

Summerset Care Limited - Summerset at Karaka

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 at Karaka
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 29 July 2024 End date: 30 July 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:	54

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 at Karaka is part of the Summerset Group of retirement villages and aged care facilities. Summerset at Karaka is a spacious, purpose-built facility located in Karaka and provides hospital (geriatric and medical) and rest home level of care for up to 70 residents. There were 54 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 Health New Zealand Te Whatu Ora - Counties Manukau. 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 village manager (non-clinical) has been in the role for over four years and is supported by a care centre manager who has been in the role for five years. The management team is supported by the regional quality manager and 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 clinically and culturally safe care.

This certification audit identified no shortfalls, and the service has achieved continuous improvement ratings in restraint management and infection control.

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 at Karaka 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 2024 informs the site-specific operational objectives which are reviewed on a regular basis. Summerset at Karaka 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 at Karaka collates clinical indicator data and

benchmarking occurs. There are human resource 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.

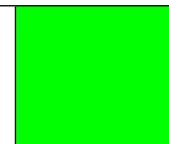
Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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All stages of service provision are overseen by registered nurses. Residents undergo a comprehensive and holistic assessment on admission and at least six-monthly. Care plans include the goals and aspirations of each resident and describe how their needs are to be met. Care planning and review is done in consultation with residents and their loved ones. Progress notes are completed every shift by the registered nurse and caregiver. Resident files are integrated and include progress notes from the contracted general practitioner, physiotherapist, diversional therapist and kaitiaki. Medications are reviewed at least three-monthly by the general practitioner in consultation with the resident and family. Staff administering medications are required to pass an annual competency test and receive training on medication management. The activity programme is varied and aimed at enhancing physical and mental wellbeing and enjoyment of life. The programme is delivered by a diversional therapist and recreational therapist. For those who prefer not to do group activities, kaitiaki provide individual visits and activities. Dietary preferences, cultural needs, allergies, and intolerances are identified on admission and meals are tailored to ensure these are met.

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.

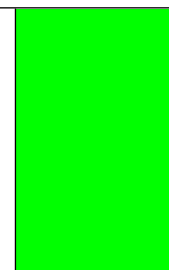


Subsections applicable to this service fully attained.

The building has a current warrant of fitness. Equipment is checked and maintained. There is an approved evacuation scheme. Security checks are done to ensure the building is secure at night. There is sufficient drinking water, food and supplies in the event of a disaster. There is a generator for alternate energy if the main supply is down.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.




Subsections applicable to this service fully attained.

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 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 three outbreaks since last audit. Documented processes are in place for the management of waste and hazardous substances. 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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A clinical nurse leader is the restraint coordinator. There has been no use of restraint for five years. The goal of care is to ensure residents needs are met and they are enjoying their lives. Staff receive training and mentoring on strategies for individual residents to ensure restraint is not used.

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	29	0	0	0	0	0
Criteria	2	174	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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. At the time of the audit there were staff, but no residents who identified as Māori. Summerset at Karaka is committed to respecting the mana matuhake, 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 have received training in cultural safety/diversity.</p> <p>Summerset at Karaka evidence commitment to a culturally diverse workforce as evidenced in the business plan, Māori health plan and equitable recruitment processes. The Summerset organisational strategic plan includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.</p> <p>Summerset at Karaka has links with local Marae for guidance and support through current staff members. 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 acknowledging respectful relationships, valuing families and providing high quality healthcare. On admission all residents state their ethnicity. There were Pasifika staff, but no residents identified as Pasifika at the time of the audit. The Pacific Peoples' Health policy and procedure objective states Summerset's commitment to supporting Pacific residents and their families/whānau.</p> <p>Summerset at Karaka has links with local Pasifika churches and community organisations through current staff members to ensure connectivity, increase knowledge, awareness and understanding of the needs of Pacific people to improve outcomes. Interviews with 12 staff including five caregivers, one registered nurse (RN), one recreational therapist, one diversional therapist, one housekeeper, one laundry, one kitchen manager, and one property manager; four managers, including one village manager, one care centre manager, one clinical nurse leader, and one regional quality 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 leader 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 monthly resident and family/whānau meetings. Interactions observed between staff and residents during the audit were respectful. Nationwide Advocacy Service information is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</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</p>

		<p>relation to the Code at orientation and through the annual education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Three residents (one rest home and two hospital) and four family/whānau (hospital level) 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>Five 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 and choice over activities they participate in. Summerset at Karaka'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.</p> <p>Annual satisfaction survey results and interviews with family/whānau confirmed that residents and family/whānau are treated with respect. 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 support and respect the resident's time together. 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.</p> <p>Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place. Te reo Māori is celebrated and opportunities are created for</p>

		<p>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 diversional, and 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 at Karaka's policies prevent any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. The management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are responsible for creating a positive, inclusive and 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.</p> <p>Staff interviewed understand the concept of institutional racism and received cultural awareness training to identify and recognise bias. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police vetting is 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 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 regarding the service is provided to residents and family/whānau on admission. Policies and procedures relating to accident/incidents, complaints, and open disclosure 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, and 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 all residents spoke English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>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 Health New Zealand Te Whatu Ora - Counties Manukau 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</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 vaccinations were also on file, where appropriate. Residents interviewed could describe what informed consent was and their rights around choice. The organisational advance directive policy has been implemented. There are advance care plans clearly documented to assist in planning the resident's ceiling</p>

<p>individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>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. 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 care centre 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 ascribed. There have been three complaints logged in the register since the last audit on 22 February 2023. All complaints reviewed included acknowledgement, investigation, follow up and replies to the complainant. There have been no external complaints.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the quality improvement and staff meetings (meeting minutes sighted). Complainants are made aware of other avenues of support when they are not satisfied with the outcome. 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. Family/whānau meetings are held monthly where concerns can be raised. Family/whānau confirmed 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 them in the complaints process. The care centre manager acknowledged their understanding that Māori prefer face-to-face communication and to include whānau participation in the</p>

		complaints process.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Summerset at Karaka is certified to provide rest home and hospital (medical and geriatric) levels of care for up to 50 residents in the care centre. In addition, there are 20 serviced apartments certified for rest home level of care. The rooms in the care centre are dual-purpose; approved for both rest home and hospital level of care. On the day of the audit there were 54 residents in total; 7 rest home level (including 4 in the serviced apartments), and 47 hospital level. All residents were on the age-related residential care agreement (ARRC). There was one married couple at the time of the audit who were not sharing a room. There were no double/shared rooms.</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 - Diversional Therapy and the Clinical Learning and Development Manager. The Summerset governing body have access to cultural support through a village manager where required. 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 Clinical services. The General manager of Clinical Services works with the General Manager of Operations and Summerset’s CEO to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks and a focus on continuous quality improvement.</p> <p>Members of the National Clinical Review Group (governing body for clinical) 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</p>

	<p>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 cultural advisor on the board. 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 10-year Summerset strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and resident meetings. Feedback is collated, reviewed, and used by the Summerset management team to identify barriers to care to improve outcomes for all residents. Cultural safety is embedded within the business 2023/2024 quarterly reviewed quality plan and staff training. The bi-monthly General Manager of Operations and General manager of Clinical Services 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 village manager (non-clinical) has been in the role for 4.5 years and there is also a care centre manager who has been in the role 5 years. They are supported by a clinical nurse leader, regional quality manager (present at the time of the audit), and general manager of operations. The village manager reports monthly to the General manager of Operations. The care centre manager completes a monthly clinical indicator analysis report to the regional quality manager who in return will discuss any issues in the region at the National Clinical Review Group. The regional manager has fortnightly meetings with the head of clinical services to address any issues of concern, corrective actions, and any high-risk areas. Measures are then reviewed and adapted until a positive outcome, or the goal is achieved. The 2023 -2024 business plan for Summerset at Karaka describes specific and measurable goals</p>
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		<p>that are reviewed quarterly. Site specific goals relate to high quality care, falls reduction and prevention, and enabling residents to continue living their best life. The goals are reviewed quarterly.</p> <p>The village manager and care centre manager have both completed the required training hours related to the management of a care facility, which included leadership training, and the Summerset annual conference.</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 at Karaka 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 implemented 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 noticeboard in staff areas. Corrective actions are discussed at quality improvement meetings to ensure any outstanding matters are addressed with sign-off when completed. There are procedures to guide staff in managing clinical and non-clinical emergencies.</p> <p>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 are available on the Summerset's intranet that guides staff in the provision of care and services. A resident and family/whānau satisfaction survey was completed in October 2023, and March 2024. Both surveys evidence overall satisfaction on the areas surveyed. There were no corrective actions required around the comments made in the surveys. The service benchmarks against other Summerset facilities and results are</p>

	<p>closely aligned with benchmark averages.</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 Summerset. There are representatives from each department that meet monthly. Hazard identification forms are completed electronically through Donesafe 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 incidents, 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 hazard identification form.</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 12 accident/incident forms reviewed. Neurological observations following unwitnessed falls have been completed according to the neurological observation policy and procedure. 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. Benchmarking occurs on a national level against other Summerset facilities and other aged care provider groups. Results are discussed in the quality improvement and staff meetings. Regular policy review, and internal and external benchmarking of quality data occur to provide a critical analysis to practice and improve health equity. Staff completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</p> <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 Covid-19 outbreaks reported since the last audit (February and May 2024) and a</p>
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		Norovirus outbreak (July 2024). The outbreaks were reported to public health authorities appropriately.
<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>	FA	<p>There is a documented rationale for determining staffing levels and skill mix for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. There are clear guidelines for an increase in staffing, depending on resident acuity. The village manager and care centre manager both work 40 hours per week Monday to Friday. The care centre manager is on-call 24/7 for any clinical issues with support from the clinical nurse leader. The village manager is on call 24/7 for any operational queries. The electronic rostering analysis tool reviewed provides sufficient and appropriate coverage for the effective delivery of care and support. Interviews with staff, residents, and family/whānau confirmed that staffing levels are sufficient to meet the needs of residents.</p> <p>The roster reviewed evidenced RN cover 24/7. The number of caregivers on each shift is sufficient for resident acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts. A Kaitiaki role provides support for the wellbeing team and caregivers seven days a week. There are separate staff assigned 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 Health New Zealand Te Whatu Ora – Counties Manukau. 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. The service supports and encourages employees to transition</p>

		<p>through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. There are 37 caregivers employed in total, with the majority having attained a level three or above NZQA qualification.</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 which include subcutaneous fluids, syringe driver and interRAI assessment competency. Eight of twelve RNs are interRAI trained. All RNs are encouraged to attend in-service training and complete additional training, including critical thinking; infection prevention and control and Covid-19 preparedness; identifying and assessing the unwell resident; and dementia, delirium, and depression. 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) was 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 at Karaka is supported by a People and Culture team for recruitment processes. Nine staff files reviewed, including two RN, one enrolled nurse, one clinical nurse leader, two caregivers, two kaitiakis, and one housekeeper evidenced implementation of the recruitment process, employment contracts, police vetting and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all</p>

		<p>health professionals.</p> <p>The appraisal policy is implemented. All performance appraisals were being completed as per the appraisal schedule. 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>	FA	<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</p>	FA	<p>Residents and family members confirmed that prior to entry, they met with the manager and were provided with information in verbal and written format about the services offered, the service agreement, consent process, costs, staffing, meals, how to make a complaint and any other information they wanted. The Summerset at Karaka website also contains information about the service. Residents are required to be assessed by the needs assessment and coordination service (NASC) as eligible for rest home or hospital level care. Resident files</p>

<p>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>included referrals from NASC.</p> <p>The resident move in (admission/transfer/return) and short stay/respite policies specified the processes for entry. Residents and families interviewed confirmed they had felt very welcome, and staff were approachable and treated them with dignity. Family members are updated any time there are concerns and reported they are consulted about all stages of service provision. Staff could not recall declining entry for a potential resident but stated that the primary reason for decline would be capacity. For residents requiring palliative care entry is prioritised. The organisation monitored entry and decline rates and ethnicity of residents.</p> <p>During the audit there were no residents that identified as Māori. Resident files showed evidence of consultation with residents and families to identify cultural needs and preferences for each resident. The general practitioner and some staff identified as Māori. The organisation has connections with the local iwi and marae.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Residents and families interviewed confirmed they were involved in development and review of care plans. Families are notified prior to GP visits, so they can be present at consultations (if agreed by the resident). Resident files included forms signed by residents and families of care plan updates.</p> <p>The organisation uses VCare (an electronic system) for resident files. Eight resident files were reviewed (two rest home including one in a serviced apartment and six hospital) and all contained completed assessments, with short-term and current long-term care plans. On entry into the facility, a registered nurse undertakes a comprehensive assessment in partnership with the resident and family/whānau and develops an initial care plan. Residents are reviewed by the general practitioner (who is also a gerontologist) within 48 hours of admission, as per Summerset policy.</p> <p>A comprehensive long-term care plan is developed within three weeks that includes (but not limited to) activities of daily living, skin integrity, mobility, dietary requirements and preferences, pain, falls risk, continence, and social, spiritual, and cultural needs. Where there are</p>

		<p>specific resident needs, such as diabetes (two resident files) or pain (three resident files), these are addressed in the long-term care plans.</p> <p>The diversional therapist undertakes an assessment of interests, hobbies and needs for recreation and activities. All files reviewed showed evidence of service integration.</p> <p>All resident files reviewed showed care plans are reviewed and updated at least six-monthly. The review process includes input from the resident and their family, the general practitioner, registered nurse, caregiver, and diversional therapist. Vital signs and weight are recorded monthly. The diversional therapist updates the care plan for recreation and activities at least six-monthly.</p> <p>Where a short-term need is identified such as a wound or infection, a short-term care plan is developed. Four resident files reviewed had short-term care plans for wounds. These are updated each time the dressing is changed, and a wound assessment is also completed each time the wound is sighted. Families interviewed reported they are notified when a resident has a short-term need or when their condition changes and are informed if the facility has an outbreak of infections.</p> <p>Progress notes showed evidence of implementation of care plans and are recorded each shift by the caregiver and registered nurse. The diversional therapist records progress notes daily and the general practitioner records progress notes at every review (at least three-monthly).</p> <p>Pamphlets are available for residents and families summarising the Māori and Pasifika health plans and how the organisation uses Te Whare Tapa Whā and Fonofale when planning care for Māori and Pasifika respectively.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful</p>	<p>FA</p>	<p>The diversional therapist and recreational therapist were interviewed. Residents are asked at resident meetings what activities they want to do as a group. Individual residents are assessed on admission and at least six-monthly intervals on their interests, goals and aspirations and this information is recorded on their care plan.</p> <p>The weekly activities schedule was sighted and the range of activities</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>includes, but is not limited to: physical activities and exercises to maintain strength and balance; games such as balloon tennis, basketball and bowls; mentally stimulating activities such as word games and puzzles; music including visiting entertainers and sing-a-longs; board games; outdoor activities such as a walking group and gardening on the balcony in raised garden beds; armchair travel; van outings to the local marae and gardens; and other activities such as baking. Calendar events such as Waitangi Day and Te Wiki o Te Reo Māori are celebrated. This year during Te Wiki o Te Reo Māori, residents were given a paper leaf with a Māori word and its meaning on. Residents coloured their leaf as they wanted and the leaves were made into a korowai which is hanging on the wall of the lounge. Other cultures are celebrated with food and dance such as Independence Day for Samoa and Filipino dance and food. The Catholic priest visits monthly to offer communion and gospel music is played on a Sunday.</p> <p>The organisation had recently started a knitting group for those interested. This group meets weekly and at times with a village-wide knitting group. They recently sold their work and donated the money raised to a charity. Staff stated this made residents feel they were contributing to society, while enjoying the social companionship with others.</p> <p>For residents who chose not to participate in group activities, the organisation employed two kaitiaki to visit residents one-on-one for individual activities or just talking and reminiscing. Some residents chose to have their life story written up and displayed in the lounge. Families and friends can take residents on outings.</p> <p>An improvement project recently introduced called “resparke” was developed as some residents were noted to be confused or at times distressed. This involved identifying what music each resident liked and staff would download and play it either for an individual or a group. Staff stated they noticed this sparks reminiscence and positive emotions and helps to bring joy to residents.</p>
<p>Subsection 3.4: My medication The people: I receive my medication and blood products in a safe</p>	<p>FA</p>	<p>An electronic Medi Map system is in use for prescribing and recording administration of medications. Sixteen medication files were reviewed,</p>

<p>and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>three rest home including one in a serviced apartment and 13 hospital resident charts. These showed allergies and adverse reactions are recorded. Prescribing and administration records meet legislative requirements and photographic identification is included.</p> <p>Caregivers and registered nurses are required to sit an annual competency test overseen by a clinical nurse leader. Medications are supplied by a local pharmacy in robotic packs. These are checked by a registered nurse against the prescriptions. Obsolete or expired medications are returned to the pharmacy for disposal. A medication round was observed and noted to be in accordance with the policy and procedures. Staff were seen to be informing residents of what medications they were being administered.</p> <p>Medications are reviewed at least three-monthly by the general practitioner in consultation with the resident and their family. One resident file had a signed agreement for self-administering their medications which included a competency assessment. This residents' medications are stored in a locked drawer in their room.</p> <p>There are no standing orders in place. Over-the-counter medications and supplements are included on medication charts.</p> <p>Medications were seen stored in locked trolleys in a designated locked room. The controlled drug safe is fixed to an internal wall and locked. The controlled drug register showed weekly counts and six-monthly audits. Two signatures are required for controlled drug administration. The medication refrigerator is secure, and temperatures are checked daily. A record of temperatures was sighted and showed it is maintained within expected parameters.</p>
<p>Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen manager was interviewed, and a tour of the kitchen was undertaken. All plans, records, checklists, and protocols are stored on an i-pad. The food control plan was approved in February 2024. The kitchen manager is a trained and experienced chef who is kept informed of residents' preferences, dietary needs, allergies and intolerances and cultural needs in relation to food. The kitchen manager likes to get to know the residents, so they are able to give feedback at any time. The</p>

		<p>menu was approved by the Summerset dietitian.</p> <p>The meal service was observed. Residents were seated in small groups at tables. Food was presented attractively, and residents stated they found the food very good with a lot of variety. Some residents were assisted discreetly by caregivers.</p> <p>Hats or hair nets are required before entry into the kitchen. The kitchen was seen to be well organised and clean. Electronic pest control units are on the wall. There is a separate area for food preparation and cleaning dishes.</p> <p>All food in the fridge and dry store is in closed containers and labelled with the date of opening. Raw meat is stored away from fresh food. Temperature records were sighted for the two freezers, the walk-in cold store, milk refrigerator, two ice-cream freezers, vegetable and meat freezer and café freezer.</p> <p>The kitchen manager keeps spices on-hand for one Indian resident and makes boil-up style soup on occasion as the residents enjoy this.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Policies and procedures specify the processes to ensure a safe and timely transfer or discharge. Staff stated when a resident is transferred to hospital a transfer form with current care needs, and significant risks is provided, as well as a copy of the medication files. This is transported in a yellow envelope. A verbal handover also occurs by phone using the SBAR (situation, background, assessment, and recommendation) tool. Families and residents are kept informed before discharge or transfer. If there are concerns, these are documented in the file.</p> <p>Residents confirmed they are able to choose their own general practitioner and can access other health and dental 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</p>	FA	<p>The property manager was interviewed. An electronic maintenance programme (Tech-1) is used to produce a monthly list of planned maintenance. For reactive maintenance, staff complete a form, which is</p>

<p>around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>entered into the electronic system to appear on the daily job list.</p> <p>Electrical equipment is tested and tagged annually (records sighted) and calibration of medical equipment is current. Hot water is checked at the cylinder, resident rooms, and utility areas. Resident room water temperatures are maintained within required parameters.</p> <p>A tour of the facility showed the buildings and grounds are well appointed and well maintained. Handrails are in the hallways and bathrooms. Hallways are spacious and there is a lift that can accommodate a bed, equipment, and escort. Dining areas are spacious with room for mobility aids to be manoeuvred and safely stored while dining. The main lounge is spacious and furnished comfortably. There are two whānau rooms with comfortable seating and tea and coffee making facilities.</p> <p>Bedrooms are spacious and residents can bring their own belongings and a comfortable chair. All bedrooms have an external window. Seven rooms share bathroom facilities and toilets, and the other rooms have ensuite toilet and showers. Toilets are well signposted. The facility has ducted air conditioning for cooling and heating.</p> <p>Staff confirmed there were no plans to make additions to the buildings however were able to explain the process for ensuring the environment would be co-designed to ensure that they reflected the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The fire evacuation scheme was approved on 22 March 2017. Regular fire drills are done, and staff have received training in emergency procedures and evacuations. There are four evacuation chairs. The auditors were informed of evacuation and assembly points on arrival. Current first aid certificates were sighted in staff files.</p> <p>An electronic call system is in place including in the serviced apartments. The manager confirmed response times are monitored. The clinical nurse lead carries a pager to summon assistance, and registered nurses carry mobile phones.</p> <p>Staff were seen to be wearing name badges. Visitors are required to sign-in electronically on arrival and to wear a visitor name sticker.</p>

		<p>Evening caregivers complete a checklist to ensure the external doors and windows are locked for the night.</p> <p>There is a generator for an alternative electricity supply and outlets are labelled if they are essential. Most food is cooked on a gas stove. In the care centre there are 20 x 20 litre bottles of water stored with a label indicating when they were last refilled. In addition, there are two water tanks on the grounds of 30,000 litres each. Emergency supplies of food, blankets, thermal blankets, dressings, torches, bandages, and high visibility vests were sighted.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention 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. Included in the infection prevention and control programme is antimicrobial stewardship (AMS). Antimicrobial stewardship is an integral part of the 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 Health New Zealand – Counties Manukau. 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 care centre managers/clinical nurse leaders 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, RNs, and staff meetings. The data is also benchmarked with the other Summerset facilities. Further to this, Summerset Group benchmarks with other aged care organisations and presents the results to their individual 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</p>

		<p>knows and understands their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The clinical nurse leader (RN) 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 is very experienced and 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. 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.</p> <p>The infection control coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education at orientation and through annual online education sessions. Additional staff education has been provided in response to the Covid-19, and Norovirus outbreaks. Education with residents takes place 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. The infection control coordinator liaises with the care centre manager and regional quality team on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Health New Zealand - Counties Manukau. The infection control coordinator confirmed 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 recommendations from the manufacturer and best practice guidelines. Single-use medical devices are not reused. A decontamination and disinfection policy is in place 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 use of hand-sanitisers, correct 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. These were examples of culturally safe practices observed, and thus acknowledge the spirit of Te Tiriti o Waitangi. The infection control coordinator reported that residents who identify as Māori will be consulted on infection control requirements as needed. In interviews, staff understood these requirements. The service has printed 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 policies and procedures documented around antimicrobial stewardship and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Summerset at Karaka has an infection control and antimicrobial stewardship programme that aligns with the 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 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>	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. Health care-associated infections being monitored include</p>

<p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>infections of the urinary tract, skin, eyes, respiratory, soft tissue, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated infections. 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.</p> <p>A continuous improvement rating is awarded for the managing of the reduction of wound infections.</p> <p>Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease and action advised. New infections are discussed at shift handovers and weekly management meetings to ensure interventions are implemented as soon as they can be. Benchmarking is completed with other facilities. Residents and family/whānau (where required) were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There have been three outbreaks reported since the last audit (two Covid-19 outbreaks, February and May 2024) and one Norovirus outbreak (July 2024). All outbreaks were well managed and reported to public health authorities appropriately.</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>The infection control coordinator oversees the implementation of the cleaning, laundry, and audits. 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 locked trolleys, and are stored 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. There are separate hand hygiene/washing facilities with flowing soap and paper towels. Eye protection wear and other PPE is available. Staff</p>

		<p>have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals.</p> <p>Designated cleaners (housekeepers) are rostered over seven days. The housekeepers have attended training appropriate to their roles. Cleaning guidelines are provided. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be hygienically clean throughout. The management team has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits which did not reveal any issues.</p> <p>All clothing and linen are laundered on site. The laundry is operational seven days a week. 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>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>	FA	<p>Policies and procedures reflect a commitment to eliminating the use of restraint. A clinical nurse lead oversees the restraint committee which consists of the care centre manager, registered nurses, and caregiver coaches. The committee reports monthly (minutes were sighted for 2024 and 2023). A monthly report is forwarded to head office where there is clinical governance, and the facility is benchmarked against other Summerset facilities. Data collated on Power BI from January 2019 to April 2024 shows there has been no use of restraint since March 2019, as such Summerset at Karaka has achieved a continuous improvement rating.</p> <p>Resident files contain holistic and comprehensive assessments and demonstrate ongoing review of their needs. Staff receive training in de-escalation and elimination of restraint at monthly education sessions and are required to complete an annual competency test.</p>

<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>The restraint minimisation policy and procedure outlines a process for restraint approval that requires other interventions and de-escalation be tried first. The procedures include requirements for monitoring that includes cultural, physical, and mental wellbeing. There is a restraint register in place, but no residents are restrained. The policy requires debriefing occurs after emergency restraint. The policy outlines the requirements for evaluation and documentation.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>Monthly restraint reports and minutes of the restraint committee meeting show ongoing review of the restraint-free service.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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 5.4.4</p> <p>Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p>	CI	<p>Between January 2022 and July 2024, the service has focussed on reducing wound infection rates below the group and target range. A review of the clinical indicator infection analysis data confirms they have achieved this continuous clinical improvement.</p>	<p>The project plan included regular training and education of staff, a change in the type of wound trolleys used, weekly wound/infection audit by IPC to monitor wounds and advise wound dressing requirement changes, a change in practice to 1 dressing: 1 resident on a trolley ratio, and the implementation of a dedicated wound dressing room.</p> <p>A multi-disciplinary approach occurred. Staff continue to receive high quality education related to wound management and infection control practices. Discussions occur at quality meetings, with the GP and Somerset infection control specialist on best practice and wound infection prevention guidelines.</p> <p>Interventions were successful and the goal of decreasing the wound infection percentage every 6 months has been achieved with reduction in discomfort and ongoing complications for residents</p>

			with wounds. Infection rates have remained consistently lower than the Summerset benchmark and has reduced from an average infection rate of 4 out of 10 wounds to 1 out of 10 wounds.
<p>Criterion 6.1.6</p> <p>Health care and support workers shall be trained in least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques within a culture of continuous learning.</p>	CI	<p>The restraint coordinator has actively promoted and maintained restraint free environment since 2019. Staff are aware of a resident centred philosophy and approach, with regular learning about challenging behaviours, and the restraint committee mentor and coach staff to ensure the restraint free environment continues.</p>	<p>The restraint coordinator stated they had implemented a philosophy where staff were required to identify what residents enjoy in life and to implement measures to ensure no restraint is used, with a goal of resident directed care. Staff were aware that there was always a reason for challenging behaviour due to an unmet need. The restraint coordinator coached staff individually and in groups on how to identify needs for individual residents and suggest ideas for meeting these needs. Examples of this were provided at the audit. Review of staff files show all staff have completed and passed an annual competency test. In addition, staff receive a two-hour training session monthly on provision of safe and least restrictive care. Caregivers and nurses also receive individual coaching and mentoring by the clinical nurse leads to ensure care is tailored to individual needs.</p> <p>Staff are also trained to identify when a resident is becoming confused or distressed and to use music the resident likes to recall previous joyful events in their lives. Another strategy introduced is the use of "inmu" a sensory and tactile device to calm and relax residents.</p> <p>The employment of kaitiaki had further enhanced meeting the needs of residents particularly those that did not take part in group activities. Other measures implemented include limiting the number of sensor mats to a maximum of 10 as some residents found them restrictive, intentional rounds to check residents and if they need anything and</p>

			toileting regimes for individuals.
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End of the report.