

Summerset Care Limited - Summerset in the Bay

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Summerset Care Limited
Premises audited:	Summerset in the Bay
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 1 June 2023 End date: 2 June 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:	50

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Summerset in the Bay provides rest home and hospital level care for up to 50 residents in the care centre and up to 20 rest home residents in the serviced apartments. On the day of the audit, there were 50 residents, including six rest home residents in serviced apartments.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the service's contract with Te Whatu Ora Te Matau a Māui Hawke's Bay. The audit process included a review of policies and procedures, a review of residents and staff records, observations, and interviews with management, residents, family/whānau, staff, and the general practitioner.

The service is managed by a village manager who is appropriately qualified and is supported by an experienced care centre manager, clinical nurse lead, and regional quality manager. The residents and relatives spoke positively about the care and support provided.

The certification audit meets the intent of the standard.

This audit awarded one continuous improvement rating around elimination of restraint.

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 are fully attained.

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

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

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service are fully attained.

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

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

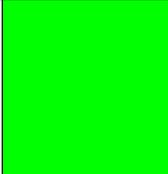
Summerset in the Bay collates clinical indicator data and benchmarking occurs. There are human resources policies including recruitment, selection, orientation and staff training and development.

The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing.

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

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

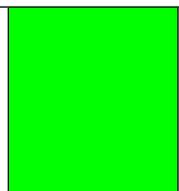
There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme.

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

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

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

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

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

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

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

<p>Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.</p>		<p>Subsections applicable to this service are fully attained.</p>
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The implemented infection prevention and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention officer leads the programme. Specialist infection prevention advice is accessed when needed.

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

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

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The aim of the service and governing body is to eliminate restraint. The restraint policy includes objectives for eliminating restraint.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. On the day of the on-site audit, there was no residents using a restraint. Restraint is only used as a last resort when all other options have been explored. Restraint documentation processes are robust to include assessments, consent, monitoring and evaluation processes to minimise associated risks. Quality review of restraint use occurs monthly and is benchmarked.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	167	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Summerset in the Bay is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and evidence is documented in the resident care plan. There are clear processes to include tikanga in everyday practice and training for staff.</p> <p>The village manager stated that they support increasing Māori capacity within the workforce and will be employing more Māori applicants when they do apply for employment opportunities at Summerset. The service has a relationship with a local Māori school and advertise part time positions with school administrators. At the time of the audit there were Māori staff members. Summerset in the Bay evidence commitment to a culturally diverse workforce as evidenced in the business plan and Māori health plan. The Summerset organisational business plan includes partnering with</p>

		<p>Māori, government, and other businesses to align their work with and for the benefit of Māori.</p> <p>There is an established relationship with Hourua Pae Rau at governance level and established relationships with the local Māori community Ngāti Pārau Hapū Trust, the Pukemokimoki Marae and Pakipaki Mihiroa Marae.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific Peoples' Health policy and procedure. The aim is to uphold the principles of Pacific people by acknowledge respectful relationships, valuing families and provide high quality healthcare.</p> <p>On admission all residents state their ethnicity. There are no residents that identify as Pasifika. Pacific Peoples' Health policy and procedure objective states Summerset's commitment to supporting Pacific residents and their families/whānau.</p> <p>Registered nurses interviewed explain family/whānau will be encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The care centre manager (CCM) stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>Summerset in the Bay partners with Pacific organisations and collaborates with their Pacific employees and village specific consultation partners to ensure connectivity within the region. Code of Rights are accessible in Tongan and Samoan when required.</p> <p>The service is actively recruiting new staff. There are currently staff that identify as Pasifika. The village manager described how Summerset in the Bay increases the capacity and capability of the Pacific workforce through promoting their diverse workforce.</p> <p>Interviews with eleven staff (five caregivers, three registered nurses [RN] (including the clinical nurse lead), one recreational therapist,</p>

		<p>one housekeeper and one laundry worker), six managers (village manager [VM], property manager, regional quality manager [RQM], care centre manager [CCM], chef manager, and national programme lead diversional therapy specialist), seven residents (five hospital and two rest home), seven family/whānau (five hospitals and two rest home), and documentation reviewed identified that the service provides person centred care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical nurse lead supported by the care centre manager discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the quarterly resident and family/whānau meetings. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support documented in the policy. The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place. Communion services and church services are held weekly. A memorial service incorporating multi-denominational and multi-cultural expressions of remembrance is held annually.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. Summerset in the Bay's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. Annual satisfaction survey results and interviews with family/whānau confirmed that residents and family/whānau are treated with respect.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together. There were no married couples at the time of the audit and no shared rooms. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. The village manager has completed a te reo Māori course and was observed actively promoting te reo Māori in the workplace. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency. At the time of audit, there were</p>

		residents identified as Māori. The diversional therapist (DT) confirmed that the service is actively supporting Māori by identifying their needs and aspirations. This was evidenced in the care plan of a Māori resident whose care plan included the physical, spiritual, family/whānau, and psychological health of the resident.
<p>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>An abuse, neglect and prevention policy is being implemented. Summerset in the Bay policies prevent any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. This management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Staff complete education on orientation and annually as per the training plan on code of conduct, code of ethics, workplace bullying, harassment and discrimination, whistle blowing policy and professional boundaries. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes and staff survey results evidence a supportive working environment that promotes teamwork. Summerset promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel</p>	FA	Information is provided to residents and family/whānau on admission. Monthly resident meetings and quarterly family/whānau meetings with a resident advocate identify feedback from residents

<p>that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident; communication is also documented in the progress notes. Resident files reviewed identified family/whānau are kept informed of any changes, this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there was no residents who did not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Te Whatu Ora Health New Zealand -Te Matau a Māui Hawke's Bay specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The care centre manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding the recent cyclone events and changes related to Covid-19 through emails, regular newsletters, and resident meetings.</p> <p>Staff have completed annual education related to communication with residents with speech impediments and cognitive disabilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be</p>	<p>FA</p>	<p>There are policies implemented in relation to informed consent. Informed consent processes were discussed with residents and</p>

<p>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 informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>families/whānau on admission. Seven electronic resident files were reviewed which evidenced written general consents sighted for photographs, release of medical information and medical cares were included in the admission agreement. The written general consents were signed appropriately as part of the admission process by the resident or activated enduring power of attorney (EPOA). Specific consent forms were in place for procedures such as influenza and Covid-19 vaccines. Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision.</p> <p>A shared goals of care and resuscitation policy and related forms is in place. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Staff members who identify as Māori, and resident's whānau assist staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and provision of cultural support when a resident had a choice of treatment options available to them. Staff have received training on cultural safety and tikanga best practice. Training has been provided to staff around Code of Rights, informed consent, and enduring power of attorney in April 2023.</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</p>	<p>FA</p>	<p>There is a documented concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The care centre manager</p>

<p>am taken seriously and receive a timely response. 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. 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>maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically.</p> <p>Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints logged were classified into themes with a risk severity rating and available in the complaint register.</p> <p>There were eight complaints logged in the register for 2021 since the previous audit, 18 complaints for 2022 and two complaints have been received in 2023 year to date. All complaints reviewed included acknowledgement, investigation, follow up and replies to the complainant. There were no trends identified and all complaints are closed as resolved to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>There was one complaint logged for 2021 through the Health and Disability Commissioner. Summerset in the Bay completed an internal investigation and provided all required information in the requested timeframes. Summerset implemented a corrective action plan in relation to the concerns raised. The Health and Disability Commissioner recommendations are being implemented and the complaint closed.</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly where concerns can be raised. Family/whānau confirm during interview the clinical manager and village managers are available to listen to concerns and acts promptly on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The clinical manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include whānau</p>
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		participation.
<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>	FA	<p>Summerset in the Bay is located in Napier. The care centre is situated on level one of a two story building. The service has 50 beds across the care centre. There are also 20 serviced apartments on the ground floor certified for rest home level care. All care centre beds are certified for dual purpose.</p> <p>At the time of the audit there were a total of 50 residents. There were 21 residents at hospital level of care and 29 residents at rest home level of care, including one on a respite contract and six residents in the serviced apartments. All other residents were under the aged related residential care contract (ARRC).</p> <p>Summerset Group has a well-established organisational structure. The governance body for Summerset is the Operational and Clinical Steering Committee that is run bimonthly and chaired by the General Manager of Operations and Customer Experience. Members of the committee include the Chief Executive for Summerset, Group Operations Managers, Head of Clinical Services, Operations Finance business partner, Customer Experience Manager and Operations and Business Improvement Managers. Each of the Summerset facilities throughout New Zealand is supported by this structure.</p> <p>The director for Summerset is a member of the governing committee and is the CEO. The CEO works with the chair of the committee and the members to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care service standards and outcomes, mitigation of risks and a focus on continuous quality improvement. Hourua Pae Rau (Deloitte's Māori sector team) assist at governance level. The Governance body for Summerset have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori.</p> <p>Terms of reference operate for this committee and is documented in</p>

	<p>the Charter. Orientation and training are not specifically provided for the role on the committee as all members on the committee hold senior roles in Summerset. All members have the required skills to support effective governance over operational, clinical services, quality of resident care and fiscal responsibility. If individuals require support to develop their skills, there is financial support to attend courses or training as required and the People and Culture team can provide internal support.</p> <p>The 2023 business plan is specific to Summerset in the Bay and describes specific and measurable goals that are reviewed quarterly. Site specific goals relate to clinical effectiveness, risk management and financial compliance.</p> <p>There is a quality and risk management programme and a strategic plan documented based on the service's vision and mission. The organisation philosophy and strategic plan reflect a resident/family-centred approach to all services. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and regular resident meetings. Feedback is collated, reviewed, and used by the Summerset management team to identify barriers to care to improve outcomes for all residents. The strategic plan has a focus on improving equitable outcomes for Māori and addressing barriers for Māori. There has been a comprehensive feedback system and complaints process that is focused on continual service improvement within the home. The governance and management team have an open and transparent decision-making process that includes regular staff and resident meetings. Cultural safety is embedded within the business and quality plan and staff training.</p> <p>The monthly report to the Operations and Clinical Steering group provides organisational clinical oversight and includes a range of information on high level complaints, progress with corrective actions and national systems improvements that are identified as a result of the complaint findings. An example of this includes policy reviews and implementation to drive change on a national level.</p> <p>The quality programme includes regular (weekly and monthly) site</p>
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		<p>specific clinical quality and compliance and risk reports that is completed by the care centre manager (CCM) and village manager (VM) and are available to the senior team. These outcomes and corrective actions are discussed at several meetings. High risk areas are automatically escalated to senior team members at national level. Measures are then reviewed and adapted until a positive outcome is achieved or the goal is achieved.</p> <p>The village manager has been in the current role at Summerset for three years and has attended leadership courses and training through Summerset conferences. The village manager is supported by a care centre manager (RN) who has been in the role for three and a half years. The care centre manager is supported by a clinical nurse leader. The management team are supported by a regional quality manager and a regional operations manager.</p> <p>The village manager and clinical manager have completed in excess of eight hours of professional development since commencement of their employment. The village manager has comprehensive qualifications in Māori language and tikanga.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality 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 in the Bay is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement meetings, RN and staff meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. A quality improvement project is documented for minimising restraint and achieving and maintaining a restraint-free environment (Link 6.1.1).</p> <p>Quality data and trends in data are posted on a quality noticeboard in staff areas. Corrective actions are discussed at quality meetings to</p>

	<p>ensure any outstanding matters are addressed with sign-off when completed.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices. The Summerset Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard.</p> <p>The resident and resident/family satisfaction surveys has been completed for 2022 and evidence overall satisfaction on all areas of service delivery. The service benchmarks against other Summerset facilities and results are closely aligned with benchmark averages. Opportunities for improvement have been identified and implemented.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from each department that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. There are monthly meetings with the national health and safety manager. There is a monthly theme 'Golden Rule' that ensures a monthly focus on health and safety. Staff are provided with learning opportunities and reading material related to the theme. Staff incident, hazards and risk information is collated at facility level, reported to national level and a consolidated report and analysis of all facilities are then provided to the governance body. The noticeboards in the staffrooms keep staff informed on health and safety issues and each month has a health and safety focus theme. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months. Following a recent adverse weather event (cyclone), additional disaster management support information has been posted on the noticeboard. A comprehensive</p>
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		<p>site specific debrief process was implemented involving management and staff. Summerset has also commissioned a review of the event to identify what went well and where improvements could be made.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Results are discussed in the quality and staff meetings and at handover. A notification and escalation matrix are available to staff. The system escalates all alerts to the VM and CCM and further alerts senior team members depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against other Summerset facilities and other aged care provider groups.</p> <p>Discussions with the village manager and care centre manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been ten Section 31 notifications completed to notify HealthCERT since the previous audit in 2021, including one regarding staffing in April 2022; one related to a wandering resident; three related to resident behaviour; two other categories; and three related to pressure injuries (two stage III and one stage IV).</p> <p>There has been one outbreak reported in 2022 (Covid-19 outbreak in October 2022) which was reported appropriately. The cyclone event in Feb 2023 was reported to HealthCERT and Te Whatu Ora -Te Matau a Māui Hawke's Bay.</p> <p>Regular policy review, and internal and external benchmarking of quality data occur to provide a critical analysis to practice and improve health equity. Staff completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</p>
Subsection 2.3: Service management	FA	There is staffing policy and procedure that describes rostering and staffing rationale in an event of acuity change and outbreak

<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>management. The VM interviewed confirmed staff needs and shortages are reported to the national senior team. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>All registered nurses and over 95% of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. No agency staff have been utilised in the last year. Any absences and sick leave are covered through extending working hours through mutual agreement with employees. The CCM and CNL will work a RN shift when RNs cannot replace the shift or through extension of working hours. There were no staff shortages reported at the time of the audit and there were no vacancies reported. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirm their care requirements are attended to in a timely manner.</p> <p>The roster reviewed evidenced registered nurse cover 24/7. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts. Serviced apartment call bells ring throughout the main building and the allocated first aiders will respond to bells if required.</p> <p>The managers all work full time Monday to Friday. The on-call roster is shared between the CCM and CNL. There is a kaitiaki on morning and afternoon for a total of 10 hours a day to assist with meals, fluids, one on one activities, and exercises. There are separate staff dedicated to recreation, cleaning, and laundry for seven days a week. Grounds and maintenance staff are rostered over five days.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete electronic cultural awareness training at orientation and annually. External training opportunities for care staff include training through Te Whatu Ora- Te Matau a Māui Hawke's Bay and hospice.</p> <p>Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training.</p>
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	<p>The learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Summerset in the Bay supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Twenty-six caregivers have achieved a level three NZQA qualification or higher. Seven caregivers have attained a level two qualification and three new staff are enrolled. There is a national learning and development team that support staff with online training resources.</p> <p>A professional development policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Registered nurses' complete specific competencies (eg, restraint, medication administration, and wound care). Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. Four of eight RNs are interRAI trained. All RNs are encouraged to attend in-service training and complete additional training, including: critical thinking; infection prevention and control, including Covid-19 preparedness; identifying and assessing the unwell resident; and dementia, delirium, and depression. All RNs are encouraged to complete the organisation's professional development and recognition portfolio.</p> <p>All caregivers are required to complete annual competencies including (but not limited to) restraint, moving and handling, culture, and handwashing. A selection of caregivers completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic human resources system.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted and visible in staff locations. EAP staff were present following the cyclone event and readily available. Cyclone support for staff was extensive and included (but was not limited to) food, transport, shelter and more based on individual staff needs. On interview, staff confirmed both management and organisational representatives were very supportive during this time.</p>
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		The workplace union delegates, staff and management collaborate to ensure a positive workplace culture.
<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. Nine staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented, and all staff had a 12 week and six-month appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment for Māori.</p> <p>Volunteers are utilised when the Covid-19 protection framework permits. An orientation programme and policy for volunteers is in place. A management of agency staff policy is documented for the organisation.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>There is a staff debrief and psychological first aid policy, which includes follow up of any staff incident/accident, evidence of debriefing, support for employee rehabilitation, and safe return to work documented. Summerset organisational support was evidenced following the recent cyclone event and included (but was not limited to) assistance with accommodation; access to power, food, transport; and counselling services.</p>

<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>There is a resident records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Summerset business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's past paper-based documents are securely stored and uploaded to the system.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities 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 admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring respite, rest home, and hospital levels of care were in place.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required timeframes and are signed on entry. Family/whānau were updated where there was a delay to entry to service. This was observed on the days of the audit and in inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The care centre manager (CCM), and clinical nurse lead (CNL) reported that all potential residents who are declined entry are</p>

		<p>recorded. When an entry is declined, relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider. There were residents who identified as Māori at the time of the audit. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is being implemented.</p> <p>The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau. The CCM and CNL stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>A total of seven files sampled identified that initial assessments and initial care plans were resident centred, and these were completed in a timely manner. The files reviewed included three hospital level of care, and four rest home (including one resident on respite and in the serviced apartments).</p> <p>The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, and family/whānau. Long-term care plans were also developed, and six-monthly evaluation processes ensures that assessments reflected the resident's daily care needs. Resident, family/whānau, and GP involvement is encouraged in the plan of care.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA and family/whānau responded by initiating changes to the care plan.</p>

	<p>Where there was a significant change in the resident's condition before the review date, an interRAI re-assessment was completed. Interventions in the long-term care plans were comprehensive and resident focussed and provide detail to guide staff in the management of each resident's care. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The EPOA and family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The short-term care plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the CCM and CNL and this was evidenced in the records sampled. Interviews verified residents and EPOA/family/whānau are included and informed of all changes.</p> <p>The general practitioner (GP) completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually. There is a contracted podiatrist who visits the service six-weekly, and a contracted physiotherapist who completes assessments of residents and manual handling training for staff. Notations were clearly written, informative and relevant. In interview, the GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly.</p> <p>The CNL and CCM reported that sufficient and appropriate information is shared between the staff at each handover, which was observed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Interventions are resident focussed and provide detail to guide staff in the management of each resident's care.</p> <p>There were 18 active wounds at the time of the audit and one stage</p>
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		<p>IV pressure injury. Wound assessments and wound evaluations were completed by the nursing team with input from wound care specialist nurses as required. This included pressure injuries management, application of barrier creams, repositioning, and use of pressure relieving equipment. All was documented in each resident's electronic record management care plans.</p> <p>There are a suite of monitoring charts available for staff to utilise, including (but not limited to): fluid balance charts; turn charts; neurological observations forms; blood glucose; and restraint monitoring charts. All monitoring charts were maintained according to policy. Any incident involving a resident reflected a clinical assessment and a timely follow up by the registered nurses. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the CNL in consultation with the RNs, and caregivers. Each resident's care was being evaluated on each shift and reported in the progress notes by the care staff.</p> <p>The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles were included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services were identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau. There were residents who identified as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments were completed by the nursing team who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p>	<p>FA</p>	<p>Activities are conducted by the diversional therapist (DT) and recreational therapist (RT), and assisted by two katiaki (assistants). The activities are based on assessment and reflected the residents'</p>

<p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These were completed within two weeks of admission in consultation with the family/whānau and residents. A monthly planner is developed, and each resident is given a copy of the planner. Daily activities were noted on noticeboards to remind residents and staff. A newsletter is published every two months.</p> <p>The activity programme is formulated by the activities team in consultation with the management team, national recreational and diversional therapist, registered nurses, EPOAs, residents, and care staff. The activities are varied and appropriate for people assessed as requiring rest-home, and hospital levels of care. Activity progress notes and activity attendance checklists were written daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA and family/whānau and friends. There are regular outings and drives, for all residents (as appropriate). Resident meetings (monthly) provide a forum for feedback relating to activities.</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals and Māori language week. The diversional and recreational therapy policy sighted was comprehensive and included Kaupapa Māori recreational programmes. The RT and the programme lead diversional therapist reported that a variety of activities are aimed at helping to stimulate or strengthen the wairua, hinengaro, tinana, and whānau concepts of wellbeing.</p> <p>Activities for the residents in the serviced apartments were either in groups or one on one.</p> <p>EPOA and whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The policy described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews.</p> <p>A total of 14 medicine charts were reviewed. Indications for use were documented for pro re nata (PRN) medications, including over the counter medications and supplements. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Effectiveness of PRN medications was being consistently documented.</p> <p>Routine medication reconciliation is conducted by an RN. Medications are rechecked when a resident is transferred back to the service from the hospital or any external appointments. Medication reconciliation is recorded in the electronic medication management system. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medications are administered by an RN or medication competent HCA in the serviced apartments. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures were being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted. The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room and cupboards. There were no residents self-administering medications. There was a self-medication policy in place when required. There were no standing orders in use.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. The GP reported that when requested by Māori</p>
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		<p>residents or family/whānau, appropriate support for Māori treatment and advice will be provided. This was reiterated in interviews with the CCM, CNL, registered nurses, and Māori 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>The kitchen service complies with current food safety legislation and guidelines. All food and baking is prepared and cooked on site. The kitchen is managed by the chef manager who reports to the regional food lead. The service employs two chefs and kitchen hands. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires November 2023. The menu was reviewed by a registered dietitian on 5 May 2023. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, freezers, and dishwasher are maintained, and these are recorded on the electronic record management system. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options which are culturally specific to te ao Māori also, ‘boil ups’, hāngi, and pork were included on the menu, and these are offered to Māori residents when required.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The CCM and CNL reported that discharges are normally into other similar facilities. Discharges are overseen by the clinical team who manage the process until exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan is developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and scanned onto the resident's electronic management system. If a resident's information is required by a subsequent GP, a written request is required for the file to be transferred.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. Residents and family/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There was a current building warrant of fitness that expires on 1 August 2023. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their whānau to utilise are available.</p> <p>There is a full-time property manager who, with the property team, carries out the 52-week planned maintenance programme. The village manager and property manager are also on call after hours</p>

	<p>for urgent matters. The planned maintenance schedule includes electrical testing and tagging, resident's equipment checks, and calibrations of the weighing scales and clinical equipment. The scales are checked annually. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by certified tradespeople where required. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes.</p> <p>The care centre is situated on level one of a two story building. The service has 50 beds across the care centre. There are also 20 serviced apartments on the ground floor certified for rest home level care.</p> <p>The Care Centre:</p> <p>There is a lift between the ground and the first floor. This is large enough to accommodate beds/stretchers if required.</p> <p>Most bedrooms have an ensuite, except for four standard rooms with a hand basin each, that share one bathroom, that has a toilet and a hand basin. Communal toilet and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free flowing soap and paper towels in the toilet areas. In the care centre, there are large and small lounges. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. The dining room is spacious. There is a hairdressing salon on site.</p> <p>Serviced Apartments:</p> <p>The 20 serviced apartments are located on the ground floor and certified for rest home level of care. All serviced apartments are one bedroom with an adjoining ensuite, with sufficient space to accommodate shower chairs and mobility aids as required. Each serviced apartment has an open plan kitchenette, dining, and lounge room. Communal areas in the serviced apartments include a spacious lounge, seating areas, dining room, and a library. In the serviced apartment building, there is a large cafe and lounge area. Rest home residents in the apartments utilise these areas, and if they wish, they can have their meals delivered directly to their own</p>
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		<p>units.</p> <p>All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they were able to move around the facility and staff assisted them when required.</p> <p>Residents' rooms are personalised according to the resident's preference. Toilets are of a suitable size to accommodate equipment. All rooms have external windows to provide natural light and have appropriate ventilation and heating.</p> <p>The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas. There is a designated smoking area for residents who smoke.</p> <p>The CCM and regional quality manager reported that when there is a planned development for new buildings, there shall be consultation and co-design of the environment, to ensure that they reflect the aspirations and 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>	FA	<p>Policies and guidelines for emergency planning, preparation, and response are displayed and known to staff. Civil defence planning guides direct the staff in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A trial evacuation drill was performed on 4 May 2023. The drills are conducted every six-months, and these are added to the training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the car park is the designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, continent products, and a gas BBQ, which meet the requirements for 42 residents, including rostered staff. There are two generators on</p>

		<p>site. Emergency lighting is available and is regularly tested. All staff had current first aid certificates. Staff confirmed their awareness of the emergency procedures.</p> <p>The service was severely affected by the cyclone which resulted in the loss of power for some days. Emergency management was conducted according to policy guidelines. The CCM and village manager reported that they received extensive support from the regional team, main office, Te Whatu Ora -Te Matau a Māui Hawke's Bay and Te Whatu Ora – Health New Zealand and non-governmental organisations. Support was extended to staff and included (but not limited to) food, transport, shelter and was based on individual identified needs.</p> <p>The service has a call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance personnel. Residents and family/whānau confirmed that staff responds to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at predetermined times. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers and wear masks within the facility at all times.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention control and antimicrobial stewardship (AMS) programmes are led by the clinical nurse lead. Infection prevention and control and antimicrobial stewardship policies and procedures have been reviewed and are appropriate for the service. The infection control programme and policies and procedures link to the quality improvement system and are reviewed and reported regularly. Any significant events are managed using a collaborative approach and involve the infection prevention and control coordinator and the senior operations team. Expertise and advice are sought from the general practitioner, Te Whatu Ora-Te Matau a</p>

		<p>Māui Hawke's Bay infection control team and experts from the local public health unit as and when required. The clinical nurse lead attends the management and quality team meetings where infection control issues are discussed. Infection prevention and control and antimicrobial stewardship are an integral part of the Summerset in the Bay business plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>There is a documented pathway for reporting infection control and AMS issues to the governing committee. The Summerset executive group knows and understand their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The clinical nurse lead oversees and coordinates the implementation of the infection control programme. Infection control officer's role, responsibilities and reporting requirements are defined in the infection control officer's job description. The CNL has completed external education on infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents. There is a defined and documented infection control programme implemented that was developed with input from external infection control services. The programme was approved by the regional quality team and is linked to the quality improvement programme and is current. Infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources, including personal protective equipment (PPE), were sighted on the days of the audit. Resources were readily accessible to support the pandemic response plan if required. The infection control officer has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control</p>

		<p>education at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the Covid-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings and included reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The infection control officer liaises with the CCM and regional quality team on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Te Whatu Ora - Te Matau a Māui Hawke's Bay. The CCM stated that the infection control officer will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body and same applies for white and coloured pillowcases. There were culturally safe practices observed, and thus acknowledge the spirit of Te Tiriti. The CCM reported that residents who identify as Māori will be consulted on infection control requirements as needed. In interviews, staff understood these requirements. The service has printed off educational resources in te reo Māori.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and	FA	The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was

<p>implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the regional quality team. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. The annual infection control and AMS review and the infection control and hand washing audit includes: the antibiotic usage; monitoring the quantity of antimicrobial prescribed; effectiveness; pathogens isolated; and any occurrence of adverse effects.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated infections.</p> <p>Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Records of monthly data sighted confirmed minimal numbers of infections; comparison with the previous month; reason for increase or decrease; and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed with other sister similar facilities.</p> <p>Residents and family/whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There has been one outbreak reported since the previous audit (one Covid-19 outbreak in October 2022); which was reported and well managed.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available, which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE. There are sluice rooms in each area with sanitisers. All have separate handwashing facilities and adequate supplies of PPE.</p> <p>There are designated cleaners (housekeepers). Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. Personal laundry and bed linen is washed on site or by family members or residents if requested. The laundry is delivered to the laundry via a shute system. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents daily. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All laundry personnel and care staff have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The laundry personnel, care staff and cleaning staff demonstrated awareness of the infection prevention and control protocols. Resident and family/whānau interviews confirmed satisfaction with cleaning and laundry processes.</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</p>	<p>FA</p>	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of the device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. The restraint coordinator is the registered nurse, who provides support and oversight for restraint management in the facility. The restraint</p>

<p>restraint in the context of aiming for elimination.</p>		<p>coordinator is conversant with restraint policies and procedures. The facility had no restraint in place.</p> <p>An interview with the restraint coordinator, CNL, CCM, and regional quality manager described the organisation's commitment to restraint minimisation and implementation across the organisation, as reviewed in the business plan. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. The restraint coordinator reported that any resident requiring restraint, included an assessment, consent, restraint care plan monitoring, and evaluation. Restraint review meetings occur monthly as part of the quality improvement meeting.</p> <p>The restraint committee is responsible for the approval of the use of restraints and the restraint processes. Restraint is used as a last resort, only when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of eliminating restraint use. Training for all staff occurs at orientation and annually. Training includes cultural considerations and de-escalation techniques to manage challenging behaviour. Staff completes a restraint competency annually.</p> <p>The use of restraint has been reduced from seven to zero since January 2022.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 6.1.1 Governance bodies shall demonstrate commitment toward eliminating restraint.	CI	The service engaged on a project in January 2022 to review all seven residents on restraint with the main goal of eliminating all restraints within the facility. This achievement of the quality improvement project in the restraint usage is rated beyond the expected full attainment. With this project, there has been a documented review process which includes the analysis and reporting of findings. The restraint usage dropped from seven in January 2022 to no restraint so far in June 2023. The service reviewed restraint usage during restraint meetings. Outcomes from the meetings included: delivering a more robust restraint education session; toolbox talks for staff by the service; utilisation of non-invasive interventions to prevent restraint use by employing kaitiaki who were actively involved in providing one on one supervision; taking residents for walks; engaging residents in different activities at the facility and community at large; continued restraint competencies for	The service initiated a quality improvement project to reduce the high rate of restraint usage at the service in comparison or benchmarked against other sister Summerset sites. Continued assessments of each resident included why restraint was implemented where initiated. The restraint coordinator worked with the management, family/whānau, staff, and residents to foster and identify safe strategies to reduce and ultimately eliminate restraint usage. Restraint use significantly dropped from seven in January 2022, to zero in July 2022 and this has been maintained up to date. The implementation of the outcomes resulted in increased staff knowledge and confidence in managing behavioural issues of concern or residents at high risk of falls. The success of the project was measured by extracting statistics on restraint usage from the Power BI benchmarking electronic record management system. The Power BI benchmarking reviewed showed that

		<p>care staff; the orientation of new staff on restraint use and the Summerset's philosophy on restraint use; monthly restraint meetings; timely restraint assessments and documentation; behaviour observation and monitoring of residents with behavioural issues of concern; high risk of falls; and providing more clarity with restraint use and process to be followed prior and after implementation.</p> <p>Positive outcomes have been measured in staff, residents, and relative satisfaction surveys conducted and statistics reviewed. This was also confirmed in interviews conducted with the staff, residents, GP, and family/whānau, respectively.</p>	<p>Summerset in the Bay compared with other sister facilities was among the top facilities that had managed to eliminate restraint use.</p>
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End of the report.