

Summerset Care Limited - Summerset on Cavendish

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 on Cavendish
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: 18 January 2024 End date: 19 January 2024
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:	63

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

General overview of the audit

Summerset on Cavendish is part of the Summerset Group of retirement villages and aged care facilities. Summerset on Cavendish is a modern, spacious, purpose-built facility located in Christchurch and provides hospital (geriatric and medical), rest home and dementia level of care for up to 126 residents. There were 63 residents on the day of audit. Summerset Group is an experienced aged care provider and there are procedures and responsibilities for the safe management of residents at all levels of care.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand- Waitaha Canterbury. The audit process included the review of; policies and procedures, residents and staff files, observations, interviews with residents, family/whānau, management, staff, and a general practitioner.

The care centre manager has been in the role for six months and is supported by the regional quality manager and the village manager who has been in the role for two and a half years. The management team is supported by the group operations manager. The residents and family/whānau interviewed spoke positively about the care and support provided.

There are quality systems and processes in place. An orientation and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver clinical and culturally safe care.

This certification audit identified a shortfall relating to the monitoring of neurological observations.

The service has been awarded a continuous improvement ratings related to the implementation of quality initiatives.

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.

Summerset on Cavendish provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports culturally safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The staff and management listen and respect the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and documented.

Hunga mahi me te hanganga | Workforce and structure

Includes 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.

Summerset Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The business plan 2023 informs the site-specific operational objectives which are reviewed on a regular basis. Summerset on Cavendish has an established quality and risk management system. Quality and risk performance is reported

across various meetings and to the organisation's management team. Summerset on Cavendish collates clinical indicator data and benchmarking occurs.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligns with contractual requirements and included skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The admission package is in place and available prior to or on entry to the service. Registered nurses are responsible for each stage of service provision and assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans reviewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses, and caregivers are responsible for administration of medicines. Annual medication competencies and education are completed. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Recreational therapists provide and implement an interesting and varied activity programme. Programmes include outings, entertainment and meaningful activities that meet the individual recreational preferences. Te ao Māori is facilitated through all activities.

Residents' food preferences, cultural needs and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan. Nutritional snacks are available 24/7.

Discharges or transfers is managed in a coordinated manner.

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.		Subsections applicable to this service fully attained.
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The building has a current warrant of fitness displayed. There is a planned and reactive maintenance programme in place.

Hot water temperatures are checked regularly. There is a call bell system that is appropriate for the residents to use. The memory care (dementia) unit is secure with a secure outdoor area. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Rooms are personalised with ample light and adequate heating. Documented systems are in place for essential, civil defence, emergency, and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

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

<p>Includes 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.</p>		<p>Subsections applicable to this service fully attained.</p>
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Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Infection control education is provided to all staff and documentation evidenced this was part of staffs' orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Benchmarking occurs with other Summerset Group facilities. Antimicrobial usage is monitored and reported on.

A robust pandemic and outbreak management plan is in place including a Covid-19 response procedure. The internal audit system monitors for a safe environment. There have been two Covid-19 outbreaks since last audit.

Documented processes are in place for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Policies and procedures for the cleaning and laundry services are in place and implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

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.
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Restraint policies and procedures are in place. Summerset's governing body has a national strategic goal to eliminate restraint. Summerset on Cavendish reflects this with zero restraint and follows the restraint policy which includes objectives for eliminating restraint. Restraint is overseen by the restraint coordinator, registered nurse. Restraint would only be used as a last resort when all other options had been explored. Training in relation to maintaining a restraint free environment occur for all staff as planned.

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	26	0	0	1	0	0
Criteria	1	166	0	0	1	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.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has no residents who identify as Māori. Summerset on Cavendish is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and is documented in the resident care plan where required. There are clear processes to include tikanga in everyday practice. Staff received training in cultural competency.</p> <p>At the time of the audit there were no Māori staff members. Summerset on Cavendish evidence commitment to a culturally diverse workforce as evidenced in the business plan, Māori health plan and equitable recruitment processes.</p> <p>The Summerset organisational strategic plan includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. Summerset on Cavendish has links with several Māori providers and Rehua Marae. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific Peoples' Health policy and procedure. The aim is to uphold the principles of Pacific people by acknowledge respectful relationships, valuing families and provide high quality healthcare. On admission all residents state their ethnicity. There were residents that identify as Pasifika at the time of the audit. Pacific Peoples' Health policy and procedure objective states Summerset's commitment to supporting Pacific residents and their families/whānau.</p> <p>Summerset on Cavendish has links with the Pacific providers to ensure connectivity within the region. At the time of the audit there were staff that identify as Pasifika, and there is a Pasifika staff member who assists with providing cultural support and guidance for staff.</p> <p>Interviews with 18 staff including eight caregivers, three registered nurses (RN), two clinical leads, two recreational therapists, one housekeeper, one kitchen hand and one care centre administrator), three managers (village manager, regional quality manager, care centre manager) and documentation reviewed identified that the service provides person centred care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical nurse lead supported by the care centre manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the quarterly resident and family/whānau meetings. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support documented in the policy.</p>

		<p>The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place. Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Ten residents (four hospital and six rest home) and eight family/whānau (three dementia, three hospital and two rest home) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. Summerset on Cavendish's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed that residents are treated with dignity and respect. Annual satisfaction survey results and interviews with family/whānau confirmed that residents and family/whānau are treated with respect.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together. There were six married couples at the time of the audit. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with</p>

		<p>family/whānau involvement and is integrated into the residents' care plans.</p> <p>Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. It was observed that te reo Māori is actively promoted in the workplace. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, equitable healthcare, and cultural competency. The recreational therapists confirmed that when Māori residents are admitted, the service would actively support Māori by identifying needs and aspirations through a cultural assessment process.</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>An abuse, neglect and prevention policy is being implemented. Summerset on Cavendish`s policies prevent any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. This management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct. Staff complete education during orientation and annually as per the training plan on code of conduct, code of ethics, workplace bullying, harassment and discrimination, whistle blowing policy and professional boundaries. Staff interviewed understand the concept of institutional racism and received cultural awareness training to identify and recognise bias.</p> <p>All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the pre- employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions. Interviews with RNs and</p>

		<p>caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes and staff survey results evidence a supportive working environment that promotes teamwork. Summerset promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident; communication is also documented in the progress notes. Resident files reviewed identified family/whānau are kept informed of any changes, this was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice and Te Whatu Ora – Waitaha Canterbury specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The care centre manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility through emails, regular newsletters, and resident and `Family and Friends` meetings.</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 and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are organisational policies around informed consent that align with the Code of Rights. General consent forms were signed appropriately either by the resident or the activated enduring power of attorney (EPOA). Separate consent forms for Covid - 19 and flu vaccinations were also on file, where appropriate. Residents interviewed could describe what informed consent was and their rights around choice.</p> <p>The organisational advance directive policy has been implemented. There are advance care plans clearly documented to assist in planning the resident's ceiling of care and wishes. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Enduring power of attorneys were appropriately activated, and all associated documentation was evident in resident files where appropriate.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a documented concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints logged were classified into themes with a risk severity rating and available in the complaint register.</p> <p>There have been two complaints logged in the register since October 2022. All complaints reviewed included acknowledgement, investigation, follow up and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality improvement and staff meetings (meeting minutes</p>

		<p>sighted). Complainants are made aware of other avenues of support when they are not satisfied with the outcome. One complaint lodged through HDC in October 2022 remains open. The facility responded within the required timeframe to the initial HDC requests, no further communication has been received from HDC.</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident and family/whānau meetings are held where concerns can be raised. Family/whānau confirm during interview that management are available to listen to concerns and act promptly on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village manager acknowledged their understanding that Māori prefer face-to-face communication and to include whānau participation in the complaints process.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in 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>FA</p>	<p>Summerset on Cavendish is located in Christchurch. The care centre and apartments being certified are across three floors. Summerset on Cavendish is certified to provide rest home, hospital (medical and geriatric) and dementia level care for up to 126 residents.</p> <p>The care centre facility is on three-levels. There are 43 (rest home and hospital level) rooms on the first floor (all dual-purpose), including 14 double rooms available for couples. There are 20 rooms in the dementia unit (all certified as suitable to have couples, but the service would only take up to two couples at a time. There are 56 serviced apartments across three floors, and all are certified as suitable to provide rest home level care.</p> <p>At the time of the audit there were 63 residents in total: 26 rest home residents including five in the serviced apartments, 19</p>

	<p>hospital residents and 18 residents in the memory care area. There were no married couples sharing rooms at the time of the audit. All residents were under the aged related residential care agreement (ARRC).</p> <p>Summerset Group has a well-established organisational structure. The governance body for Summerset is the National Clinical Review Group that is run monthly and chaired by the Head of Clinical Services. Members of the committee include the Regional Quality Managers, Clinical Improvement Manager, Dementia Specialists, Clinical Pharmacist, Programme Lead - Diverisional Therapy and the Clinical Learning and Development Manager. Each of the Summerset facilities throughout New Zealand is supported by this structure. 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 Summersets 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>Members of the National Clinical Review Group (governing body) have completed training provided in Summersets learning platform ilearn on Te Tiriti o Waitangi, health equity, and cultural safety. Terms of reference operate for the National Clinical Review Group. Orientation and training are not specifically provided for the role on the committee as all members on the committee hold senior roles in Summerset. All members have the required skills to support effective governance over operational, clinical services, quality of resident care. If individuals require support to develop their skills, there is financial support to attend courses or training as required and the People and Culture team can provide internal support. There is a quality and risk management programme and a strategic plan documented based on the service's vision and mission. The organisation philosophy and strategic plan reflect a resident and family/whānau centred approach to all services.</p> <p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Tāngata whaikaha</p>
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	<p>provide feedback around all aspects of the service through annual satisfaction surveys and resident meetings. Feedback is collated, reviewed, and used by the Somerset management team to identify barriers to care to improve outcomes for all residents. Cultural safety is embedded within the business and quality plan and staff training. The bi-monthly General Manager of Operations report is discussed at the National Clinical Review Meeting. The report is also submitted to the CEO. The report provides organisational clinical oversight and includes a range of information on summary of operational risks and gains, high level complaints, combined financial performance summary for operations, care and food services, safe staffing benchmarking for caregivers and RNs, clinical indicators, summary of external and internal certification and surveillance audits, and summary of 'category A' events (high risk events).</p> <p>The quality programme includes regular (weekly and monthly) site specific clinical quality and compliance and risk reports that is completed by the village manager and care centre manager and are available to the senior team. These outcomes and corrective actions are discussed at several meetings. High risk areas are automatically escalated to senior team members at national level. Measures are then reviewed and adapted until a positive outcome is achieved or the goal is achieved. The 2023 business plan for Somerset on Cavendish describes specific and measurable goals that are reviewed quarterly. Site specific goals relate to high quality care, financial performance, resident satisfaction, dementia friendly actions, sustainability, and social responsibility. Quality goals for 2023 include reducing the incidence of urinary tract infections, skin/soft tissue/wound, cellulitis infections and falls reduction.</p> <p>The village manager (registered nurse) has been in the role at Somerset for two and a half years and has attended leadership courses and training through Somerset. The village manager is supported by a care centre manager (registered nurse) who has been in the role for six months. The care centre manager is supported by two clinical nurse leads (one in the care centre and one in the dementia unit). The management team is supported by a regional quality manager and general manager of operations.</p>
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		<p>The Care Centre Manager has completed a comprehensive orientation, and the village manager has completed the required training hours related to the management of a care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Summerset on Cavendish is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement, RN/clinical and staff meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard in staff areas. Corrective actions are discussed at quality improvement meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices. The Summerset Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services.</p> <p>A resident and family/whānau satisfaction survey was completed in July 2023 for food services and October 2023 for activities. Both surveys evidence overall satisfaction on the areas surveyed. Corrective actions have been implemented to manage individual comments made in the surveys. The service benchmarks against other Summerset facilities and results are closely aligned with benchmark averages. Opportunities for improvement have been identified and include medication describing to assist in falls</p>

	<p>reduction, strategies to reduce infections (urinary tract infections and skin/wound infections) and strategies to reduce behaviours that challenge. A continuous improvement rating is awarded to the facility for their implementation of a new pain assessment tool and the implementation of a medication optimisation project.</p> <p>A health and safety system is in place. Health and safety is managed by the Operations Health and Safety Committee which reports to the National Health and Safety Committee for Somerset. There are representatives from each department that meet monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed. Health and safety policies are implemented and monitored by the health and safety committee. There are monthly meetings with the national health and safety manager. Staff are provided with learning opportunities and reading material related to the theme. Staff incident, hazards and risk information is collated at facility level, reported to national level and a consolidated report and analysis of all facilities are then provided to the governance body. The noticeboards in the staffrooms keep staff informed on health and safety issues and each month has a health and safety focus theme. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff injuries and rehabilitation is managed by WorkAon. There have been no serious staff injuries since the facility opened.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and actions are documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Neurological observations following unwitnessed falls have not always been completed according to the Neurological observation policy and procedure (link 3.2.4). Results are discussed in the quality improvement and staff meetings and at handover. A notification and escalation matrix are available to staff. The system escalates all alerts to the village manager and care centre manager and further alerts senior team members depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against other Somerset facilities and other aged care provider groups. Regular policy</p>
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		<p>review, and internal and external benchmarking of quality data occur to provide a critical analysis to practice and improve health equity. Staff completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</p> <p>Discussions with the village manager and care centre manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two Section 31 notifications completed related to pressure injuries since the last audit and there has been two Covid-19 outbreaks reported in June and December 2023, which were reported appropriately. HealthCERT was notified in 2023 of the change in the care centre manager.</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>There is staffing policy and procedure that describes rostering and staffing rationale in an event of acuity change and outbreak management. The village manager interviewed confirmed staff needs and shortages are reported to the national senior team. The village manager and care centre manager work full time Monday to Friday. The on-call roster is shared between the care centre manager, clinical nurse lead (dual purpose unit) for any clinical issues. The village manager is on call for any operational queries. The electronic rostering analysis tool reviewed provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>There is a separate roster for the dementia unit (memory care) and dual-purpose unit. The memory care unit is overseen by a clinical lead (memory care lead/registered nurse) and registered nurses from the dual-purpose unit provide support during the afternoon and night. The roster reviewed evidenced registered nurse cover 24/7. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts. There is a separate roster for the serviced apartments and one caregiver in the dual-purpose unit is allocated to respond to their needs, at night. A Kaitiaki role provide support for the wellbeing team and caregivers seven days a week.</p>

	<p>There are separate staff dedicated to recreation, cleaning, and laundry for seven days a week. Grounds and maintenance staff are rostered over five days. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents interviewed confirmed that their care requirements are attended to in a timely manner. There is a staff member with a first aid certificate on each shift.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete electronic cultural awareness training at orientation and annually. External training opportunities for care staff include training through Te Whatu Ora – – Waitaha Canterbury. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training and through the Summerset Library.</p> <p>The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 42 caregivers employed. Two caregivers have achieved level two, nine have completed level three, twenty-eight have completed level four NZQA qualification and the rest are enrolled. There are twelve staff who are employed in the dementia unit. Six have completed the required standards, six are enrolled and in progress of completing their dementia standards within the required timeframe.</p> <p>There is a national learning and development team that support staff with online training resources. A professional development policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Registered nurses' complete specific competencies and include subcutaneous fluids, syringe driver and interRAI assessment competency. Six of nine RNs are interRAI trained. All RNs are encouraged to attend in-service training and complete additional training, including critical thinking, infection prevention and control, including Covid-19 preparedness; identifying and assessing the unwell resident; and dementia, delirium, and depression. Two RNs completed the</p>
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		<p>organisation's professional development and recognition portfolio. All caregivers are required to complete annual competencies including (but not limited to) restraint, moving and handling, hand hygiene, and PPE donning and doffing. A selection of caregivers completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic human resources system.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted and visible in staff locations. The workplace union delegates, staff and management collaborate to ensure a positive workplace culture.</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. Summerset on Cavendish is supported by a People and Culture team for recruitment processes. Eight staff files reviewed, including one clinical nurse lead (memory care lead), one RN, five caregivers and one chef lead, evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The appraisal policy is implemented. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p>

<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>There is a resident records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Summerset business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's past paper-based documents are securely stored and uploaded to the system. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The residents' entry into the service is facilitated in an equitable, timely and respectful manner. Admission information packs are provided for family/whānau and residents prior to admission or on entry to the service. The eight admission agreements reviewed align with all contractual requirements. A short stay admission agreement is completed for residents who require respite/short stays. All exclusions from the service are documented in the admission agreement.</p> <p>Family/whānau and residents interviewed stated they received the information pack and sufficient information prior to and on entry to the service. Policies and procedures are in place to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The village manager and clinical manager are available to answer any questions regarding the admission process. Registered nurses and clinical leads who were interviewed advised the service communicates openly with potential residents and family/whānau during the admission process.</p> <p>Declining entry would only occur if there were no beds available or the potential resident did not meet the admission criteria. If residents are declined the resident and family/whānau are provided</p>

		<p>with alternative options and links to the community. Ethnicity information at the time of enquiry from individual residents is the analysed for the purposes of identifying entry and decline rates. The village manager, on interview, confirmed records would be kept if any potential resident was declined. Analysis is completed by support office and the results are shared with facilities. The service has a meaningful partnership and working relationships with local kaumātua to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Eight resident files were reviewed: three at hospital level, two at rest home level including one resident who was in a serviced apartment and three residents receiving dementia level of care. Initial care plans are developed with the residents or with enduring power of attorneys' (EPOA) within the required timeframes. Care plans are based on data collected during the initial nursing assessments, which includes (but is not limited to) dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the Needs Assessment and Service Coordination or other referral agencies.</p> <p>The individualised electronic long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment. All long-term care plans and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Long-term care plans are designed to be holistic and individualised to meet the needs and preferences of the resident, this includes 24-hour care plans for residents in the dementia unit. Documented interventions and early warning signs meet most of the residents' assessed needs; all care plan interventions were detailed to direct comprehensive care delivery. Short-term care plans are developed for acute/short term needs; with all ongoing needs added to the long-term care plan.</p> <p>Residents in memory care unit have behaviour assessments and plans which detail triggers and the associated risks and supports needed. Care plans include strategies for managing/diverting of</p>

	<p>behaviours. Currently there are no residents who identify as Māori; however, there is a comprehensive Māori health care plan in place which describes the support required. The RNs interviewed understood and were able to describe how they would remove barriers, so residents have access to information and services required to promote independence. The RNs and clinical leads also described working alongside residents and family/whānau when developing care plans, so residents pae ora outcomes would be developed.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when there are changes in health status. There is evidence in files of the requirement to have monthly (hospital residents) or three monthly (rest home) GP reviews/visits when the resident's condition is considered stable. The GP visits the facility weekly. Documentation and records reviewed were current. The GP was interviewed and stated there was good communication with the service, the RNs demonstrate good assessment skills, and they were informed of concerns in a timely manner. The GP is available out of business hours. A physiotherapist visits the facility once a week and reviews residents referred by the RNs.</p> <p>Contact details for family/whānau are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family are informed where changes in health occur, including infections, accidents/incidents, GP visits, medication changes and any changes to health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There were eighteen residents with twenty-three wounds, these included three pressure injuries (two stage one and one unstageable), skin tears, abrasions, surgical wounds, and bruises. Where wounds required additional specialist input, the Te Whatu Ora –Waitaha Canterbury wound nurse specialist was consulted with.</p> <p>Caregivers interviewed describe a verbal and written handover at</p>
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	<p>the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by caregivers and RNs. When there are changes in the residents' health, these are reflected in the progress notes to reflect the residents' journey. Registered nurses and clinical leads initiate a review with the GP and complete comprehensive assessments including (but not limited to) falls risk, pressure risk and pain assessment. When there was an incident or changes in health status the care plans were updated by the RNs and they also added to the progress notes. All resident incidents were evidenced as being followed up in a timely manner by the clinical lead or the RNs.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. Caregivers interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. The falls policy is followed with the implementation of neurological observations following falls that require them; post falls assessment and neurological observations have routinely been commenced as per policy. However, the time frames that neurological observations were continued for did not meet the timeframes required by the policy. None of the resident's incidents reviewed that required neurological observations were falls where an injury was sustained. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the RNs. Evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
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<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>	<p>FA</p>	<p>The activities programme is implemented by the activities team. There are four staff who work in this team; two recreational therapists both are completing a diversional therapy, level four qualification and who work full time each providing the programme Monday to Friday. Further to this are two qualified diversional therapists who provide activities Sunday and Monday and two kaitiaki, who work alongside the recreational therapist in the hospital/rest home area. The kaitiaki role is rostered for ten hours per day Monday to Friday to provide support in the mornings and the afternoons 4:00 – 9:00 pm. All members of the team work alongside the caregivers to support all residents with their activities. The overall programme has an integrated resident led approach to the activities programme that is appropriate for all residents.</p> <p>Activities programmes were displayed in large print on noticeboards around the building and residents have copies. To assist all residents and staff to know what is on the daily programme. Each area also has a whiteboard advising of the day's events. There are a range of activities appropriate to the residents' cognitive and physical capabilities. Activities include (but not limited to) exercises: animal therapy, intellectual games, board games, happy hour, walking groups, quizzes, church services, craft, and musical entertainment. The programme allows for flexibility and resident choice of activity. For residents who choose not to participate in group activities, one on one visits from the recreational therapists, kaitiaki and caregivers occur regularly. Outings are organised weekly and regular visits from community visitors occur. Church services including multi-denominational services are available. On the day of the audit, residents were participating in exercises and enjoying entertainment.</p> <p>Memory care have their own distinct programmes specific to encourage sensory stimulation. Residents can participate in a range of activities that are appropriate to their cognitive and physical capabilities, including domestic chores like gardening, baking, and music therapy. All interactions observed on the day of the audit evidenced engagement between residents, family/whānau, caregivers, and the recreational therapist.</p> <p>Te reo Māori is included in the daily programme with the use of</p>
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		<p>phrases and everyday words. The service ensures staff are aware of how to support Māori residents in meeting their health needs and aspirations in the community. Themed days such as Matariki, Waitangi Day, and ANZAC Day are celebrated with appropriate resources available. Family/whānau participation in the programme is encouraged. The service has good connection with the local marae and with access to kaumātua through linkages with local marae. Residents are encouraged to maintain links to the community.</p> <p>The residents' activities assessments are completed by the recreational therapists and include cultural assessments, information on residents' interests, previous occupations are gathered during the interview with the resident and/or their family/whānau and documented. The assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process.</p> <p>The residents and their family/whānau reported satisfaction with the variety of activities provided that catered for everyone's needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Policies and procedures in place for safe medicine management. Staff responsible for medication administration have all completed medication competencies and education related to medication management. There are two secure medication rooms in the hospital/rest home and memory care areas. Medication fridge and room air temperatures are checked daily, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and within expiry date.</p> <p>Sixteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photographic identification and allergy status notified. All medications are charted either regular doses or pro re nata (as required). The GP had</p>

		<p>reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. All 'as required' medications had prescribed indications for use; with the effectiveness of 'as required' medication recorded in progress notes or the medication system. Standing orders are not in use. Staff have received training in medication management and pain management as part of their annual scheduled training programme. Over the counter medication and supplements are recorded on the medication chart. Medication policies and the Māori health plan evidence appropriate support, advice and treatment for Māori residents is incorporated into medication management.</p> <p>There were residents self-administering their medications on the day of the audit, all of whom had completed assessment, monitoring, and review documentation for this which was reviewed by the GP at least three monthly or more often if required.</p> <p>A medication audit is completed as per the audit schedule and corrective actions implemented where required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The kitchen services are overseen by the chef lead who is supported by a second chef and kitchen assistants. All food services staff have completed food safety training. All meals and baking are prepared and cooked on site. The four-week seasonal menu has been reviewed and meets requirements for older people. The menu provides options for residents to choose from for midday. Food preferences and cultural preferences are included at resident's requests including hangi or other cultural requests. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. Nutritious snacks are available 24/7 in all units.</p> <p>The menu provides pureed/soft meals as well as gluten free options if required. Alternatives are available at the residents' requests or provided as needed. Specialised utensils and plates are available as required. Residents and family/whānau interviewed confirmed</p>

	<p>likes/dislikes are accommodated, alternatives offered and that they are satisfied with the meal service and the options available.</p> <p>There is a walk-in fridge and freezer with temperatures recorded daily. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen is clean and has a good workflow. Personal protective equipment is readily available, and staff were observed to be wearing hats, aprons, and gloves. There is a verified food control plan expiring March 2024. Chemicals are stored safely, and safety datasheets are available.</p> <p>Once cooked, the meals are put in temperature controlled hot boxes which are transported to the dining rooms and served by chefs from a bain-marie to residents (except in memory care) according to the choices the residents have selected. Food temperatures are recorded. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. There are kitchenette areas with cold drinks available and tea and coffee facilities, small fridge, and a microwave in communal areas for residents and family/whānau to use.</p> <p>Residents provide verbal feedback on the meals through the meetings and surveys. Resident preferences are considered with menu reviews. The chef lead stated cultural meals are provided at the request of the family. Kitchen staff and caregivers interviewed had a good understanding of tikanga practices related to food services.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. Information regarding unintentional weight loss for residents is shared with the chef lead to ensure residents' requirements are being met. To assist with residents' experiencing weight loss, fortified smoothies and meals are provided. The kitchen staff utilise Pure Food products moulded into food shapes in to assist with residents' who require dietary modifications such as pureed food. Additional calcium and protein has been added to menu items to assist in improving residents' overall wellbeing. The introduction of "Better life Boosters" which are additional food items available daily from the kitchen for residents requiring additional snacks and fortification have added to</p>
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		the Summerset menu by the dietician.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>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 family/whānau were involved for all exits or discharges to and from the service. Transfer notes include advance directives, medication chart, GP notes, summary of the care plan, and resident's profile, including family/whānau details. When resident's return to the service, the discharge summary is uploaded to the electronic resident's file. The RNs advised comprehensive handovers occur between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a building warrant of fitness, expiring 1 February 2024. The environment is inclusive of peoples' cultures and supports cultural practices. The service is meeting the relevant requirements, as identified by relevant legislation, standards, and codes. The service employs a full-time property manager and they are supported by a fulltime maintenance assistant and a team of gardeners. Maintenance requests are documented electronically and acted upon in a timely manner. This is checked and signed off when repairs have been completed. There is a preventative maintenance plan that includes electrical checks, test, and tag of equipment, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors such as plumbers and electricians are available 24 hours a day as required. There are ample storage areas for hoists, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to within care plans to provide care.</p> <p>All care suites are dual purpose for hospital and rest home level of care. Each care suite has its own ensuite which is spacious and accommodates hospital equipment. There is a large main lounge</p>

		<p>and a smaller lounge in the rest home/hospital area and in the memory care unit..</p> <p>There are two dining areas, one in the memory care (dementia) area and one in the hospital/rest home area. All communal areas are easily accessible for residents with mobility aids. Residents were observed moving freely around the areas with mobility aids where required. Residents and their family/whānau are encouraged to personalise their bedrooms as sighted. Residents interviewed confirmed their bedrooms are personalised according to their individual preferences. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>Resident rooms in the memory care have a 'wrap' applied so they look like the front door of a house, and a shelf by the door where resident specific items can be placed to assist residents to identify their door. The perimeter of the memory care area is secure and provides a loop pathway for safe wandering. The outdoors areas in memory care include a large, landscaped courtyard and gardens which were well maintained.</p> <p>The resident rooms are large and have ample natural light and ventilation. Air conditioners, gas fire (only in memory care) and central heating are used to maintain a safe and comfortable temperature. The facility was maintained at a warm and comfortable temperature on the days of the audit. There are adequate numbers of accessible communal bathroom and toilet facilities which have appropriate flooring and handrails. Visitor toilets have disability access and are conveniently located and are identifiable. The Summerset policy states that consultation would occur with Māori and iwi if significant changes and proposed changes are considered for a facility. The village manager confirmed the village would reflect the aspirations and identity of Māori for any new building construction in the future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. An emergency management plan and civil defence plan guides direct the staff in</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>their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, dated 24 February 2020. The fire evacuation drills are to be conducted every six-months and are added to the training programme. Fire training and security situations are part of orientation. Emergency equipment (including evacuation chairs) is available. A contracted service provides checking of all facility equipment, including fire equipment.</p> <p>The service also has a generator available in the event of a power failure for emergency power supply. There are also extra blankets available. There is a civil defence locker on each floor which includes all necessary civil defence requirements, these are checked six monthly. A number of water tanks (containing more than 20000 litres) are available that meets the requirements of the local civil defence guidelines. There are sources available for alternative cooking. Emergency food supplies sufficient for at least three days are kept in the kitchen. There is a store cupboard of supplies necessary to manage a pandemic/outbreak. There is a functional call bell system. The call system involves a pager system whereby staff are alerted to a resident's call bell via the personal pagers, held by each care staff member. There is a tailored alert system in the memory care unit to provide for resident safety.</p> <p>The "Austco Monitoring programme" is available in each bedroom and ensuite to ensure the resident is effectively monitored with dignity and limited interruption. The system in the memory care area includes sensor bed mats that activate the lights in resident rooms, so when a resident gets up at night, the light in their ensuite automatically turns on. This prompts the resident to go to the toilet and then on leaving the ensuite, the light above the resident's bed illuminates and encourages the resident to go back to bed. This system is controlled by a timer and therefore can be set to meet the individual needs of each resident. There is a separate entrance area into the memory care area. Visitors have speaker access to staff and then the door will be released to enter the entrance foyer. All exits in and out require swipe card access by staff. There is a main double-door entrance into the care centre, and these are secured at dusk with phone access. There is a key and swipe care</p>
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		register that is regularly monitored.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Infection prevention and control programme includes antimicrobial stewardship (AMS) is an integral part of Summerset strategic and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through support office, a microbiologist, Public Health, and Te Whatu Ora- Waitaha Canterbury. Infection control and AMS resources are accessible. The infection prevention and control programme is reviewed annually by support office in consultation with the infection control coordinators and proposed changes are consulted with village managers and clinical managers as appropriate prior to its' completion.</p> <p>There is a facility infection control committee that meets monthly. Infection rates are presented and discussed at infection control, quality, registered nurses, and staff meetings. The data is also benchmarked with the other Summerset facilities, further to this Summerset benchmarks with other aged care organisations and presents the results to their facilities. Infection control and prevention information is displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involve the infection control coordinator, senior management team, GP, and the public health team. There is a documented pathway for reporting infection control and AMS issues through the regional operation manager to the board. The board knows and understands their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities. The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A registered nurse oversees and coordinates the implementation of the infection control programme. Infection control coordinator's role, responsibilities and reporting requirements are defined in the job description. The infection control coordinator has completed infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents. There is a defined and documented infection prevention and control programme, and the programme was developed, approved and implemented with input from the National Infection Prevention and Control Group. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. Policies are available to staff.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources including personal protective equipment (PPE) were available on the days of the audit. Resources were readily accessible to support the pandemic response plan if required. The infection control officer has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education in at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the Covid-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings, and included reminders about hand hygiene and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The infection control coordinator liaises with the Care Centre Manager (CCM) and regional quality team on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Te Whatu Ora. The CCM stated that the National infection prevention and control group will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical</p>
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		<p>devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Flowing soap and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body and same applies for white and coloured pillowcases. These were culturally safe practices observed, and thus acknowledge the spirit of Te Tiriti. The CCM reported that residents who identify as Māori will be consulted on infection control requirements as needed. In interviews, staff understood these requirements.</p> <p>The service has printed educational resources in te reo Māori. .</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Summerset has an infection control and antimicrobial stewardship programme that aligns with Summerset Strategic plan. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported at all facility meetings. Significant events are reported to the senior team and infection prevention and control steering group. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, soft tissue, and wounds. Surveillance tools are used to collect infection data and</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>standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated infections.</p> <p>Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease and action advised. Any new infections are discussed at shift handovers and weekly management meetings for early interventions to be implemented. Benchmarking is completed with other facilities.</p> <p>Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There have been two outbreaks reported since the last audit (Covid-19 outbreak in June and December 2023). Both were reported and well managed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Policies regarding chemical safety and hazardous waste and other waste disposal are in place. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area and a sanitiser with stainless steel bench and separate hand hygiene/washing facilities with flowing soap and paper towels. Eye protection wear and other personal preventative equipment are available. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals.</p>

		<p>There are designated cleaners (housekeepers). Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be hygienically clean throughout. The housekeepers have attended training appropriate to their roles. The management team has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits. These did not reveal any significant issues.</p> <p>All clothing and linen are laundered on site. All laundry is operational seven days a week till 3 pm. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked with good quality linen. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection control coordinator oversees the implementation of the cleaning, laundry, and audits.</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>At the time of the audit the facility had no restraints in place. Summerset's governing body has a national strategic goal to eliminate restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of the device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. The restraint coordinator is the clinical lead (memory care centre), who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. The restraint coordinator reported that any resident requiring restraint, included an assessment, consent,</p>

		<p>restraint care plan monitoring, and evaluation. Restraint review meetings occur monthly as part of the quality improvement meeting. The restraint committee is responsible for the approval of the use of restraints and the restraint processes. Restraint would only be used as a last resort when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of eliminating restraint use. Training for all staff occurs at orientation and annually. Training includes cultural considerations and de-escalation techniques to manage challenging behaviour. Staff completes a restraint competency annually.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments</p>	<p>PA</p> <p>Moderate</p>	<p>There is a neurological observation policy and procedure documented and reviewed in January 2023. Sixteen incident report forms were reviewed between November 2022 and January 2023 following unwitnessed falls, neurological observations were commenced but not always implemented within the frequencies stated in the policy for five residents following a fall. Registered nurses received post falls management training in June 2023 and at orientation and further training is planned for April 2024. Internal audits related to residents` files (including neurological observations) were completed in February and August 2023 with full compliance including neurological observations.</p>	<p>Seven (falls not resulted in injury) of sixteen incident reports related to unwitnessed falls did not evidence completion of neurological observations within the frequencies stated in the policy.</p>	<p>Ensure neurological observations following unwitnessed falls are completed as per policy requirements.</p> <p>90 days</p>

are an ongoing process and that any changes are documented.				
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>The achievement of the rating that service provides an environment that encourages quality initiatives is beyond the expected full attainment. The service has conducted a number of quality improvement projects where a review process has occurred, including analysis and reporting of findings. There was evidence of actions taken based on those findings. The projects include implementation of a new pain assessment tool and the implementation of a medication optimisation project. Reviewing the projects and evidence provided through quality data analysis: the projects resulted in a positive impact on the reduction in challenging behaviour and falls reduction.</p>	<p>An example of the projects reviewed include:</p> <p>(i). Summerset recognises that pain is a subjective experience and pain assessment relies heavily on verbal self-report. To improve consistency in pain assessments and to improve pain management for verbal and non-verbal residents; the facility introduced a face analysis application that is available on iPad that detects pain in residents who cannot reliably report their own pain. The Paincheck looks for micro changes in facial muscles. The Iowa and Abbey pain assessments were removed. The pain management policy was updated. Caregivers and RNs can complete the assessments. The pain assessments are integrated into the electronic resident management system. Monthly reports are provided for clinical governance over pain assessments. Pain assessments increased from about 22 pain assessments at Summerset on Cavendish in January</p>

			<p>2023 to an average of 80 pain assessments by the end of 2023- current year to date. As a result of the increased number of pain assessment, staff are more confident to identify pain with a tool that ensures to facilitate effective pain assessment. Since the implementation of the project there has been a reduction in challenging behaviour as evidenced through data analysis. Seventeen residents regularly received pain medication identified an improvement in pain management. Resident report high satisfaction with the clinical care provided as stated through interviews.</p> <p>(ii)Summerset developed a Medication Optimisation and deprescribing policy that is part of The Medication optimisation program that focus on problematic polypharmacy and optimisation of residents' medication regimen. The program aims to support the quality of residents' life and residents' safety. A Medication optimisation group at Summerset (including a pharmacist and geriatrician) is overseeing the programme and encourage contracted GPs to follow a set of guidelines. The GP interviewed explained their prescribing practices at Summerset on Cavendish that include Vitamin D supplementation for bone health. Ninety-five percent of residents at Summerset on Cavendish is on Vitamin D supplementation. The CCM, VM and regional quality manager interviewed provided quality data that support evidence that the improvement in medication optimisation and deprescribing resulted in a decrease of falls from 18.75 per 1000 bed nights to 14.44 per 1000 bed nights.</p> <p>Both projects have an improvement in residents' safety and improving of their quality of health.</p>
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End of the report.