

Summerset Care Limited - Summerset Rototuna

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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Summerset Care Limited
Premises audited:	Summerset Rototuna
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 21 November 2023 End date: 22 November 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:	68

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 tātou 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 Rototuna provides hospital (medical and geriatric), dementia and rest home levels of care for up to 119 beds, including 43 beds in the care centre, 20 beds in the memory care (dementia) and 56 beds in the serviced apartments. At the time of the audit there were 68 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora Health New Zealand - Waikato. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff, and a nurse practitioner.

The village manager has been in the role for over two years. They are supported by a care centre manager (registered nurse), a clinical nurse leader, registered nurses, experienced caregivers, and administration staff. Summerset head office staff support the facility. The residents and relatives interviewed spoke positively about the care and support provided.

There are quality systems and processes being implemented. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

There were no areas for improvement identified at the previous certification audit.

This surveillance audit identified shortfalls relating to hot water temperature monitoring.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Summerset Rototuna demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

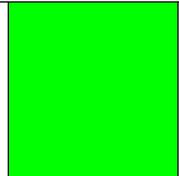
The Governance body for Summerset is the National Clinical review committee who meet monthly and chaired by Summerset's Head of Clinical Services. All members on the committee hold senior roles in Summerset. Organisational performance is monitored

through several processes to ensure it aligns with the identified values, scope, and strategic direction. The business plan is tailored to reflect the goals related to Summerset Rototuna.

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

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

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight 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 developed and evaluated in the care plans reviewed.

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

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours. Residents were complimentary of the food services.

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

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

Includes two 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.

Some subsections applicable to this service partially attained and of low risk.

The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Clinical equipment has been tested as required.

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

Includes five 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.

The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

Documentation evidenced that relevant infection control education is provided to all staff during orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the

organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. There have been several outbreaks since the previous audit, which were well managed, and appropriately notified.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The aim of the service and governing body is to eliminate restraint. The restraint policy includes objectives for eliminating restraint.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. On the day of the on-site audit, there were residents using a restraint. Staff have completed training around restraint minimisation.

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	17	0	1	0	0	0
Criteria	0	48	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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. 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 Rototuna has policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. A Māori health plan is documented for the service and understood by staff who confirmed in interview that mana motuhake is recognised. At the time of the audit there were Māori staff and Māori residents. The service works closely with its Māori staff and current residents and their whānau to inform practice that sees Māori flourish and thrive in the environment.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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>	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. Summerset Rototuna currently has no residents who originate from the Pacific Islands. There are staff members who identify as Pasifika who are involved in staff training related to worldviews, cultural, and spiritual beliefs of Pacific peoples.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The care centre manager (interviewed) demonstrated how it is also given in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights.</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>	<p>FA</p>	<p>Summerset policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances.</p> <p>All staff at Summerset Rototuna are trained in, and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. When interviewed (six caregivers, four registered nurses, clinical nurse lead, serviced apartments coordinator, administrator, maintenance manager, chef manager), staff demonstrated an understanding of professional boundaries.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights</p>	<p>FA</p>	<p>There are policies implemented in relation to informed consent. Informed consent processes were discussed with residents and families/whānau on admission. Five electronic resident files were reviewed which evidenced written general consents sighted for photographs, release of medical information and medical cares were included in the admission agreement. The written general consents were signed appropriately as part of the admission process by the resident or activated enduring power of attorney (EPOA). Specific consent forms were in place for procedures such as influenza and Covid-19 vaccines. Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement</p>

<p>and their ability to exercise independence, choice, and control.</p>		<p>of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision. Training has been provided to staff around Code of Rights, informed consent, and enduring power of attorney.</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. 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. Access to complaints forms is located at the entrance to the facility or on request from staff. Residents or relatives 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 and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained which includes all complaints, dates and actions taken. There have been eleven complaints made since last audit: one in 2021, five in 2022, and five in 2023 year to date. There have been no external complaints received.</p> <p>Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed by management in a timely manner and to their satisfaction. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village manager and care centre manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</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</p>	<p>FA</p>	<p>Summerset Rototuna is certified to provide dementia, rest home and hospital (medical and geriatric) levels of care for up to 119 residents. There are 43 dual purpose rooms in the care centre, which include eight double</p>

<p>communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>rooms. The eight double rooms are for couples if needed which potentially could be up to 51 residents (with the potential total for up to 127 residents). There was one couple at the time of the audit. The memory care centre has 20 dementia level care beds which are all Licence to Occupy (LTO) apartments with no standard rooms. There are also 56 serviced apartments certified for rest home level care.</p> <p>On the day of the audit there were 21 hospital, including one resident on a palliative care contract, and one resident on accident compensation corporation (ACC) funding; 18 dementia; and 29 rest home level care residents, including 10 in the serviced apartments, and one resident on respite. The remaining residents were all under the aged-related residential care (ARRC) contract.</p> <p>The village manager has been in the role for over two years but was previously managing another Summerset village within the region before taking on this role. They have a finance, business management and human resources background. They are supported by a care centre manager, who is a non-practicing registered nurse. The care centre manager has been in the role since the facility opened over two years ago and was previously a care centre manager at another Summerset village. They have years of experience in aged care. They are both supported by a clinical nurse leader (registered nurse), a memory care lead, a serviced apartment coordinator, and a stable team of care, housekeeping, maintenance, and administration staff. The management team reports a stable turnover of staff.</p> <p>The Governance body for Summerset is the National Clinical review committee who meet monthly and chaired by Summerset’s Head of Clinical Services. All members on the committee hold senior roles in Summerset and there are terms of reference. The Head of Clinical Services (chair of the group) reports to the general manager of operations. The Head of Clinical Services works with the general manager of operations and Summerset’s CEO 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.</p> <p>There is an overarching strategic business plan in place for the company, with national goals. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Summerset Rototuna has</p>
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		<p>a site-specific business plan that includes goals. The village manager completes three-monthly progress reports toward these goals (sighted).</p> <p>The national clinical review committee (governance body) is responsible for setting strategy, risk, monitoring and reporting, culture and capability, and engagement. The governance body is involved in the quality and risk management system, through reports to the Board around clinical risk and other areas of risk across the Group. They also support each site around emergency planning and service continuity planning. The organisation benchmarks quality data with other New Zealand aged care providers. There are regional quality managers who support the on-site clinical team with education, trend review, clinical risk support and management.</p> <p>Māori consultation ensures policies and procedure represents Te Tiriti partnership and equality and to improve outcomes and achieve equity for tāngata whaikaha. Management reports on any barriers to head office to ensure these can be addressed. Registered nurses work in consultation with resident and whānau, on input into reviewing care plans and assessment content to meet resident cultural values and needs.</p> <p>The village manager and the care centre manager have attended training in excess of eight hours over the past year appropriate to their role. They have an extensive background in healthcare, nursing, aged care, and quality and risk management. The village manager is supported by the wider Summerset management team that includes a group operations manager and regional quality manager.</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</p>	<p>FA</p>	<p>Summerset Rototuna implements the organisational quality and risk programme. There is a quality programme annual calendar which includes schedules of training, meetings, and audit requirements for the month. The village manager and the care centre manager implement the quality programme.</p> <p>The service is implementing an internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Key performance indicator data is collated. Monthly and annual analysis of results is completed and provided to staff. There is monthly benchmarking of quality data across the service and nationally.</p>

<p>and our health care and support workers.</p>	<p>Reports break down the data collected across according to level of care with this compared to other Somerset services of similar size and composition.</p> <p>Caregivers, staff, management, quality improvement and infection control meetings were completed as scheduled. Meeting minutes included: quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; clinical issues; and education. There is consistent evidence that the data tabled at meetings is discussed and used for improvements to the service.</p> <p>Resident and family/whānau (consumer) satisfaction surveys are completed regularly. The March, July and October 2023 resident relative survey has been collated and analysed. The overall satisfaction was 95%, 97% and 95% respectively, with all the areas surveyed demonstrating to be above the Somerset group averages. Results have been communicated to residents and staff through newsletters and meetings. Quality improvements have been developed and continue to be implemented in relation to the survey results.</p> <p>All resident incidents and accidents are recorded, and data is collated. Accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in meetings and at handovers.</p> <p>There are monthly health and safety meetings. Staff have completed regular training related to health and safety. Health and safety issues are discussed at the monthly health and safety, quality, and staff meetings. A health and safety system is in place. Hazard identification forms are completed, and an up-to-date hazard register (last updated and reviewed July 2023) was sighted. Staff are kept informed on health and safety issues in handovers, and meetings.</p> <p>Discussions with the care centre manager and clinical nurse lead evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications submitted relating to significant resident behaviours and one for pressure injury (stage III and above) There have been 11 Covid-19 and one Respiratory Syncytial Virus (RSV) outbreaks since the last audit, which were notified appropriately to Public Health authorities.</p>
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		<p>Summerset Rototuna has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard. New policies or changes to a policy are communicated to staff.</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>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>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. The service has a total of 75 staff in various roles. Summerset Rototuna has a weekly roster in place which provides sufficient staffing cover for the provision of care and service to residents. Rosters implement the staffing rationale. The village manager and the care centre manager work full time from Monday to Friday. The clinical nurse leader works full time and provides clinical on-call cover for the care centre. The care centre manager is on call for any non-clinical issues for the care centre.</p> <p>There are designated activities, food services, cleaning, and laundry staff seven days a week. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that they have sufficient staffing levels and that the management team provide good support. Residents and family/whānau members interviewed reported that there are sufficient staff numbers to attend to residents.</p> <p>There is an annual education and training schedule completed for 2022 and is being implemented for 2023. The training programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes (but not limited to) restraint; wound management; pressure injury; cultural safety and spirituality; waste management; consent; and Māori health. Cultural awareness training is part of orientation and provided annually to all staff. There is an attendance register for each training session and an individual staff member record of training. Educational courses offered include in-services, competency questionnaires and external professional development through local hospice and Te Whatu Ora– Waikato. All registered nurses, a selection of caregivers and activities staff have first aid certificates. There is at least one staff member on each shift with first aid training. All registered nurses, and selected caregivers have current medication competencies. All caregivers</p>

		<p>are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Of the 37 caregivers, 3 have achieved level two and 30 have achieved level three and above NZQA qualification. There are 10 staff who are employed in the memory care centre. All the staff have completed the required dementia standards. In addition to spark of life training, staff have also been working through a dementia stars i-learn series, focussing on delirium; falls; hydration; continence; eating well; pain; sensors and bathing; as they relate to supporting residents living with dementia.</p> <p>The clinical nurse leader and registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses and caregivers related to specialised procedures or treatments, including (but not limited to) medication, controlled drugs, and emergencies. At the time of the audit, there were nine registered nurses, with six of them having completed interRAI training. Staff interviewed report a positive work environment.</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. Six staff files reviewed (one clinical nurse leader, one registered nurse, two caregivers (including one from memory care centre), one housekeeper, and one diversional therapist), evidenced implementation of the recruitment process, employment contracts, police vetting, and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. 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. Staff interviewed confirmed that they had a relevant and comprehensive orientation. The service demonstrates that the orientation programme supports registered nurse, and caregivers to provide a culturally safe environment to residents and those who identify as Māori. All staff who have been employed for a year or more have a current performance appraisal on file.</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 sampled which included two hospital residents (one palliative care and one on ACC contract), one dementia resident and two rest home residents (one respite and one in serviced apartment). All residents identified had initial assessments and initial care plans completed and were resident centred, and these were completed in a timely manner.</p> <p>The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission, except the palliative care resident, ACC and respite resident. Cultural assessments were completed by the nursing team in consultation with the residents, and family/whānau. Long-term care plans were also developed, and six-monthly evaluation processes ensures that assessments reflected the resident's daily care needs. Resident, family/whānau, and GP/NP involvement is encouraged in the plan of care.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA and family/whānau responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the review date, an interRAI re-assessment was completed. Interventions in the long-term care plans were comprehensive and resident focussed and provide detail to guide staff in the management of each resident's care. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The EPOA and family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The short-term care plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the clinical nurse leader (CNL) and this was evidenced in the records sampled. Interviews verified residents and EPOA/family/whānau are included and informed of all changes.</p>
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Subsection 3.4: My medication	FA	There are policies available for safe medicine management that meet legislative requirements. The policy described medication prescribing,

<p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP or NP has completed three-monthly medication reviews.</p> <p>A total of 10 medicine charts were reviewed. Indications for use were documented for pro re nata (PRN) medications, including over the counter medications and supplements. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Effectiveness of PRN medications was being consistently documented.</p> <p>Routine medication reconciliation is conducted by an RN. Medications are rechecked when a resident is transferred back to the service from the hospital or any external appointments. Medication reconciliation is recorded in the electronic medication management system. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medications are administered by an RN or medication competent caregiver. Medication incidents were completed in the event of a drug error and corrective actions were acted upon.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures were being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted. The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room and cupboards. There was one resident self-medicating. There are policies and procedures in place to self-administer their medication and these had been followed. There were no standing orders in use.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to</p>	<p>FA</p>	<p>Summerset Rototuna provides their own food services for the facility. The kitchen service complies with current food safety legislation and guidelines. All food and baking are prepared and cooked on site. The kitchen is managed by the chef manager who reports to the regional food lead. Food is prepared in line with recognised nutritional guidelines for older people.</p>

<p>traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>The verified food control plan expires June 2024. The menu was reviewed by a registered dietitian on 24 July 2023. Kitchen staff have current food handling certificates.</p> <p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents by the registered nurses. Dislikes and special dietary requirements are accommodated, including food allergies. Nutritional snacks are available for residents 24 hours.</p> <p>The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The care centre manager (CCM) and CNL reported that discharges are normally into other similar facilities. Discharges are overseen by the clinical team who manage the process until exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p>
<p>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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and</p>	PA Low	<p>The buildings, plant, and equipment are fit for purpose at Summerset Rototuna and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people’s cultures and supports cultural practices. The building has a current warrant of fitness that expires on 10th December 2023.</p> <p>There is an annual maintenance plan that includes electrical testing and tagging, resident’s equipment checks, call bell checks, calibration of medical equipment, and hot water temperature checks. However, there was no evidence of recording of hot water temperatures.</p>

<p>freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There 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 resources, including personal protective equipment, were sighted. The infection control and prevention resources were readily accessible to support the outbreaks 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. Education around outbreak management is included as part of annual training and updates 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.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. Surveillance data includes ethnicity and is monitored and analysed for trends, monthly and annually. The care centre manager completes a comprehensive review, and this is reported to all staff and head office. Infection control surveillance is discussed at monthly quality, infection prevention and control, and staff meetings. Benchmarking occurs with other Summerset facilities and aged care nationally. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora- Waikato. Residents and family/whānau (with resident's consent) are contacted and informed of any healthcare-associated infection, with information on care</p>

		<p>and prevention.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, aseptic technique, outbreak management and hand hygiene. There have been 11 Covid-19 outbreaks since the previous audit; with a range of two to at most thirteen residents affected with the different events. At the time of the audit, there was one resident in memory care centre with Covid-19 and surveillance had confirmed it to be contained with the resident. All the outbreaks that the service has experienced were well documented, managed, and reported to Public Health.</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>Summerset Rototuna's aim of the service and governing body is to eliminate restraint. The restraint policy includes objectives for eliminating restraint. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.</p> <p>Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. On the day of the on-site audit, there were three residents using a restraint bedrail. Restraint documentation processes are robust to include assessments, consent, monitoring, and evaluation processes to minimise associated risks. Quality review of restraint use occurs monthly and is benchmarked. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The use of restraint is reported in the management/quality and staff meetings. Staff training in minimisation and elimination of restraint is delivered annually. Ninety percent of staff have completed online training in managing challenging behaviours, de-escalation and dementia care.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>Summerset Rototuna has a current building warrant of fitness displayed which expires on 10th December 2023. All building and plant have been built to comply with relevant legislation. There is a planned maintenance schedule. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. However, there was no evidence of records of hot water temperature checks since 2021.</p>	<p>There was no documented evidence of recording of hot water temperatures since 2021. The maintenance person had been checking temperatures; however, had not written the findings down, with no evidence of corrective measures taken when temperature did not meet required levels.</p>	<p>Water temperatures should be recorded on a regular basis from various sources and outlets; temperatures should not exceed 45 degrees Celsius to comply with Health and Disability service being provided.</p> <p>90 days</p>

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 audit.

No data to display

End of the report.