

Summerset Care Limited - Summerset by the Lake

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Summerset Care Limited

Premises audited: Summerset by the Lake

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 8 June 2023 End date: 9 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: 11

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Summerset by the Lake provides rest home level of care for up to 19 residents, including 18 in serviced apartments. On the day of the audit, there were 11 residents receiving rest home level of care.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand- Lakes. The audit process included a review of quality systems, the review of residents and staff files, observations, and interviews with residents, relatives, staff, management, and a general practitioner.

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

This audit has not identified any areas for improvement.

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

The service provides an environment that supports residents rights, and culturally safe care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. The governance body and management have committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

This service supports culturally safe care delivery to Pacific peoples. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau.

Residents who identify as Māori are treated equitably and their self-sovereignty/mana motuhake is supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori are incorporated into daily practices.

Residents and relatives interviewed confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Summerset Group has a well-established organisational structure. Services are planned, coordinated, and appropriate to the needs of the residents. The village sales manager is supported by a clinical care manager, which oversees the day-to-day operations of the care centre. Services are planned, coordinated, and appropriate to the needs of the residents and family/whānau. Goals sighted in the strategic plan are formulated and approved by the governance body. There is a documented quality and risk management system which includes processes to meet health and safety requirements. All incidents are being reliably reported and recorded.

Workforce planning is fair and equitable. The management team and staff have the required skills and experience to provide appropriate services to residents. Human resources guide the service to good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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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 appropriate 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, 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' cultural and nutritional requirements are met.

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

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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There is a current building warrant of fitness. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of an external disaster or fire. Visitors and staff are clearly identifiable.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment (PPE), available and readily accessible to support this plan if it is activated. The clinical care manager implements the programme.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There were Covid-19 infection outbreaks in March and November 2022 reported since the last audit that were managed effectively.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service has been restraint free since before the last audit and aims to maintain a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of the audit. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions to prevent the use of restraint.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	22	0	0	0	0	0
Criteria	0	59	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service. Five caregivers, one registered nurse (RN), village sales manager (VSM), and clinical care manager (CCM) interviewed demonstrated awareness of cultural safety and the need for the service to recruit more suitably qualified Māori staff.</p> <p>The management is aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation and this is identified in policy and procedure. There are no Māori staff employed at the facility; there are Māori staff employed across the organisation.</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>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific Peoples’ Health policy and procedure. The aim is to uphold the principles of Pacific people by acknowledge respectful relationships, valuing families and provide high quality healthcare. Pacific Peoples’ Health policy and procedure objective states Summerset’s commitment to supporting Pacific residents and their families/whānau. The service has linkages with Pacific community elders and</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>organisations.</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>Residents interviewed reported that all staff respected their rights, that they were supported to know and understand their rights, and that their mana motuhake was recognised, and respected. Care plans reviewed were resident centred and evidenced input into their care and choice/independence. A Māori health plan in place identified how the service supports Māori mana motuhake. Staff have completed cultural training which includes Māori current issues and rights in relation to health equity.</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>Staff at the service had completed training on Te Tiriti o Waitangi to support the provision of culturally inclusive care. The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. The CCM reported that te reo Māori and tikanga practices are incorporated into all activities undertaken. Residents and family/whānau interviewed reported that their values, beliefs, and language are respected in the care planning process.</p> <p>The management and staff work in partnership with residents (including those with disabilities) and whānau to ensure residents who choose, have the opportunity to participate in te ao Māori. Opportunities for participating in te ao Māori, including blessings of rooms and karakia, are included in daily service delivery. The service has local advisors who can be consulted when required.</p> <p>The service responds to residents' needs. Five residents and six family/whānau, confirmed they are treated with respect.</p>
<p>Subsection 1.5: I am protected from abuse</p>	<p>FA</p>	<p>An abuse, neglect, and prevention policy is being implemented.</p>

<p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>Summerset by the Lake policies prevent any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. The 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. The Māori health plan describes how care is provided.</p> <p>There are monitoring systems in place, such as resident and family satisfaction survey, to monitor the effectiveness of the processes in place to safeguard residents. The Māori cultural policy in place identifies strengths-based, person-centred care and general healthy wellbeing outcomes for any Māori whānau admitted to the service. This was further reiterated by the CCM who reported that all outcomes are managed and documented in consultation with whānau, enduring power of attorney, (EPOA)/whānau/family and Māori health organisations and practitioners.</p> <p>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 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and</p>	<p>FA</p>	<p>The service ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and family/whānau in interviews conducted. The management team stated that additional advice can be accessed from the local advisors, or through Te Whatu Ora- Lakes if required. Staff reported that they are encouraged to refer to the Māori health policy on tikanga best practice. 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. All residents' files reviewed contained signed consent forms.</p>

<p>their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>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 clinical care manager and village sales manager are both responsible for complaints management. They maintain a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically.</p> <p>The complaints logged were classified into themes with a risk severity rating and available in the complaint register. Complaints logged include an investigation, root cause analysis, follow up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>There were no complaints logged for 2022 and one was logged by Te Whatu Ora- Lakes regarding care issues for a resident who had been transferred to the hospital. Summerset by the Lake completed an internal investigation and provided all required information in the requested timeframes. The service implemented a corrective action plan in relation to the concerns raised and the complaint was closed. 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). No trends have been identified from previous complaints lodged. Discussions with residents confirmed that they are provided with information on the complaints process and remarked that any concerns or issues they have, are addressed promptly.</p> <p>Families/whānau and residents making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Residents and family/whānau spoken with expressed satisfaction with the complaint process. Residents and EPOA/whānau/family interviewed describe a process of making a complaint that includes being able to raise these when needed, or</p>

		directly approaching staff, and management team.
<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>The service provides care for up to 19 residents at rest home level care (18 of these are in Occupational Right Agreement apartments within the central building). The 19th room is a single room with an ensuite. At the time of the audit, there were 11 residents at the rest home level on the Age-Related Residential Care (ARRC) contract. There were no residents on respite. The facility is managed by the village sales manager (VSM), who is supported by the clinical care manager (CCM) and regional quality manager (RQM).</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. The governance body ensures 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 and the management team at Summerset by the Lake have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. The VSM reported that the service monitors and evaluates equity in health outcomes by way of reporting on clinical indicators, funeral rites, healing preferences, spiritual, social, emotional, and environmental needs.</p> <p>The 2023 business plan is specific to Summerset by the Lakes 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</p>

		<p>collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback on 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 at the service. 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>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Summerset by the Lake has a documented quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards; complaints; audit activities; a regular resident and staff satisfaction survey; policies and procedures; clinical incidents including falls; infections; and wounds. Relevant corrective actions are developed and implemented to address any shortfalls identified from internal audit activities. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking of data is conducted by comparing data with previous months' results.</p> <p>The risk management plan and policies and procedures clearly describe all potential internal and external risks and corresponding mitigation strategies in line with National Adverse Event Reporting Policy.</p> <p>The Summerset Group has a 'clinical audit, training, and compliance calendar'. The calendar schedules the training and audit requirements for the month and the village sales manager completes a 'best practice' sheet confirming the completion of requirements. The best practice sheet reports (but not limited to): meetings held; induction/orientation; audits; competencies; and projects. This is forwarded to head office as part of the ongoing monitoring programme. There is a meeting schedule including monthly quality improvement meetings, which includes discussion about clinical indicators (eg, incident trends, infection rates).</p>

		<p>Management meetings are held weekly, health and safety monthly, and infection control monthly. Outcomes from the resident and family/whānau satisfaction surveys completed in March 2023 were favourable (94%), with minimal corrective actions identified; these have been followed up and implemented.</p> <p>Leadership commitment to quality and risk management is evident in quality and risk documentation and management reporting documents sighted. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The village sales manager reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.</p> <p>There was a hazard register in place and evidence of completed environmental audits. The service complies with statutory and regulatory reporting obligations. There have been no essential notifications required since the previous audit.</p> <p>A sample of 10 incidents/accidents recorded in the electronic record management system were reviewed and showed these were fully completed, incidents were investigated, action plans developed and actions followed up in a timely manner. Family/whānau are notified following incidents when required.</p> <p>The village sales manager and clinical care manager reported that they collect resident's ethnicity data to support improving health equity. Critical analysis of organisational practice is completed through benchmarking, analysis and reports, review of policies, and internal audits.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</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>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. The care centre manager and the village sales manager provide on-call support. Care staff reported that there has been adequate staff at the service. Residents and family/whānau interviewed supported this. Rosters from the past four weeks showed that all shifts were covered by experienced caregivers,</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>with support from clinical and management team. All staff maintain current first aid certificates, so there is always a first aider on site.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Evidence of regular education provided to staff was sighted in attendance records. Training topics included: Covid-19 (donning and doffing of PPE, and standard infection control precautions); safe food handling; sexuality and intimacy; spirituality; cultural safety; code of conduct; pain management; te reo Māori; Tikanga Māori; Te Tiriti o Waitangi; pandemic planning and outbreak management; abuse and neglect; safe medicines management; restraint minimisation; first aid; and fire evacuation.</p> <p>All RNs attended in-service training and completed critical thinking and problem solving; effective communication within the care environment; oral health; wound care; falls management; pressure injury management and prevention; and infection prevention and control, including Covid-19 preparedness. External training opportunities include training through Te Whatu Ora-Lakes. Three RNs are interRAI trained, including management.</p> <p>Related competencies are assessed as per policy requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's funding and service agreement. Staff records reviewed demonstrated completion of the required training and competency assessments. Each of the staff members interviewed reported feeling well-supported and safe in the workplace. The village sales manager reported that the model of care ensured that all residents are treated equitably.</p> <p>The provider has an environment which encourages collecting and sharing of quality Māori health information. The ethnic origin of each staff member is documented on their personnel records and used in line with health information standards. The service works with Māori organisations who provide the necessary clinical guidance and decision-making tools that are focussed on achieving health equity for Māori.</p> <p>The service supports people's right to speak their own language, endorses tikanga, and supports connections to iwi, hapū, and whānau. Reading material related to health equity has been distributed to staff</p>
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		<p>and in-service education is ongoing.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Each position has a job description. A total of seven staff files (village sales manager, clinical care manager, kitchen manager, activities coordinator, and three caregivers) were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreement; and position descriptions.</p> <p>Professional qualifications are validated. There are systems in place to ensure that annual practising certificates are current for all health care professionals. Current certificates were evidenced in reviewed records for all staff and contractors that required them. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards and orientation to the environment, including management of emergencies.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. The management team is identifying and recording staff ethnicity. There is a diverse mix of staff employed.</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</p>	FA	<p>The service has an admission policy for the management of inquiries and entry to service is in place. All enquiries and those declined entry were recorded on the pre-enquiry form.</p> <p>There were no Māori residents at the time of the audit. The clinical care manager reported that routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is being</p>

<p>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>implemented. The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau. The clinical care manager 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>	<p>FA</p>	<p>A total of five files were sampled. These identified that initial assessments and initial care plans were resident centred and were completed in a timely manner. 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 registered nurses and caregivers. Cultural assessments were completed by the nursing team in consultation with the residents, and family/whānau/EPOA.</p> <p>InterRAI assessments and reassessments have been completed in a timely manner. 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/EPOA, and general practitioner (GP) involvement is encouraged in the plan of care. Policies and procedures are clearly documented to support Māori and whānau to identify their own pae ora outcomes. The clinical care manager reported that the service provides a platform for Māori to live with good health and wellbeing in an environment that supports a good quality of life.</p> <p>The GP completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually. The GP interviewed was complimentary of the care provided at the facility, and felt notifications were timely.</p> <p>The clinical care manager reported that sufficient and appropriate information is shared between the staff at each handover, which was</p>

	<p>witnessed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>There were no active wounds at the time of the audit. Adequate dressing supplies were sighted in the treatment room. Wound management policies and procedures are in place. The clinical care manager reiterated that where wounds required additional specialist input, this will be initiated, and a wound nurse specialist consulted. The wound care plans assessments will be developed on the electronic system, and evaluations, with supporting photographs completed.</p> <p>Each resident's care was being evaluated on each shift and reported in the progress notes by the care staff. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The 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 clinical care manager and a registered nurse; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts; turn charts; neurological observations forms; blood glucose; and bowel charts.</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/whānau/family responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori health care plan in place reflects the partnership and support</p>
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		<p>of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau with the support from the cultural advisor.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and 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>	FA	<p>The activities programme is conducted by the recreational therapist who was not available for an interview on the audit days. The clinical care manager reported that the service will support community initiatives that meet the health needs and aspirations of Māori and whānau when required. Residents and whānau are supported in accessing community activities, such as celebrating national events, Matariki, Anzac holidays, Māori language week, local visits from schools, kapa haka groups, and use of basic Māori words if required. The planned activities and community connections are suitable for the residents. The clinical care manager reported that opportunities for Māori and whānau to participate in te ao Māori are facilitated as required.</p> <p>The diversional and recreational therapy policy sighted was comprehensive and included Kaupapa Māori recreational programmes. The clinical care manager reported that a variety of activities are aimed at helping to stimulate or strengthen the wairua, hinengaro, tinana, and whanau concepts of well-being.</p> <p>Whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that</p>	FA	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews. A total of 10 medicine charts were reviewed and these evidenced that indications for use were noted for pro</p>

<p>complies with current legislative requirements and safe practice guidelines.</p>		<p>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>Medication reconciliation was conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridges and medication rooms 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 residents or family/whānau, appropriate support for Māori treatment and advice will be provided. This was reiterated in interviews with the registered nurse, and clinical care manager.</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</p>	<p>FA</p>	<p>The Māori health plan in place included cultural values, beliefs, and protocols around food. The kitchen manager stated that culturally specific menu options were available and is offered to Māori and Pacific residents when required. These included 'boil ups' and 'Island' food.</p>

<p>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>EPOA/whānau/family are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/whānau/family expressed satisfaction with food portions and the options available.</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>A standard transfer notification form from Te Whatu Ora- Lakes, is utilised when residents are required to be transferred to the public hospital or another service. Residents and their families/whānau were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</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>Appropriate systems are in place to ensure the resident's physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme and buildings, plant, and equipment are maintained to an adequate standard. There is a current building warrant of fitness that expires on 29 November 2023. All electrical equipment is tested and tagged, and bio-medical equipment is calibrated. Water temperatures were monitored and recorded. Residents and whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Spaces were culturally inclusive and suited the needs of the resident groups. There are no current plans for building or renovations at the service. The property manager interviewed was aware of the requirement to consult with Māori if this is envisaged in the future.</p>

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 16 August 2011. Trial evacuation drills have been completed six-monthly and have been added to the training programme. The last fire drill was completed on 3 March 2023. The staff orientation includes fire and security training.</p> <p>Residents were familiar with emergency and security arrangements. Appropriate security arrangements are in place and access to Summerset by the Lake is currently controlled as a precaution to prevent the spread of Covid-19. External doors and windows are locked at a predetermined time each evening.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A pandemic plan is in place, and this is reviewed at regular intervals. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic plan if required.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body and the same applies for white and coloured pillowcases. There were culturally safe practices observed. The clinical care manager reported that residents who identify as Māori will be consulted on infection control requirements as needed. In interviews, staff understood these requirements.</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</p>	<p>FA</p>	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers, and at monthly staff meetings. The clinical care manager reported that the GP is informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or</p>

<p>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>experience a HAI are practised.</p> <p>Surveillance of healthcare-associated infections includes ethnicity data, and the data is reported to staff, and management, respectively. There were infection outbreaks of Covid-19 reported in March and November 2022. These were managed appropriately, with appropriate notifications completed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. This is supported by the governing body and policies and procedures. There were no restraints in use at the time of the audit. Staff confirmed restraint was not used. The clinical care manager is the restraint coordinator. A comprehensive assessment, approval, monitoring, and quality review process is in place should there be any restraint. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The cultural advisor will be consulted as required.</p> <p>Staff attends training in behaviours that challenge and de-escalation techniques. Alternatives to restraint, behaviours that challenge, and residents who are a high falls risk are discussed at the monthly management, health and safety, clinical review, and quality improvement meetings. Any use of restraint and how it is being monitored and analysed would be reported at these meetings.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.