

Summerset Care Limited - Summerset on the Coast

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Summerset Care Limited
Premises audited:	Summerset on the Coast
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 March 2023 End date: 21 March 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:	42

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
	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 on the Coast provides hospital (geriatric and medical) and rest home level of care for up to 44 residents. There were 42 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, staff, and a general practitioner.

The service is managed by a suitably qualified village manager and clinical nurse leader. There have been no significant changes to the facility or services since the last audit. Residents and family/whānau spoke positively about the care provided.

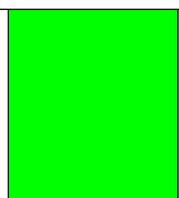
There are quality systems and processes implemented. There is a stable team of experienced caregivers and non-clinical staff to support the management team and registered nurses. Hazards are identified and appropriately managed.

An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. Competencies specific to the employee roles are reviewed annually.

There were no areas of improvement to follow up from the previous audit.

This surveillance audit has identified one improvement required in relation to implementation of repositioning charts.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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There is a Māori health plan in place for the organisation. Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan. The service partners with Pacific communities to encourage connectiveness. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The 2023 business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There is a staffing and rostering policy. Human resources are managed in

accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. There is evidence of family/whānau participation in care and treatment provided. Care plans demonstrate service integration. Resident records included medical notes by the contracted general practitioner and other visiting allied health professionals.

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

There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection is authentically maintained.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Cultural, traditional and religious appreciating related to food and food practices are respected.

Transfer, exit and discharges occur in a coordinated manner with the involvement of family/whānau and other services to ensure continuity of care.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building has a current warrant of fitness and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Equipment is maintained through testing, tagging and calibration. Security arrangements are in place in the event of a fire or external disaster. Visitors and staff are clearly identifiable. There is a printed up-to-date resident list for evacuation purposes.

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 infection control programme and antimicrobial stewardship programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at executive and Board level. There are appropriate number of protective personal equipment to manage outbreaks.

The infection control coordinator is a registered nurse. The infection control committee is supported by representation from all areas of the service. Education includes cultural appropriate practices related to infection control.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There had been two outbreaks recorded and reported on since the last audit.

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.
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The restraint coordinator is a registered nurse. At the time of the audit there were three residents using a restraint. Restraint minimisation practice is part of the annual education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. Restraint use is part of the reporting process within the quality programme.

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	21	0	1	0	0	0
Criteria	0	58	0	1	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>Summerset on the Coast has policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. A Māori Health policy and procedure is in place and describes a commitment to a diverse workforce and development of the Māori workforce.</p> <p>Māori staff are employed across all levels of the service, including in leadership roles. The service supports increasing Māori capacity by employing more Māori staff members, particularly in the RN roles, as vacancies and applications for an employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed by Summerset head office staff.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of</p>	FA	<p>Summerset on the Coast currently has no residents who originate from the Pacific Islands. Should a Pacific resident be admitted to the facility, the facility has a plan for managing care so that their needs can be adequately met. There are staff members who identify as Pasifika. Pacific Peoples policy and procedure describe culturally</p>

<p>Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>safe services based on Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025.</p> <p>Staff completed training around equitable and culturally safe services for Pasifika. In the interview, staff were able to describe how they can apply a Pacific health perspective to person-centred care. The service is linked with their Pacific staff to assist with the implementation of the Pacific Peoples policy.</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>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes. Enduring Power of Attorney (EPOA) and family/whānau or representatives of choice are consulted in the assessment process to determine residents' wishes and support needs when required. The service is guided by the cultural policies and training sessions that outline cultural responsiveness to residents' who identify as Māori.</p> <p>The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place.</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>	FA	<p>Summerset on the Coast's annual training plan schedules training that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi was provided in 2022 to support the provision of culturally inclusive care. The organisation's orientation includes understanding the principles of Te Tiriti o Waitangi. Māori cultural days are celebrated (including Matariki and Waitangi Day).</p> <p>The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Policies and procedures are updated to ensure that te reo Māori and tikanga practices are incorporated in all activities undertaken.</p> <p>The service responds to residents' needs through collaboration and participation of family/whānau.</p> <p>Interviews with nine staff (four caregivers, two registered nurses</p>

		<p>[RNs], one diversional therapist [DT], one property manager, one chef manager) clinical nurse leader [CNL]) and one care centre manager [CCM] and review of care plans identified that the service provides a resident and family/whānau centred service.</p> <p>Four residents (two hospital and two rest home) interviewed, and three family/whānau (two hospital and one rest home), confirmed that individual choices, independence and cultural beliefs are respected.</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>	FA	<p>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. Staff complete education on orientation and annually as per the training plan on code of conduct and professional boundaries. 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. The staff survey for 2022 evidenced staff satisfaction related to approachable management, positive work environment and great teamwork.</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>	FA	<p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy links to tikanga guidelines. The Māori Health Equity policy is available to guide on cultural responsiveness to Māori perspective of health. The registered nurses interviewed demonstrated a good understanding of informed consent processes. Cultural training includes best tikanga guidelines. The care centre manager interviewed had a good understanding of the importance of face-to-face communication for Māori. The resident files reviewed evidenced the resident and family/whānau are involved in decision making processes.</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 families/whānau during the resident's entry to the service. A complaints management policy includes information on access to advocacy and complaint support systems. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, had been addressed promptly. The care centre manager is responsible for the management of complaints and provides Māori residents with support to ensure an equitable complaints process.</p> <p>A complaints register is being maintained. Seven complaints were lodged for 2021-2023 year to date. No trends have been identified. All complaints are documented as resolved. Follow up and resolution letters link to the national advocacy service. Complaints follow up and resolution occur within the guidelines of the Health and Disability Commissioner (HDC). There have been no complaints received from external sources since the previous audit.</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 on the Coast provides rest home and hospital (medical and geriatric services) level care for up to 44 residents. The rooms are approved for both rest home and hospital level residents. On the day of the audit there were 42 residents; 10 rest home level and 32 hospital level. All residents were under the aged related residential care contract (ARRC).</p> <p>There is a retirement village attached (with no certified apartments) as part of the complex with overall management of the site provided by a village manager (non- clinical), who has been employed at Summerset for two years. The care centre is managed by a care centre manager (RN) who has been in her role for over five years. They are assisted by a clinical nurse leader (CNL). The non-clinical village manager has had previous management roles within healthcare settings.</p> <p>Summerset Group has a well-established organisational structure. The Governance body for Summerset is the operational and clinical</p>

		<p>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 facilities throughout New Zealand is supported by this structure.</p> <p>The director for Summerset is a member of the governing committee and is the chief executive officer (CEO). The CEO works with the chair of the committee and the members to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care service standards and outcomes, mitigation of risks and a focus on continuous quality improvement. 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. The Māori health policy and procedure reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery.</p> <p>The business plan for Summerset on the Coast for 2023 describes annual goals and objectives that support outcomes to achieve equity for Māori and addressing barriers for Māori. Cultural safety is embedded within the documented quality programme and staff training.</p> <p>Tāngata whaikaha have meaningful representation through quarterly resident meetings and quarterly satisfaction surveys. The management team review the results and feedback to identify barriers to care to improve outcomes for all residents. The governance and management team have an open and transparent decision management process that includes regular staff and residents' meetings.</p> <p>The care centre manager has completed eight hours of professional development activities related to managing an aged care facility.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Summerset has an organisational quality and risk programme which has been implemented at Summerset on the Coast. There is a quality programme annual calendar which includes schedules of training, meetings, and audit requirements for the month. The quality programme is implemented by the village manager and the care centre manager.</p> <p>The service is implementing 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 and hospital, with 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, quality improvement and infection control meetings 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.</p> <p>Resident and family/whānau (consumer) satisfaction surveys are completed quarterly and consistently reflect high levels of satisfaction. The quarterly satisfaction surveys for 2022 evidence overall satisfaction in relation to the surveyed areas (food and communication), which was higher than the national Summerset benchmark. Residents and family/whānau also confirmed their satisfaction with the service during interview. Resident's meetings occurred and infection prevention and control and Covid-19 were discussed at meetings.</p> <p>A health and safety system is being implemented. Hazard identification forms and an up-to-date hazard register were sighted.</p>

		<p>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. A comprehensive health and safety audit is included in the audit schedule. A review of the audit outcome report showed that training needs are identified and required corrective actions were implemented.</p> <p>The individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available to visit as required. Each incident/accident is documented electronically. Eleven accidents/incidents were reviewed for September and October 2022. All reports were fully completed with clinical follow ups. Incident and accident data is collated monthly and analysed. Results are discussed in the caregivers, RNs and at quality improvement meetings.</p> <p>Discussions with the care centre manager evidenced her awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications completed in 2022. There had been two outbreaks documented since the last audit: two Covid-19 outbreaks in September 2022 and March 2023. These were 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 nurses and care staff can deliver high-quality health care for Māori. Staff completed Māori cultural competencies in 2022. As part of the overall annual review of the quality programme, the service reviews the annual education and competence programme. Staff are supported to learn te reo Māori and e-learning material and resources are available.</p> <p>Critical analysis of organisational practice is completed through benchmarking and analysis and reports at national level, annual review of the quality programme, review of policies and internal audits.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>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 care centre manager work 40 hours per week Monday to Friday and are available on call for any emergency issues or clinical support. The clinical nurse lead works Wednesday to Saturday. The GP provides on-call support after hours.</p> <p>There are two RNs on in the morning, afternoon and on night shift. They are supported by seven caregivers (four on long shift and three on shorter shifts) in the morning, six in the afternoon (three on long shift and three on shorter shift) and two caregivers on at night. There is a support caregiver (kaitiaki) on in the morning and in the afternoon.</p> <p>The RN on each shift is aware that extra staff can be called on for increased resident requirements. There are dedicated housekeeping and laundry staff seven days a week. Interviews with staff, residents, and family/whānau confirmed that staffing levels are sufficient to meet the needs of residents.</p> <p>A Māori Health policy and procedure includes objectives around establishing an environment that supports cultural safe care through learning and support. There is an annual education and training schedule completed for 2022 and is being implemented for 2023. The education and training schedule lists compulsory training, which includes cultural communications and understanding, and Treaty of Waitangi awareness training. Cultural awareness training is part of orientation and provided annually to all staff; last completed in February 2023. Cultural training includes health equity training. Educational outcomes and objectives include an understanding of health equity to improve outcomes for Māori. High quality health information is available on the intranet for staff to read. Staff interviewed stated how they are supported to learn te reo Māori.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Summerset supports all employees to transition through the New Zealand</p>
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		<p>Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 30 caregivers employed in total. Seventeen caregivers have achieved either level three or level four NZQA qualification. All caregivers are required to complete annual competencies for: restraint; moving and handling; personal protective equipment (PPE); medication; handwashing; insulin administration; and cultural competencies.</p> <p>All new staff are required to complete competency assessments as part of their orientation. Registered nurses' complete competencies, including restraint, medication competency (including controlled drug management, insulin administration and syringe driver training) and oxygen administration. Additional RN specific competencies include subcutaneous fluids, and interRAI assessment competency. Seven of twelve RNs are interRAI trained. All RNs attended in-service training and completed training in critical thinking and problem solving, and infection prevention and control, including Covid- 19 preparedness. External training opportunities include training through Te Whatu Ora- Capital, Coast and Hutt Valley and hospice.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. 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 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 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. 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 communicated to the person and whānau.</p>	<p>FA</p>	<p>Potential residents are provided with alternative options and links to the community if admission is not possible. 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. The service works in partnership with local Māori communities, staff and organisations on matters in order to benefit Māori individuals and family/whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Five resident files were reviewed (one rest home and four hospital level resident). All residents were under the aged residential care contract (ARRC).</p> <p>The service contracts a GP from a local health centre for weekly visits. The permanent residents' 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 (interviewed) commented positively on the service and confirmed appropriate and timely referrals.</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. Residents are involved in the development and evaluation of the care plan. All assessment and care planning is undertaken by a registered nurse. Initial care plans are developed with the resident's enduring power of attorney (EPOA) consent within the required timeframe. Long-term care plans had been completed within 21 days for long-term residents and the first interRAI assessments had been completed within the required timescales for all resident files reviewed. InterRAI assessments sampled had been reviewed six-monthly and care plans evaluated</p>

	<p>within the required six-month timeframe, with written progress towards goals. The residents' activity needs are reviewed six-monthly at the same time as the care plan review process. Residents and family/whānau are supported to identify pae ora outcomes.</p> <p>The outcomes of the interRAI assessment forms the basis of the care plan. Care plans include cultural goals, spiritual support, whānau, physical and mental health of residents. The care plan identifies resident focused goals. For end-of-life care, the service uses The Ara Whakapiri. Interventions are recorded for key identified areas that require support; the interventions are recorded to a detail that is sufficient to guide staff in the care of the resident. The service supports tāngata whaikaha and whānau to independently access information, and identify strategies to manage these are documented.</p> <p>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>Resident electronic files identify the integration of allied health professional input into care and a team approach is evident. A 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 visits, medication changes and any changes to health status. All notifications and discussions were evident in the files reviewed.</p> <p>A wound register is maintained. There were 10 wounds in total. These included one pressure injury (stage II); two chronic leg ulcers and the remaining wounds were skin tears, and minor lesions. Wound dressings were being changed appropriately in line with the documented management plan. The service can access the local wound nurse specialist if required. Comprehensive wound assessments, and management plans are documented. Wound</p>
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		<p>evaluations evidence progression towards healing, and changes are made to the plan in the event of wound deterioration.</p> <p>Continence products are available and care plans reflect the required health monitoring interventions for individual residents.</p> <p>Caregivers and RNs complete monitoring charts, including: bowel charts; blood pressure; turning charts; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regimens. Repositioning charts were not always completed according to the care plan interventions. There is a falls prevention and management policy and procedure for recording neurological observations; these are consistently recorded for unwitnessed falls.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The monthly activities calendar includes celebratory themes and events. The activities calendar is posted on noticeboards throughout the facility. Residents advised verbally of the activities available that day. The service facilitates opportunities for Māori to participate in te ao Māori through the use of Māori language flash cards, the use of Māori mythology stories, poi exercises and culturally focussed music. There are opportunities to learn some basic te reo Māori simple conversations, new words and some popular waiata (songs). The recreational therapist interviewed stated that the service had Māori residents in their care previously and community initiatives were supported, and opportunities were created to meet the health needs and aspirations of Māori and whānau. There is a Māori chaplain accessible that can perform blessing and karakia.</p> <p>The service engages with local community volunteers, entertainers and visitors.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with</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 (electronic system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews on all medication</p>

<p>current legislative requirements and safe practice guidelines.</p>	<p>charts.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments.</p> <p>A total of 10 medicine charts were reviewed. Allergies are indicated, and all photos on medication charts were current. Indications for use are noted for pro re nata (PRN) medications, including over the counter medications and supplements. Efficacy of PRN medication is documented in the progress notes and electronic management system and evidence of this was sighted. Eye drops were dated on opening.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incident forms were completed in the event of a medication error and corrective actions were acted upon. A medication round was observed and the RN was observed to administer medications safely and correctly. Medications were stored safely and securely in the trolleys and locked treatment room.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>There was one resident self-administering an inhaler. The self-medication policy is implemented, and the medication is kept secure in their room. There are no standing orders in use, and no vaccines kept on site. Any over-the-counter medication and supplements are considered by the service to be part of the residents' medications and are charted appropriately.</p> <p>The medication policy clearly outlines residents, including Māori residents and their whānau, are supported to understand their medications. This was confirmed in interviews with the registered nurses. The registered nurses and management described how they work in partnership with all residents to ensure the appropriate support and advice is in place. Residents are involved in their three-monthly medical reviews and six-monthly multidisciplinary reviews.</p>
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		Any changes to medication are discussed with the resident and or family/whānau.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The menu is distributed to the residents weekly, allowing a choice of meals. The chef manager consults directly with residents to gain feedback of the food services and adjusts the menu if any special requests are required. The chef manager advised that as part of cultural celebrations, such as Matariki, there is choice of Māori foods. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes. Food safety training completed by kitchen staff includes cultural concepts such as tapu and noa. The chef manager described how they would provide menu options culturally specific to te ao Māori if requested by residents.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>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 transfer and discharge of resident policy that includes a communication pathway to ensure planned, informed and coordinated transfers. Residents and their family/whānau were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers had been completed. There is evidence of referrals for re-assessment from rest home to hospital level of care.</p> <p>Interviews with the clinical nurse lead and registered nurses and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers.</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</p>	FA	<p>The current building warrant of fitness is displayed at reception. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose.</p>

<p>around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>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. Monthly planned maintenance duties are set by the head office. These include resident-related and environmental planned maintenance and are signed off when completed.</p> <p>The village manager and care centre manager 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 The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>There is an approved evacuation plan (24 September 2008). Fire evacuations are held six-monthly. There is an up-to-date resident list in case of a fire evacuation.</p> <p>The building is secure after hours, and staff complete security checks at night. The staff orientation includes fire and security training. Staff are easily identifiable.</p>
<p>Subsection 5.2: The infection prevention programme and implementation 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>	FA	<p>There is an organisational pandemic and outbreak plan in place, and this is reviewed at regular intervals. Sufficient infection control resources, including personal protective equipment (PPE), were sighted. Infection control resources were readily accessible to support the pandemic plan if required. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection control information available and accessible in te reo Māori on their intranet. The infection prevention control coordinator partners with Māori residents and staff to ensure the protection of culturally safe practices in infection prevention,</p>

		acknowledging the spirit of Te Tiriti o Waitangi. In interviews, staff understood tikanga guidelines related to infection prevention. The Māori health plan includes the importance of ensuring culturally safe practices in infection prevention. The infection control coordinator has access to a Māori health advisor as needed.
<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>All infections are recorded electronically. The data includes ethnicity and is collated and analysed to identify any significant trends or common possible causative factors monthly. There are standardised surveillance definitions used. Infection control surveillance is discussed at facility meetings. Infection rates are reported to the operations and clinical steering committee in their bimonthly report. Infection control data is benchmarked against other Summerset facilities. The service receives email notifications and alerts from Summerset head office and Te Whatu Ora - Capital, Coast and Hutt Valley for any community concerns.</p> <p>The short-term care plans sampled for review evidenced that residents who developed a healthcare-associated infection, were advised of the condition in a timely manner. The care centre manager 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 have been two Covid-19 outbreaks since the previous audit. Document review showed that the service followed its pandemic plan. Families/whānau were kept informed by telephone or email. Visiting was restricted. The implementation of the pandemic plan was successful.</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>	FA	<p>The restraint policy identifies the organisations` commitment to minimising restraint use. Restraint use is benchmarked and link to operational goals of reducing and eliminating restraint. The restraint approval process is described in the restraint policy and procedures meet the requirements of the HDSS:2021 Standard and provides guidance on the safe use of restraints. The restraint coordinator is a</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>registered nurse, who provides support and oversight. The restraint coordinator (not available at the time of the audit) has a job description in relation to restraint responsibilities.</p> <p>The quality reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff.</p> <p>Family/whānau or resident approval is gained and any impact on family/whānau and the resident is also considered. Restraint will only be used as a last resort when all alternatives have been explored. Regular training occurs in management of challenging behaviour and restraint minimisation. Staff completed restraint competencies. Review of restraint use is discussed at staff meetings. Interview with the CCM and CNL confirmed that they are aware of working in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>There are three residents listed recorded in the restraint register and they are all requiring hospital-level care. Two residents are using side rails and one using a T-belt when the resident was in the chair. The restraint register was maintained and current. Care plan interventions around restraint use included risks and monitoring requirements. Monitoring charts were completed as required and include documented details of the effect of restraint and staff observations during restraint.</p> <p>Restraint audits are completed, and evidence the service to be fully compliant. The outcome of the audit is discussed at monthly RN and caregiver meetings and the required follow up from the audit is completed. Restraint is included as part of the mandatory training plan and orientation programme.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any</p>	PA Low	<p>There have been no Section 31 notifications required for pressure injuries. There is a Pressure Injury Prevention and Management policy that provide guidelines for the completion of repositioning charts. Monitoring charts are completed on the electronic resident file; however, repositioning charts are not used. The care plans for all the residents stated the frequency of repositioning required. The CNL interviewed stated staff are required to complete progress notes each time they reposition residents; this was confirmed with interviews with caregivers and therefore, turning charts were stopped. Progress notes reviewed do not always capture repositioning as explained.</p>	<p>Repositioning charts have not been implemented in line with the policy requirements for four hospital level residents that are assessed as high risk of pressure injuries.</p>	<p>Ensure repositioning charts are implemented as per the policy requirements.</p> <p>90 days</p>

changes are documented.				
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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.

No data to display

End of the report.