

# Summerset Care Limited - Summerset by the Sea

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## 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:

<b>Legal entity:</b>	Summerset Care Limited
<b>Premises audited:</b>	Summerset by the Sea
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 5 April 2023      End date: 6 April 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	31

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
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 by the Sea provides hospital (geriatric and medical) and rest home level of care for up to 59 residents. There were 31 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 - Hauora a Toi Bay of Plenty. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a general practitioner.

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

The shortfalls from the previous certification and partial provisional audit around the complaints process, a transition plan for the reconfigured serviced apartments, the quality programme, monitoring of security of the building site, and completion of the building site prior to occupancy have been addressed.

This audit identified an improvement required around care plan interventions.

## 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.

There is a commitment by the organisation to ensure 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. Staff have attended Te Tiriti o Waitangi training and completed competencies following training. On the day of audit, there were residents who identified themselves as Māori. A Māori health plan developed with input from cultural advisers is in place.

Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The Governance body for Summerset is the operational and clinical steering committee who meet bi-monthly 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 by the Sea.

There is a documented and implemented quality and risk management system. Quality data is analysed to identify and manage trends. The service complies with statutory and regulatory reporting obligations. Human resource management policies are implemented. The service has an induction programme in place that provides new staff with relevant information for safe work practice. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Workforce planning is fair and equitable.

## 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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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.

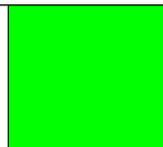
The activity programme offers a diverse range of activities and provides activities for both rest home and hospital residents. The programme incorporates the cultural requirements of the residents.

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 by the Sea has 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.



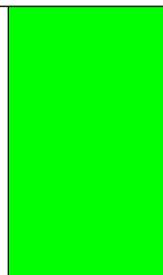
Subsections applicable to this service fully attained.

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 carried out. 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 by the Sea 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. The service is actively working to eliminate restraint.

Use of restraints nationally is included in the bi-monthly 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. There was one resident with restraint at the time of 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	21	0	1	0	0	0
Criteria	0	65	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 by the Sea has policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work, including employment of Māori staff.</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.</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>Summerset by the Sea 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.</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.</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. Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes. Enduring Power of Attorney (EPOA)/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>Interviews with the care centre manager, clinical nurse leader, and staff confirmed that Māori mana motuhake is recognised. The Māori health plan recognises Māori motuhake and is understood by staff interviewed, including the chef manager, one registered nurse (RN), two caregivers, two kitchen assistants, cleaner, administrator, and one diversional therapist (DT).</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. Staff interviews 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 completed competencies following training.</p> <p>Residents' privacy, dignity, confidentiality, and preferred level of interdependence are respected. The management team and staff reported that residents are supported to maintain their independence. Residents were able to move freely within the facility, and outside. Eight residents (five hospital, three rest home), and three family/whānau (hospital level) reported that their values and beliefs are respected, and the five resident files reviewed evidenced this.</p> <p>Te reo Māori is celebrated during Māori language week. There were a</p>

		<p>number of activities offered to residents related to cooking, dancing, and Māori art, as part of the activities programme. The management team are actively involved in the delivery of these events.</p> <p>At the time of the audit there were residents who identified as Māori. The registered nurse (RN) interviewed, confirmed that the service is actively supporting Māori by identifying their needs and aspirations. This was evidenced in the care plan of a resident who identified as Māori, which included the physical, spiritual, family/whānau, and psychological health needs of the resident.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Summerset policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Staff complete training around this. 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.</p> <p>Residents interviewed expressed that they have not witnessed any abuse or neglect, and are treated fairly, and 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.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make</p>	FA	<p>Residents and family/whānau interviewed were able to describe informed consent and knew they had the right to make choices. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p> <p>The Māori health plan acknowledges Te Tiriti and the impact of culture and identity on the determinants of the health and wellbeing of Māori residents. The service follows relevant best practice tikanga guidelines, 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</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>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. Staff have received training on cultural safety and tikanga best practice.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumer Rights (the Code) is displayed in English and te reo Māori. Summerset has a complaints policy and processes in place to manage complaints in line with Right 10 of the Code. The complaints process is made available in the admission agreement and explained by the care centre manager and the clinical nurse leader on the resident's admission. The complaint forms are available in the facility along with information on advocacy, should they require this.</p> <p>Residents and family/whānau interviewed understood their right to make a complaint, knew how to do so, and stated they can raise any concerns and provide feedback on services. Staff were able to describe the complaints process.</p> <p>The acting village manager and the care centre manager are responsible for addressing any complaints. There have been ten complaints relating to care logged in 2022, and two in 2023 year to date. All complaints documented a comprehensive investigation, follow-up, and replies to the complainant within the required timeframes. All complaints were resolved to the satisfaction of the complainant. This is an improvement on the previous audit, and the partial attainment relating to (HDSS:2008 #1.1.13.3) has been satisfied. 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</p>	<p>FA</p>	<p>Summerset by the Sea is certified to provide rest home and hospital (medical and geriatric) levels of care. There are 27 dual-purpose, and two dedicated rest home beds in the care centre. There are 20 serviced apartments certified for rest home care, and 10 serviced apartments certified for hospital level care. At the time of the audit</p>

<p>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>there were 31 residents: 19 at hospital level, (including 3 in the serviced apartments, and a resident on a younger person with a disability - YPD), and 12 at rest home level, (including 5 in the serviced apartments, and one respite resident). All residents apart from the respite and YPD were under the age-related residential care (ARRC) contract.</p> <p>The care centre manager is a RN with a current annual practising certificate and has many years of health management experience with relevant training. They are supported by an experienced clinical nurse leader.</p> <p>The Governance body for Summerset is the Operational and Clinical Steering Committee, which is run bi-monthly 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. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Summerset by the Sea has a site-specific business plan called “key village activities”. This document includes goals around seven dimensions: financial performance; residents’ satisfaction; pandemic planning and management; staff satisfaction; high-quality care; health and safety; and sustainability/social responsibility. The village manager completes three-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. 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 previous shortfall relating to a transition plan (HDSS:2008 #</p>
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		1.2.1.1) has been addressed. The management report team indicated the transition from using the previous care centre beds to service apartments was smooth with no disruption to residents.
<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>	FA	<p>Summerset by the sea has a planned and implemented quality and risk system. 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 acting 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. Resident and family/whānau (consumer) satisfaction surveys are completed annually and reflect high levels of satisfaction. 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. 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. Health and safety meeting minutes show evidence of discussion or sign off of resolution of issues when raised. The finding at the previous audit relating to (HDSS:2008 #1.2.3.6) has been satisfied. The facility is fully competed</p>

		<p>and provides a safe environment for all residents, including those using mobility aids. The previous audit relating to the partial provisional audit (HDSS:2008 #1.2.3.9) has been addressed.</p> <p>Each incident/accident is documented electronically. Ten accidents/incidents were reviewed for March 2023. 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 their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed in 2022 relating to registered nurse shortages. There had been one outbreak documented since the last audit: a Covid-19 outbreak in December 2022. This was appropriately notified, managed and staff debriefed.</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. Summerset by the Sea critically analyses organisational practices 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 care centre manager works 40 hours per week Monday to Friday and is available on call for any emergency issues or clinical support. The clinical nurse leader works four days per week, and also covers on-call.</p> <p>Interviews with staff, residents, and family/whānau 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 include training through Te Whatu Ora - Hauora a Toi Bay of Plenty and hospice. Staff participate in</p>

		<p>learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>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; 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.</p> <p>The collection and sharing of Māori health information is included in key performance indicator (KPI) data that is 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 (one caregiver, one RN, the clinical nurse leader, and two housekeepers) 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</p>

		<p>they had a relevant and comprehensive orientation.</p> <p>All staff information is 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 communicated to the person and whānau.</p>	<p>FA</p>	<p>The service maintains a record of entry and decline rates. The care centre 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 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>
<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 (two rest home level, including one respite care, and three hospital-level care, including the YPD resident, and one receiving hospital level care in a serviced apartment).</p> <p>The service contracts a GP from a local health centre for weekly visits. Some residents choose to retain their own GP. 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.</p> <p>Initial care plans are developed with the resident and the resident's enduring power of attorney (EPOA) consent within the required</p>

	<p>timeframe. Initial interRAI assessments and reassessments had been completed within the required timescales for all resident files reviewed. Long-term care plans had been completed within 21 days for all long-term residents reviewed (apart from one rest home resident). The individualised long term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. Two of five files reviewed did not document all care interventions required; however, for both cases, progress notes contained details relating to these conditions, and staff interviewed could describe the required interventions in detail. Care plans had been evaluated within the required six-month timeframe with written progress towards goals for those residents who had been in the service for six-months or more. The residents activity needs are reviewed six-monthly at the same time as the care plan review process. 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 visits once monthly, and a dietitian is 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 - Hauora a Toi Bay of Plenty. The registered nurse and management interviewed described supporting a Māori resident and their whānau to identify their own pae ora outcomes in their care and support plan. This was evident in the resident's clinical record. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</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, and notifications and discussions were evident in the files reviewed.</p> <p>A wound register is maintained. There were 16 residents with wounds in total. These included one stage 2 pressure injury (non-facility</p>
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		<p>acquired); the remaining wounds were skin tears, lesions, and chronic ulcers. Wound dressings were being changed appropriately in line with the documented management plan. There was evidence of wound nurse specialist input into chronic wound management.</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.</p> <p>Continence products are available and care plans reflect the required health monitoring interventions for individual residents.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>Summerset by the Sea employs one full-time diversional therapist (DT) and two part-time kaitiaki assistants who lead and facilitate the activity programme.</p> <p>The activities programme supports community initiatives that meet the 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 DT described in detail the cultural and individualised activities facilitated for a younger Māori resident, which in conjunction with the documentation reviewed evidenced meeting the resident's needs and aspirations.</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>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</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>service. Medication checks occur as scheduled. Eye drops are dated on opening. There was a resident who self-administers inhalers. 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 ne rata (PRN) medications. All PRN medications had an indication for use. All medication charts had been reviewed by the GP at least three-monthly. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP.</p> <p>Residents and their family/whānau are supported to understand their medications when required. The care centre manager and the GP stated that appropriate support and advice is provided for all residents.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Kitchen staff are trained in safe food handling. 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 chef manager interviewed stated that menu options culturally specific to te ao Māori are offered to Māori residents when required, giving some examples of how they meet Māori residents cultural food needs including the provision of ‘doughboys’ (Māori dumplings) with certain meals. Family/whānau are welcome to bring culturally specific food for their relatives. Residents and family/whānau members interviewed indicated satisfaction with</p>

		the food services.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. 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, social support or kaupapa Māori agencies, where indicated or requested.</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>	FA	<p>The current building warrant of fitness is displayed at reception and expires on 21 April 2023. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. The shortfalls related to the previous partial provisional audit (HDSS: 2008 #1.4.2.1, and #1.4.4.1) have been fully satisfied.</p> <p>There is a documented preventative maintenance plan, and includes checking and calibration of medical equipment, testing and tagging of other electrical equipment. Checking and calibration of medical equipment, hoists and scales is next due on 14 February 2024. Hot water temperatures are maintained within suitable ranges and checked monthly. The environment, art and decor are inclusive of peoples' cultures and supports cultural practices.</p> <p>The acting 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</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 are emergency and disaster manuals to guide staff in managing emergencies and disasters. There is an approved evacuation plan. Fire evacuations are held six-monthly. The civil defence cupboard is well-equipped and checked regularly. There is sufficient water, food, and alternative cooking in the event of an emergency. The call bell panels are fully integrated into the existing system, allowing residents to summon assistance when required. There is at least one member of staff with a current first aid certificate on duty at any given time. The findings at the previous partial provisional audit relating to HDSS:2008 #1.4.7.1, #1.4.7.3, and 1.4.7.5 have been fully satisfied.</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 implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There are a number of policies and procedures related to pandemic management, 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 care centre has incorporated te reo information around infection control for Māori residents and encourages culturally safe practices acknowledging the spirit of Te Tiriti. The staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi, and handwashing instructions in te reo were visibly displayed. Māori staff members participate in infection prevention and control for the protection of culturally safe practice in infection prevention, acknowledging the spirit of Te Tiriti.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p>	<p>FA</p>	<p>All infections are recorded electronically. There are standardised surveillance definitions used. Action plans are required for any infection rates of concern. 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.</p>

<p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>The care centre manager reported that culturally safe processes for communication will be provided when required. Infection control surveillance data includes ethnicity and is collated and analysed to identify any significant trends or common possible causative factors monthly, and action plans are implemented. Data is discussed at quality, RN, and caregiver meetings and are reported to head office. Meeting minutes and graphs are displayed for staff. The service receives email notifications and alerts from Summerset head office and Te Whatu Ora - Hauora a Toi Bay of Plenty for any community concerns.</p> <p>There has been one Covid-19 outbreak since the previous audit, in addition to a resident testing positive on the second day of audit. Document review, and observation of infection control protocols put in place showed that the service followed its pandemic plan. Families/whānau were kept informed by telephone or email. Visiting was restricted during the outbreak, and the one positive resident was isolated in their room.</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 governance group are aware of their responsibilities in respect of restraint elimination. This is outlined in policy and procedure and was confirmed at interview with the regional quality manager. Interviews with the management and staff confirmed that the service is working towards a restraint-free environment and work in partnership with Māori, to promote and ensure services are mana enhancing. The clinical nurse leader is the restraint coordinator.</p> <p>There is one hospital resident utilising a bed rail restraint listed on the restraint register. The restraint register was maintained and current. Care plan interventions around restraint use included risks and monitoring requirements. Monitoring charts were completed and documented appropriately.</p> <p>Restraint data is benchmarked, and the restraint coordinator described how corrective actions would be implemented where required. Use of restraints nationally is included in the bi-monthly reports to the head office as one of the clinical indicators. Restraint use is demonstrated in graphs showing a breakdown of restraint use by site and the 12-month</p>

		<p>trend for Summerset restraint use. A breakdown of the types of restraints in use at a national level is also provided.</p> <p>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 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent</p>	PA Low	<p>All care plans are developed by a registered nurse in partnership with residents and families. Care plans are holistic. Resident’s files have a range of short and long-term care plans developed and reviewed to meet individual resident’s needs; however, there are gaps in the interventions documented for two of the five resident files reviewed. For both cases, progress notes contained details relating to these conditions, and staff interviewed could describe the required interventions in detail.</p>	<p>i) One rest home residents file did not have a long-term care plan in place, and had no interventions or guidance documented related to the care of an indwelling catheter.</p> <p>ii) One hospital residents file had no signs, symptoms, or interventions to guide staff in managing a diabetic emergency.</p>	<p>i) &amp; ii) Ensure care plans are in place that accurately reflect resident need, in sufficient detail to guide staff in the care of the resident.</p> <p>90 days</p>

<p>workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>				
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.