2022. Summerset as an organisation critically analyses organisational practices through annual reviews, surveys and benchmarking in order to improve health equity.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented rationale for determining staffing levels and skill mix for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. There are clear guidelines for an increase in staffing depending on resident acuity. The village manager and clinical manager work 40 hours per week Monday to Friday and are available on call for any emergency issues or clinical support. There is 24/7 RN cover.</p> <p>Interviews with staff and residents confirmed that staffing levels are sufficient to meet the needs of residents.</p> <p>There is an annual education and training schedule being implemented, which includes cultural awareness training. External training opportunities for care staff includes (but is not limited to) training through Te Whatu Ora- Capital, Coast and Hutt Valley.</p> <p>The service supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. All RNs are encouraged to attend in-service training and have completed: critical thinking; infection prevention and control, including Covid-19 preparedness; identifying, and assessing the unwell resident; and dementia, delirium, and depression. All RNs are encouraged to complete the organisation's professional development and recognition portfolio.</p> <p>Staff complete competencies relevant to their role such as (but not limited to): medication; hand hygiene; moving and handling; wound; cultural competency for Māori/Pasifika; and restraint. A competency register is maintained and monitored. Registered nurse</p>

		<p>competencies include (but are not limited to): medications; syringe driver; wound care; and interRAI.</p> <p>The collection and sharing of Māori health information is included in key performance indicator (KPI) data collated, analysed, and shared with staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, police vetting, and completed orientation. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provide 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 and training programme supports RNs and caregivers to provide a culturally safe environment for Māori. Staff interviewed confirmed that they had a relevant and comprehensive orientation. Staff files are held securely. Ethnicity data is identified, and an employee ethnicity database is available.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and</p>	FA	<p>The service maintains a record of entry and decline rates. The village manager reported that the service has not declined entry to anyone identifying as Māori and that they are aware of completing Māori specific data. There were no residents who identified as Māori at the time of audit.</p> <p>The service works in partnership with local Māori communities, organisations, and their kaumātua.</p>

communicated to the person and whānau.		
<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>Five resident files were reviewed for this audit. A general practitioner (GP) from a local health centre is contracted to the service. Resident files evidenced that the GP visits the service at least weekly and is available on call. The GP had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. The GP was unavailable for interview.</p> <p>Registered nurses are responsible for all resident assessments, care planning and evaluation of care. Resident care plans are developed using an electronic system.</p> <p>All initial assessments and care plans were completed on admission to the service. Risk assessments and interRAI assessments and reassessments have been completed within expected timeframes. All residents had a detailed, individualised, and holistic care plan developed within three weeks of admission following the completion of the interRAI assessments. Outcomes of the assessments were addressed in the long-term care plan. Care plans were reviewed at least six-monthly and documented resident's progression towards their goals. Short-term care plans are developed for the management of acute problems. These were also noted on the staff handover sheets which were comprehensive in nature. Caregivers described a verbal and written handover between the shifts. Progress notes are maintained on every shift and for all significant events.</p> <p>The registered nurse (RN) and the regional quality manager interviewed described how Summerset at Aotea would be able to support a Māori resident and their whānau to identify their own pae ora outcomes in their care and support plan. Cultural care plans are available to be used as needed, as well as associated processes to guide culturally appropriate care (there were no Māori residents at the time of audit). Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Residents' electronic files identify the integration of allied health professional input into care and a team approach is evident. A</p>

		<p>physiotherapist and dietitian are available by referral. A podiatrist visits six-weekly. Other allied health professionals involved in care include hospice, clinical nurse specialists and medical specialists from Te Whatu Ora Capital, Coast and Hutt Valley.</p> <p>Family/whānau were notified of all changes to health, including infections, accidents/incidents, GP/NP visits, medication changes and any changes to health status. Notifications and discussions were evident in the files reviewed.</p> <p>A wound register is maintained. There was one wound in total (a lesion). A comprehensive wound assessment, wound management plan and detailed evaluations evidenced progression towards healing; however, wound care interventions were not always performed according to set timeframes. The service can access the local wound nurse specialist if required.</p> <p>Residents' records, observations, and interviews verified that the care provided to residents was consistent with their assessed needs, goals, and aspirations. The residents and family/whānau interviewed confirmed their involvement in the evaluation of progress and any resulting changes; however, this is not well documented in the care plans.</p> <p>Continence products are available and care plans reflect the required health monitoring interventions for individual residents.</p> <p>A suite of monitoring forms are available for the RNs to utilise, including: bowel charts; blood pressure; turning charts; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regimens. Monitoring charts were not always completed according to the care plan interventions. Previous audits identified issues around monitoring (NZ 8134:2008 criteria 1.3.6.1) and this continues to be a shortfall.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p>	<p>FA</p>	<p>Summerset at Aotea employs one part-time diversional therapist (DT) and a full-time activity assistant who lead and facilitates the activity programme for the village and the care centre.</p> <p>The activity programme supports community initiatives that meet the</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>health needs and aspirations of Māori and whānau. There are organised celebrations of Waitangi Day and Matariki; Māori language week was celebrated. Celebration photographs were displayed showing staff participation in cultural activities around the facility, including staff who identify as Māori. During the interview, the activity assistant was able to discuss how the service would be able to support Māori residents to meet their needs and aspirations. Residents visit their family/whānau in the community and families can visit the residents in the facility.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice. The RNs and senior caregivers are responsible for the administration of medications. They have completed medication competencies and annual medication education. The RNs have completed syringe driver training. All stock medications and robotic rolls were evidenced to be checked on delivery, with discrepancies fed back to the supplying pharmacy. Standing orders are not used by the service. Eye drops are dated on opening. There was a resident who self-administers cough medicine. Appropriate processes were in place to ensure this was managed in a safe manner. The medication fridge and medication room temperatures were monitored, and daily records were within the acceptable range.</p> <p>Ten resident medication charts on the electronic medication system were reviewed. The medication charts had photograph identification and allergy status recorded. Staff recorded the time, date, and outcomes of pro re nata (PRN) medications. All PRN medications had an indication for use. The GP had reviewed all medication charts at least three-monthly. Over the counter medications are reviewed and prescribed by the GP.</p> <p>Residents and their family/whānau are supported to understand their medications when required. The regional quality manager and the RN stated that appropriate support and advice will be provided when requested by Māori.</p>

		<p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required.</p> <p>Summerset head office has been reviewing medication errors and implementing a medicines optimisation programme. The service is currently implementing an improvement project around reducing the number of medications each resident takes simultaneously (polypharmacy).</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Kitchen staff and care staff interviewed understood tikanga Māori practices in line with tapu and noa requirements.</p> <p>Residents' nutritional requirements are assessed on admission to the service, in consultation with the residents and their family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements.</p> <p>The Māori health plan in place includes cultural values, beliefs, and protocols around food. The kitchen manager/chef stated that menu options culturally specific to te ao Māori will be offered to Māori residents when required, giving examples of culturally specific food that might be offered. The village manager and the kitchen manager/chef gave examples of how they met the former Māori resident's cultural food needs. Family/whānau are welcome to bring culturally specific food for their relatives. Residents and family/whānau members interviewed indicated satisfaction with the food services.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. The residents and their families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested.</p>

<p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The current building warrant of fitness is displayed at reception and expires on 13 October 2023. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose.</p> <p>A full-time property manager of the care centre and villas (also available on-call) oversees a property assistant and two gardeners. Maintenance requests for repairs are logged onto the online system where they are actioned and signed off when completed. There are preferred contractors available 24 hours a day as required. Monthly planned maintenance duties are set by the head office. These include resident-related and environmental planned maintenance and signed off when completed.</p> <p>The village manager, regional quality manager and RN interviewed were fully informed around seeking consultation/input with Summerset Māori health advisors and/or community representatives, if needed, to ensure the design and environment of future redesign would reflect the identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>There is an approved evacuation plan in place. Fire evacuations are held six-monthly.</p> <p>The building is secure after hours, and staff complete security checks at night. The staff orientation includes fire and security training.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	<p>FA</p>	<p>There are policies and procedures available related to pandemic</p>

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>management, the use and management of personal protective equipment (PPE), Covid-19 and outbreak management. Education around outbreak management is included as part of annual training and updates as needed. There is a plentiful supply of PPE on site and additional stores available from head office.</p> <p>The organisation is working towards incorporating te reo information around infection control for Māori residents. The organisation promotes culturally safe practices, acknowledging the spirit of Te Tiriti through the Māori Health Plan. The staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>All infections are recorded electronically. The data is collated and analysed to identify any significant trends or common possible causative factors monthly and action plans are implemented. There are standardised surveillance definitions used. The infection prevention and control programme links with the quality programme. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>The RN reported that culturally safe processes for communication will be provided when required. Residents and families/whānau interviewed expressed satisfaction with the communication provided.</p> <p>There has been one Covid-19 outbreak (2022). Document review showed that the service followed its pandemic plan. Families/whānau were kept informed by telephone or email. Visiting was restricted.</p> <p>Infection control surveillance is discussed at quality, RN, and caregiver meetings. Infection rates are reported to the Operations and Clinical Steering Committee in their bimonthly report. The rates are provided in graph format with associated commentary. Infection control data is benchmarked against other Summerset facilities. Proposed corrective actions and improvements are included in the commentary in the reports and reviewed and discussed at the meetings. Meeting minutes and graphs are displayed for staff. The service receives email infection notifications and alerts from</p>

		<p>Summerset head office and locally from Te Whatu Ora- Capital, Coast and Hutt Valley.</p> <p>The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical manager (who was not available). The regional manager and RN interviewed were knowledgeable around the restraint policy, procedures, and reporting requirements. At the time of the audit, the facility was restraint free.</p> <p>The use of restraint (if any) would be reported in the quality meetings and is also included in the bimonthly reports as one of the clinical indicators. Restraint use is demonstrated in graphs, showing a breakdown of restraint use by site and the 12-month trend for Summerset restraint use. A breakdown of the types of restraints in use at a national level is also provided.</p> <p>Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.