

# Summerset Care Limited - Summerset In The Sun

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Summerset Care Limited
<b>Premises audited:</b>	Summerset in the Sun
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 8 June 2023    End date: 9 June 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	74

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
	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 in the Sun provides hospital (geriatric and medical) and rest home level of care for up to 100 residents. There were 74 residents on the days of audit including 20 residents in serviced apartments.

This surveillance audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand – Nelson Marlborough. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and the general practitioner.

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

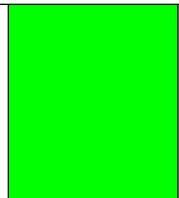
There are quality systems and processes implemented. There is a stable team of experienced caregivers and non-clinical staff to support the management team and registered nurses. Hazards are identified and appropriately managed.

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

The service has addressed the previous shortfalls relating to wound classification.

This surveillance audit has identified no further improvements required.

## Ō tatou motika | Our rights

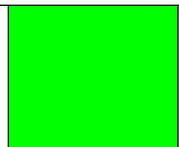
Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual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

The service is guided by the cultural policies and training sessions that outline cultural responsiveness. The service partners with Pacific communities to encourage connectiveness.

The service follows relevant best practice tikanga guidelines in relation to consent. A complaints management policy includes information on access to advocacy and complaint support systems.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The 2023 business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented.

Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There is a documented rationale for determining staffing levels and skill mix for safe service delivery. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service demonstrates the training programme supports staff to provide a culturally safe care. Cultural training includes health equity training.

Personal resident information is kept confidential and secure.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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

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

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

Summerset in the Sun has in-house food services for the facility. Resident's individual cultural and dietary needs were identified and accommodated.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building has a current building warrant of fitness. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose.

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

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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There is a pandemic and outbreak management plan. There are adequate stocks of protective personal equipment to manage outbreaks.

The infection control coordinator is a registered nurse. Education includes cultural appropriate practices related to infection control. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There had been two Covid-19 outbreaks recorded and reported on since the last audit.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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There is a governance commitment to eliminate restraint. The restraint coordinator is a registered nurse. At the time of the audit the facility was restraint free. Restraint minimisation practice is part of the annual education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions when restraint is considered. Restraint use is part of the reporting process within the quality programme.

## Summary of attainment

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

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

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Summerset in the Sun has policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. A Māori Health policy and procedure is in place and describe a commitment to a diverse workforce and development of the Māori workforce.</p> <p>Māori staff are employed across all levels of the service. The organisation has (and promote) a philosophy of inclusiveness, and this is reflective in the business plan goals. The service supports increasing Māori capacity by employing more Māori staff members, particularly in the RN roles, as vacancies and applications for an employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed by Summerset head office staff.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p>	FA	<p>Summerset in the Sun currently have no residents who originate from the Pacific Islands. Should a Pacific resident be admitted to the facility, the facility has a plan for managing care so that their needs can be adequately met. There are staff members who identify as</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>Pasifika. Pacific Peoples Health policy and procedure describe culturally safe services based on Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025. Staff were introduced to the Fonofale model.</p> <p>Staff completed training around equitable and culturally safe services for Pasifika. In the interview, the seven caregivers and four registered nurses were able to describe how they can apply a Pacific health perspective to person-centred care. The service links with their Pacific staff to assist with the implementation of the Pacific Peoples policy. There are linkages with Nelson Pasifika Community Trust.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes. Enduring Power of Attorney (EPOA) and family/whānau or representatives of choice are consulted in the assessment process to determine residents' wishes and support needs when required. There were no Māori residents. The service is guided by the cultural policies and training sessions that outline cultural responsiveness to residents' who identify as Māori.</p> <p>The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Summerset in the Sun annual training plan schedules training that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi was provided in April 2023 to support the provision of culturally inclusive care. The organisation's orientation includes understanding the principles of Te Tiriti o Waitangi. Māori cultural days are celebrated (including Matariki and Waitangi Day).</p> <p>The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Policies and procedures are updated to ensure that te reo Māori and</p>

		<p>tikanga practices are incorporated in all activities undertaken.</p> <p>The service responds to residents' needs through collaboration and participation of family/whānau.</p> <p>Interviews with fourteen staff (seven caregivers [including one kaitiaki], four registered nurses [RNs], two recreational assistants, one kitchen assistant), one clinical nurse lead [CNL], village manager (VM) and one care centre manager [CCM] and review of care plans identified that the service provides a resident and family/whānau centred service.</p> <p>Five residents (three hospital and two rest home) interviewed, and four family/whānau (hospital), confirmed that individual choices, independence, and cultural beliefs are respected.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</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>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 and professional boundaries.</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. The staff survey for 2023 evidenced staff provide positive feedback on their satisfaction related to approachable management and the work environment. All staff are held responsible to create a positive workplace culture.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that</p>	FA	<p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy links to tikanga guidelines. The Māori Health Equity policy is available to guide on cultural responsiveness to Māori perspective of health. The registered nurses interviewed demonstrated a good understanding of informed consent processes. Cultural training includes best tikanga guidelines. The care centre manager interviewed had a good</p>

<p>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>understanding of the importance of face-to-face communication for Māori.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. A complaints management policy includes information on access to advocacy and complaint support systems. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had been addressed promptly. The care centre manager and village manager are responsible for the management of complaints and provides Māori residents with support to ensure an equitable complaints process.</p> <p>A complaints register is being maintained. There were five complaints logged in the complaint register in 2022 and one in the 2023 register. No trends have been identified. All complaints were documented as resolved to the satisfaction of the complainant. Follow up and resolution letters link to the national advocacy service.</p> <p>Complaints follow up and resolution occur within the guidelines of the Health and Disability Commissioner (HDC). There has been one complaint received from Te Whatu Ora-Nelson Marlborough in February 2021 (which was not reported on at the previous audit), investigated and closed off as resolved. There was no ongoing monitoring required.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they</p>	<p>FA</p>	<p>Summerset in the Sun provides rest home and hospital level care (medical and geriatric) for up to 100 residents. There are 59 dual-purpose beds in the care centre on level one and 41 serviced</p>

<p>serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>apartments across two floors certified for rest home level of care. On the day of the audit there were 54 residents in the main care centre- 15 rest home level and 39 hospital level. Of the 41 apartments certified, 20 were occupied by residents receiving rest home level of care. All residents were under the aged residential care contract (ARCC), apart from one respite resident (hospital level) funded by Accident Compensation Corporation (ACC).</p> <p>There have been changes in the management team since the last audit. There is a retirement village attached as part of the complex, with overall management of the site provided by a village manager who has been employed at Summerset since February 2023 and has a background in community support serves. The village manager attends local meetings related to aged care and Summerset leadership training sessions. The village manager is supported by a care centre manager/RN who has been in the role for six months.</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 bi-monthly 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. The Māori Health policy and procedure reflects a leadership commitment to collaborate with Māori, aligns</p>
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		<p>with the Ministry of Health strategies and addresses barriers to equitable service delivery.</p> <p>The business plan for Summerset in the Sun for 2023 describes annual goals and objectives that support outcomes to achieve equity for Māori and addressing barriers for Māori. A business goal in the current business plan is “to create a great place to work where our people can thrive” and “to continually improve and enhance our offering to residents”. Cultural safety is embedded within the documented quality programme and staff training.</p> <p>Tāngata whaikaha have meaningful representation through monthly resident meetings and quarterly satisfaction surveys. The management team review the results and feedback to identify barriers to care, to improve outcomes for all residents. The governance and management team have an open and transparent decision management process that includes regular staff and residents’ meetings.</p> <p>The CCM and VM completed their eight hours of professional development activities related to managing an aged care facility. Both managers interviewed stated they were supported with a good induction to their roles. Other training completed includes infection control, cultural training, and a three-day Summerset leadership programme.</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</p>	<p>FA</p>	<p>Summerset in the Sun has a planned and implemented quality and risk system. There is a quality programme annual calendar which includes schedules of training, meetings, and audit requirements for the month. The quality programme is implemented by the village manager and the care centre manager.</p> <p>The service is implementing an internal audit programme that includes all aspects of clinical care. Monthly and annual analysis of results is completed and provided to staff. There are monthly accident/incident benchmarking reports that break down the data collected across the rest home and hospital, with this compared to other Summerset services of similar size and composition. Infection control is also included as part of benchmarking across the</p>

<p>and support workers.</p>		<p>organisation. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality improvement is evaluated.</p> <p>All facility meetings including (caregivers, staff, management, quality improvement and infection control meetings) were completed as scheduled. Meeting minutes included: quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; clinical issues; and education. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved. Resident and family/whānau (consumer) satisfaction surveys are completed quarterly and consistently reflect high levels of satisfaction. There are quarterly consumer surveys for 2022 and evidence overall satisfaction in relation to the surveyed areas (food, property, and communication), which was higher than the national Summerset benchmark. Residents and family/whānau also confirmed their satisfaction with the service during interview. Resident's meetings occurred and infection prevention and control and outbreaks were discussed at meetings.</p> <p>A health and safety system is being implemented. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually. A comprehensive health and safety audit is included in the audit schedule. Staff interviewed could describe a team approach to keeping the workplace safe. Staff fatigue is actively managed when the roster is developed.</p> <p>The individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available five hours a week as required. A kaitiaki is present in the lounge to supervise residents. Each incident/accident is documented electronically. Ten accidents/incidents were reviewed for April 2023. All reports were fully completed with clinical follow up. Incident and accident data is collated monthly and analysed. Results are discussed at all facility meetings.</p> <p>Discussions with the care centre manager evidenced their</p>
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		<p>awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed in 2022-2023 year to date, and related to four pressure injuries; four related to unexpected deaths (they involved the police); four wandering/missing residents; and two related to resident behaviours. The notification to HealthCERT in December 2022 related to a change in care centre manager was confirmed (not sighted).</p> <p>There had been two outbreaks of Covid-19 documented between July and August 2022. These were appropriately notified, managed and staff debriefed.</p> <p>The service provides sufficient training to ensure their nurses and care staff can deliver high-quality health care for Māori. Staff completed Māori cultural competencies in 2023. As part of the overall annual review of the quality programme, the service reviews the annual education and competence programme. Staff are supported to learn te reo Māori and e-learning material and resources are available.</p> <p>Critical analysis of organisational practice is completed through benchmarking and analysis and reports at national level, annual review of the quality programme, review of policies and internal audits.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented rationale for determining staffing levels and skill mix for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. There are clear guidelines for an increase in staffing, depending on resident acuity. The village manager and care centre manager work 40 hours per week Monday to Friday and are available on call for any emergency issues or clinical support. The clinical nurse lead covers Monday to Sunday.</p> <p>The rosters reviewed evidenced there were adequate staff on duty to meet the needs of the residents. There are at least two RNs on each shift. There are two support caregivers (kaitiaki) on in the morning that provides oversight in the lounge, supporting the physiotherapist</p>

		<p>and recreation team.</p> <p>The service apartment roster is separate, with additional caregivers to support the 20 rest home residents in the service apartments on morning, afternoon, and night shift. The additional RN on morning, afternoon and night provide supervision in the service apartments.</p> <p>The RN on each shift is aware that extra staff can be called on for increased resident requirements. There are dedicated staff for housekeeping, kitchen, and laundry duties, seven days a week. Interviews with staff, residents, and family/whānau confirmed that staffing levels are sufficient to meet the needs of residents.</p> <p>A Māori Health policy and procedure includes objectives around establishing an environment that supports cultural safe care through learning and support. There is an annual education and training schedule completed for 2022 and is being implemented for 2023. The education and training schedule lists compulsory training, which includes cultural communications and understanding and Treaty of Waitangi awareness training. Cultural awareness training is part of orientation and provided annually to all staff, last completed in April 2023. Educational outcomes and objectives include an understanding of health equity. Training includes a focus on supporting Māori and improved health outcomes. Staff interviewed stated how they are supported to learn te reo Māori.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Summerset supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Twenty-seven caregivers have achieved either level three or level four NZQA qualification. Caregivers interviewed stated they are supported to move to a higher qualification level. All caregivers are required to complete annual competencies for restraint; moving and handling; personal protective equipment (PPE); medication; hand hygiene; fire training and drills; insulin administration; and cultural competencies.</p> <p>All new staff are required to complete competency assessments as part of their orientation. Registered nurses' complete competencies including restraint, medication competency (including controlled drug</p>
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		<p>management, insulin administration and syringe driver training) and oxygen administration. Additional RN specific competencies include subcutaneous fluids and interRAI assessment competency.</p> <p>Nine of thirteen RNs are interRAI trained and four were due to complete their training. All RNs attended in-service training and completed training in 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 -Nelson Marlborough and hospice.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files reviewed (two caregivers, one RN, the clinical lead and care centre manager) evidenced implementation of the recruitment process, employment contracts, police vetting, and completed orientation.</p> <p>A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation and training programme supports RNs and caregivers to provide a culturally safe environment for Māori. Staff interviewed confirmed that they had a relevant and comprehensive orientation.</p> <p>All staff information is held securely. Ethnicity data is identified, and an employee ethnicity database is available.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose</p>	<p>FA</p>	<p>The service maintains a record of entry and decline rates. The service collects ethnicity information at the time of admission from individual residents and this is recorded on admission record. The</p>

<p>the most appropriate service provider to meet my needs.  Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.  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>service identifies entry and decline rates for Māori and reports this information to head office. The care centre manager reported that the service has not declined entry to anyone identifying as Māori. There were no residents who identified as Māori at the time of audit. The service works in partnership with local Māori communities, organisations, and their kaumātua.</p>
<p>Subsection 3.2: My pathway to wellbeing  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.  Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.  As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed. Two rest home level (including one in serviced apartments) and three hospital level (including one respite).  The service contracts a GP from a local health centre for twice weekly visits and is available on call during office hours, and thereafter the staff contact the medical injury centre until 10pm and then the emergency department at the local hospital overnight for assistance. The GP had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. The GP (interviewed) commented positively on the service and confirmed appropriate and timely referrals were completed.  Registered nurses are responsible for all resident assessments, care planning and evaluation of care. Resident care plans are developed using an electronic system. Initial care plans are developed in partnership with the resident and the resident's enduring power of attorney (EPOA) within the required timeframe. Long-term care plans had been completed within 21 days for long-term residents and the first interRAI assessments had been completed within the required timescales for all resident files reviewed. InterRAI assessments sampled had been reviewed six-monthly and care plans evaluated within the required six-month timeframe, with written progress towards goals. The residents' activity needs are reviewed six-monthly at the same time as the care plan review process.  Short-term care plans are developed for the management of acute</p>

	<p>problems, such as infections, wounds, weight management and behaviour. These were also noted on the staff handover sheets, which were comprehensive in nature. On observation of a handover, information was comprehensively communicated verbally and included monitoring requirements and changes in care. Caregivers interviewed were knowledgeable about the cares required for individual residents. Progress notes are written daily and as necessary by caregivers and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Resident electronic files identify the integration of allied health professional input into care and a team approach is evident. A physiotherapist from local provider visits weekly and a podiatrist visit six-weekly. Other allied health professionals involved in care include hospice, dietitian, clinical nurse specialists and medical specialists from Te Whatu Ora - Nelson Marlborough.</p> <p>Although there were no Māori residents, the clinical nurse lead and RNs interviewed describe how to support Māori residents and their whānau to identify their own pae ora outcomes in their care and support plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Family/whānau were notified of all changes to health, including infections, accidents/incidents, GP visits, medication changes and any changes to health status. Notifications and discussions with family/whānau were evident in the files reviewed.</p> <p>A wound register is maintained. There were 35 wounds in total from 24 residents. These include five pressure injuries (three stage II, one stage IV and one unstageable); with the remaining wounds being skin tears, chronic ulcers, and minor lesions. Wound assessments, wound management plans with body map, classifications of wounds, photos and wound measurements were reviewed, and evidenced wound dressings were being changed appropriately in line with the documented management plan. The previous audit shortfall HDSS:2008 # 1.3.6.1 related to wound classification has been addressed. All wounds reviewed were correctly classified and documented. The service can access the local wound nurse specialist if required. Continence products are available, and staff</p>
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		<p>can access continence specialists through their local hospital.</p> <p>Care plans reflected the required health monitoring interventions for individual residents. Caregivers, enrolled nurses, and RNs complete monitoring charts, including (but not limited to): bowel chart; vital signs; weight; behaviour and turning charts. Incident reports reviewed evidenced neurological observations are completed for unwitnessed falls, or where there is a head injury. Immediate action was noted, and any follow-up action(s) required were documented and evidenced in progress notes by a registered nurse. Incidents were fully investigated and signed off in a timely manner.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>Summerset in the Sun employs one full-time and two part-time recreation therapist as well as three kaitiaki who lead and facilitate the activity programme. The service facilitates opportunities to participate in te reo Māori through Māori phrases incorporated into the activities and culturally focused food related activities as applicable.</p> <p>Community visitors include entertainers, church services and pet therapy visits. The service also works with representatives from the local communities who visit and talk with residents individually. Themed days such as Matariki, Māori language week, Waitangi, and ANZAC Day are celebrated with appropriate resources available. A monthly calendar of activities is available for residents and includes celebratory themes and events.</p> <p>Residents visit their family/whānau in the community and families/whānau can visit the residents in the facility. Family/whānau and residents interviewed 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. Te Tiriti: Service providers shall support and advocate for Māori to</p>	FA	<p>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice. The RNs and senior caregivers are responsible for the administration of medications. They have completed medication competencies and annual medication</p>

<p>access appropriate medication and blood products.  As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>education. The RNs have completed syringe driver training. All stock medications and robotic rolls were evidenced to be checked on delivery, with discrepancies fed back to the supplying pharmacy. Standing orders are not used by the service. There are no vaccines stored on site. There is a hospital stock of medications that are checked weekly. Eye drops and creams are dated on opening.</p> <p>There were four residents who were self-medicating, with locked cupboards for safe storage in their rooms. Appropriate processes are in place to ensure this was managed in a safe manner, including three-monthly resident competencies completed by the RNs and GP. The medication fridge and medication room temperatures were monitored, and daily records were within the acceptable range.</p> <p>Ten resident medication charts (six hospital-level care and four rest home-level care) on the electronic medication system were reviewed. The medication charts had photograph identification and allergy status recorded. Staff recorded the time, date, and outcomes of pro re nata (PRN) medications. All PRN medications had an indication for use. All medication charts had been reviewed by the GP at least three-monthly. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP.</p> <p>The staff observed during a medication round demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management.</p> <p>Residents and their family/whānau are supported to understand their medications when required. The clinical nurse lead stated that appropriate support and advice will be provided when requested by Māori. There was documented evidence in the clinical files that relatives are updated around medication changes, including the reason for changing medications and side effects. Residents and their family/whānau are supported to understand their medications when required.</p> <p>There is a process for comprehensive analysis of medication errors and corrective actions implemented as required.</p>
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<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>Summerset in the Sun provides their own food services for the facility. The kitchen manager/chef (not available on the day) is supported by a team of kitchen assistants (cooks), and café staff. The current menu has been reviewed by a dietitian at the organisation level.</p> <p>There is a food control plan in place expiring November 2023. Kitchen staff are trained in safe food handling. Kitchen staff and care staff interviewed understood tikanga Māori practices in line with tapu and noa requirements.</p> <p>Residents' nutritional requirements are assessed on admission to the service, in consultation with the residents and their family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A copy of the nutritional assessment for each resident is provided to the kitchen.</p> <p>The Māori health plan in place includes cultural values, beliefs, and protocols around food. The kitchen assistant (interviewed) stated that menu options culturally specific to te ao Māori will be offered to Māori residents when required, giving some examples of culturally specific food that might be offered when required. Family/whānau are welcome to bring culturally specific food for their relatives. Residents and family/whānau members interviewed indicated satisfaction with the food services.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <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</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services, social support or kaupapa Māori agencies, where indicated or requested.</p>

<p>coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The current building warrant of fitness is displayed at reception and expires on 20 January 2024. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>A full-time property manager of the care centre and villas (also available on call) oversees two property assistants and two gardeners. Maintenance requests for repairs are logged onto the online system where they are actioned and signed off when completed. There are preferred contractors available as required including (but not limited to) plumbers, electricians and lift maintenance contractors. Monthly planned maintenance duties are set by the head office. These include resident-related and environmental planned maintenance and are signed off when completed. The annual preventative maintenance plan includes the checking and calibration of medical equipment, electrical compliance of equipment and hot water temperatures. All were completed as scheduled.</p> <p>The village manager and care centre manager interviewed were fully informed around seeking consultation/input with Summerset Māori health advisors and/or community representatives, if needed, to ensure the design and environment of future redesign would reflect the identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>There are emergency and disaster manuals to guide staff in managing emergencies and disasters. There is an approved evacuation plan. Fire evacuations are held six-monthly. The last fire drill was completed 5 April 2023. The civil defence cupboard is well-equipped and checked regularly. There is sufficient water, food, and alternative cooking in the event of an emergency.</p> <p>The building is secure after hours, and staff complete security checks</p>

		at night. The staff orientation includes fire and security training.
<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>	FA	<p>There is an organisational pandemic and outbreak plan in place, and this is reviewed at regular intervals. There is a full suite of documents that guide staff practice. The facility reviewed their infection prevention programme in December 2022.</p> <p>Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The infection control and prevention resources were readily accessible to support the pandemic plan if required. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has access to infection prevention information in te reo Māori through the company web. The infection prevention control coordinator partners with Māori (when in care) residents and staff to ensure the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff understood tikanga guidelines related to infection prevention.</p> <p>The managers interviewed described infection control and prevention input into environmental upgrades to the facility. The Māori health plan includes the importance of ensuring culturally safe practices in infection prevention. The infection prevention control coordinator has access to a Māori health advisor as needed.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.  Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.  As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and</p>	FA	<p>All infections are recorded electronically. The data includes ethnicity and is collated and analysed to identify any significant trends or common possible causative factors monthly and action plans are implemented. The short-term care plans sampled for review evidenced that residents who developed a healthcare-associated infection, were advised of the condition in a timely manner. There are clear, culturally safe processes for communication to ensure infection information are shared with staff and residents. Residents and family/whānau interviewed expressed satisfaction with the</p>

<p>methods specified in the infection prevention programme, and with an equity focus.</p>		<p>communication provided.</p> <p>There have been two Covid-19 outbreaks since the previous audit. Document review showed that the service followed its pandemic plan. Families/whānau were kept informed by telephone or email. Visitors were managed according to guidelines for aged care facilities. The implementation of the pandemic plan was successful.</p> <p>Infection control surveillance is discussed at quality improvement meetings, RN, and caregiver meetings. Infection rates are reported to the Operations and Clinical Steering Committee in their bimonthly report. Infection control data is benchmarked against other Summerset facilities. Proposed corrective actions and improvements are included in the commentary in the reports and reviewed and discussed at the meetings. Meeting minutes and graphs are displayed for staff. The service receives email notifications and alerts from Summerset head office and Te Whatu Ora– Nelson Marlborough for any community concerns.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint policy and business plan identify the organisations` commitment to minimising restraint use. Restraint use is benchmarked and link to operational goals of reducing and eliminating restraint. Summerset in the Sun is restraint free with no residents using restraints. The restraint register was maintained.</p> <p>The restraint approval process described in the restraint policy and procedures meet the requirements of Ngā Paerewa Health and Disability Services Standard and provides guidance on the safe use of restraints. The restraint coordinator is a registered nurse, who provides support and oversight. The restraint coordinator has a job description in relation to restraint responsibilities.</p> <p>The quality reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff.</p> <p>Restraint will only be used as a last resort when all alternatives have been explored. Regular training occurs in management of challenging behaviour and restraint minimisation as part of the</p>

		<p>mandatory training plan and orientation programme. Last restraint related training was completed April 2023. Staff completed restraint competencies. Strategies to remain restraint free are discussed in the quality improvement and staff meetings.</p> <p>Interview with the restraint coordinator confirmed that they are aware of working in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>Restraint audits are completed, and evidence to be fully compliant. The outcome of the audit is discussed at monthly RN and caregiver meetings and the required follow up from the audit is completed.</p>
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## Specific results for criterion where corrective actions are required

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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
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.