

# Summerset Care Limited - Summerset down the Lane

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## 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:

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| <b>Legal entity:</b>  | Summerset Care Limited   |
| <b>Premises audited:</b>  | Summerset down the Lane  |
| <b>Services audited:</b>  | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| <b>Dates of audit:</b>  | Start date: 6 August 2024 End date: 7 August 2024  |
| <b>Proposed changes to current services (if any):</b>   | None   |
| <b>Total beds occupied across all premises included in the audit on the first day of the audit:</b> | 51   |

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō 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  |
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| 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 down the Lane is part of the Summerset Group of retirement villages and aged care facilities. Summerset down the Lane is a spacious, purpose-built facility located in Hamilton and provides hospital (geriatric and medical) and rest home level of care for up to 66 residents. This includes 50 serviced apartments which are verified as suitable for residents requiring rest home level of care; noting that a maximum of 15 for residents requiring rest home level of care, can be used at any given time. There were 51 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 - Waikato. The audit process included the review of policies and procedures; residents and staff files; observations; and interviews with residents, family/whānau, management, staff, and a general practitioner.

The village manager (non-clinical) has been in the role for ten years and is supported by a care centre manager, who has been in the role since February 2024. 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 clinical and culturally safe care.

This certification audit identified no shortfalls. The service has been awarded continuous improvement ratings for the implementation of falls management strategies with a focus on hydration, registered nurse training and the activities programme.

## Ō tātou motika | Our rights

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| <p>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.</p> |  | <p>Subsections applicable to this service fully attained.</p> |
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Summerset down the Lane 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 communicate 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

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| <p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p> |  | <p>Subsections applicable to this service fully attained.</p> |
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Summerset Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The business plan 2023-2024 informs the site-specific operational objectives which are reviewed on a regular basis. Summerset down the Lane 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 down the Lane 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

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| Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. |  | Subsections applicable to this service fully attained. |
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The 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. The resident files included medical notes by the general practitioner, nurse practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Medications are administered by registered nurses, and caregivers. 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.

Diversional 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 promoted 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. There is a current food control plan, and nutritional snacks are available 24/7. Discharges or transfers are managed in a coordinated manner.

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

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| 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 residents to use. Residents reported a timely staff response to call bells. Resident's 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 outbreaks such as 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. Security is maintained.

## 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 staff 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. The internal audit system monitors for a safe environment. There have been three 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.

The aim of the service and governing body is to eliminate restraint. The restraint policy includes objectives for eliminating restraint. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. On the day of the on-site audit, there were no residents using restraints. Restraint is only used as a last resort when all other options have been explored. Restraint documentation processes are robust to include assessments, consent, monitoring, and evaluation processes to minimise associated risks. Quality review of restraint use occurs monthly and is benchmarked.

### 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                           | 27                  | 0  | 0                                    | 0  | 0                                      | 0  |
| Criteria          | 3                           | 165                 | 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 residents and staff who identified as Māori. Summerset down the Lane is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/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 and equity. The service has an established relationship with a kaumātua from Ngāti Haua Iwi Trust for guidance and support.</p> <p>Summerset Down the Lane is committed 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>The service has staff who identify as Māori that can act as</p> |

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|   |    | interpreters. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.  |
| <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> | FA | <p>The Pacific Health Plan 2022-2025 and a Summerset Pacific Peoples' Health policy and procedure is documented. 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 staff that identified as Pasifika at the time of the audit, but no residents. Pacific Peoples' Health policy and procedure objective states Summerset's commitment to supporting Pacific residents and their families/whānau.</p> <p>Summerset down the Lane has links with Pacific staff to ensure connectivity within the region and to increase knowledge, awareness and understanding of the needs of Pacific people, to improve outcomes. Interviews with 18 staff (eight caregivers, three registered nurses (RN), one clinical nurse lead (CNL), one diversional therapist, one housekeeper, one laundry person, one kitchen manager, one trainee chef, one kaitiaki), and four managers (a village manager, one care centre manager (CCM), one regional quality manager and the group operations 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>   | FA | <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 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</p>  |

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|   |           | <p>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 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. Seven residents (three rest home and four hospital) and six family/whānau (two rest home and four hospital) 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 and choice over activities they participate in. Summerset down the Lane'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 follow to support and respect their 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 this was confirmed by two residents (a couple) interviewed (the couples were visiting each other on the day of audit). Independence is</p> |

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|  |           | <p>encouraged, as evidenced in the goals of the care plans. 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 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 therapist confirmed that when Māori residents are admitted, the service 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 down the Lane'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 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.</p> <p>Staff interviewed understand the concept of institutional racism and receive 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 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 caregivers</p> |

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|  |           | <p>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, 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 Waikato Hospice and Health New Zealand Te Whatu Ora - Waikato 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> |

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| <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. 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. 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 signed resuscitation plans and advance directives in place. Enduring power of attorneys were appropriately activated, and all associated documentation was evident in resident files when required. 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 and available in the complaint register.</p> <p>There have been four complaints logged in the register since the last audit in August 2022. Two complaints were received in the last quarter of 2022, and two complaints were made in 2024 year to date (there were no complaints in 2023). All complaints reviewed included acknowledgement, investigation, follow up and completed final resolution letters to the complainant. There had been no complaints received from external agencies.</p>   |

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|   |           | <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 quarterly where concerns can be raised. Family/whānau confirm during interview that the 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. The care centre manager and village manager acknowledged their understanding that Māori prefer face-to-face communication and to include whānau participation in the complaints process.</p>  |
| <p><b>Subsection 2.1: Governance</b></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 down the Lane is certified to provide rest home and hospital (medical and geriatric) levels of care in their care facility for up to 51 residents (includes two double rooms in the care centre for married couples only). There are 50 serviced apartments which are verified as suitable for residents requiring rest home level of care; noting that a maximum of 15 for residents requiring rest home level of care, can be used at any given time. On the day of the audit there were 51 residents requiring hospital or rest home level of care. There were 22 at rest home level, including 7 in the serviced apartments; and 29 at hospital level. All residents are funded through the Age-Related Care Contract. All residents' rooms in the care facility are identified as dual-purpose. There were no married couples in the double 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</p> |

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|  | <p>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 Summerset's 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, and 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 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 review and quality plan and staff training. The bimonthly 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</p> |
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|  |  | <p>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 three years and is supported by a care centre manager who has been in the role five months. The management team is supported by a clinical nurse lead, regional quality manager and general manager of operations (present at the time of the audit). The village manager reports monthly to the Group Operational Manager (Midlands). The care centre manager completes a monthly clinical indicator /analyser report to the regional quality manager, who in return will discuss any issues in the region at the National Clinical Review Group. The regional quality 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 down the Lane describes specific and measurable goals that are reviewed quarterly. Site specific goals relate to high quality care; health and safety; dementia friendly; customer experience; staff satisfaction and workforce learning development; sustainability; and social responsibility. Quality goals for 2024 include reducing the incidence of urinary tract infections, exemplary palliative care, and resident falls. The goals are reviewed quarterly.</p> <p>The village manager has completed the required training hours related to the management of a care facility and include leadership training with topics on conflict management; change management; complaints management; and code of ethics. The care centre manager has completed a comprehensive orientation and stated there was a smooth transition to the role, as they had been the clinical nurse lead for Summerset down the Lane prior to moving into the care centre manager role.</p> |
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| <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 down the Lane 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 and emailed to staff work emails to view. Corrective actions are discussed at the 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, and they are available on the Summerset's intranet to guide 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. Corrective actions were required to meal services, with interventions put in place and implemented. Residents interviewed stated that there had been an improvement in the meals service. A further survey around meals evidenced improved satisfaction. Quality improvement projects were implemented in the last 24 months and included maintaining continuous improvement in palliative care provision, improving falls prevention strategies focussing on hydration, and meaningful activities.</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</p> |
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|  |  | <p>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 (March 2024) was reviewed. Health and safety policies are implemented and reported hazards are 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 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, as evidenced in the 15 accident/incident forms reviewed. Neurological observations following unwitnessed falls have been completed as per the neurological observation policy and procedure. Results are discussed in the quality improvement, staff meetings and at handover. The system escalates all alerts to the village manager and care centre manager and further alerts are sent to the 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 Somerset facilities and other aged care provider groups. 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 Section 31 notifications completed related to property and a resident behaviour (April 2023 and July 2024). A HealthCERT notification was completed for a change in the care centre manager (February 2024). The events</p> |
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|  |           | <p>policy and procedure has been updated to reflect the new SAC 1 and SAC 2 events reporting procedure, as per the Health Safety and Quality Commission. There have been three Covid-19 outbreaks reported since the last audit (March and December 2023 and May 2024). The outbreaks were reported to Public Health authorities appropriately.</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 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 lead. 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 service apartment has a service apartment coordinator, and caregivers are allocated across all shifts. The roster reviewed evidenced RN 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. A kaitiaki role provides support for the wellbeing team and caregivers, seven days a week. 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 and resident interviews. Residents interviewed confirmed that their care requirements are attended to in a timely manner.</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.</p> |

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|  |  | <p>External training opportunities for care staff include training through Health New Zealand Te Whatu Ora – Waikato. 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. Staff are supported to complete a 100-hour certificate in te reo Māori. The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. There are 42 caregivers employed in total. Three caregivers have achieved level two, four have completed level three, and twenty-eight have completed level four NZQA qualification. 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>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. Seven of eleven RNs are interRAI trained. All RNs are encouraged to attend in-service training and complete additional training, including critical thinking; infection prevention and control; identifying and assessing the unwell resident; and RN upskill programme by Dr Andrew Minette of Eldercare services. Registered nurses are supported to complete professional development and recognition programme (PDRP) through Health New Zealand Waikato. Three registered nurses have obtained proficiency level. The service has been awarded a continuous improvement rating in relation to the RN training in palliative care.</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 service is supported by an external provider to manage staff injuries and require a minimum of five wellbeing sessions over the lifetime of a</p> |
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|  |    | work injury claim.  |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | FA | <p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Summerset down the Lane is supported by a people and culture team for recruitment processes. Ten staff files reviewed, including one care centre manager, one clinical nurse lead, one RN, four caregivers, kitchen manager, laundry assistant and housekeeper 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. All performance appraisals are 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</p>   |

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|  |    | 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>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> | FA | <p>Entry into the service by residents 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 care centre manager are available to answer any questions regarding the admission process. The clinical nurse lead and the RNs who were interviewed advised that the service communicates openly with potential residents and family/whānau during the admission process.</p> <p>Declining entry to a potential resident would only occur if there were no beds available or they did not meet the admission criteria. If residents are declined, the resident and family/whānau are provided with alternative options and links to the community. Ethnicity information at the time of enquiry from individual residents is 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> |
| Subsection 3.2: My pathway to wellbeing  | FA | Registered nurses are responsible for all residents' assessments, care  |

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| <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>planning and evaluation of care. Eight resident files were reviewed: four at hospital level, and four at rest home level, including one resident who was in a serviced apartment. 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. 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>Care plans include strategies for managing/diverting of behaviours that challenge. Currently there are residents who identify as Māori. A comprehensive Māori health care plan is in place which describes the supports 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 nurse lead also described working alongside residents and family/whānau when developing care plans, so residents pae ora outcomes would be developed.</p> <p>The general practitioner (GP) completes the initial medical assessment within the required timeframe following admission. Residents have regular reviews by the GP within required timeframes and when there are changes in health status. The GP visits the facility twice weekly, and a nurse practitioner (NP) once per week. Documentation and records reviewed were current. The GP was interviewed and stated there was excellent communication with the service and stated that the clinical nurse leader and RNs demonstrate</p> |
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|  |  | <p>good assessment skills and inform them 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 and NP visits, medication changes, and any changes to health status.</p> <p>A range of wound care products were available at the facility. The review of the wound care plans evidenced that wounds are assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There were seventeen wounds (skin tears, abrasions, surgical wounds, and bruises). There were two stage II pressure injuries at the time of the audit. When wounds required additional specialist input, the Health New Zealand – Waikato wound nurse specialist was consulted.</p> <p>Caregivers interviewed describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, with this 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. A review with the GP or NP is initiated by RNs or the clinical nurse lead following the completion of comprehensive assessments, including (but not limited to) falls risk, pressure risk and pain assessment. When an incident or changes in health status occur, the care plans and progress notes are updated by the RNs. All resident incidents were evidenced as being followed up in a timely manner by the clinical nurse leader or the RNs.</p> <p>Monthly observations such as weight and blood pressure were completed and were up to date. Interviews with caregivers confirmed they are familiar with the needs of all residents in the facility, and they have access to the supplies and products required to meet those needs. In the event of a fall, the falls policy is followed. Neurological observations were implemented following falls that require them, such as unwitnessed falls. Post falls assessments and neurological</p> |
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|  |           | <p>observations have routinely been commenced as per policy. The incidents that were reviewed were for falls without injury. 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>  |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.<br/>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.<br/>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 two full-time diversional therapists, two casual activity staff, and two kaitiaki, who work alongside the diversional therapists. 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, including the 'Sunshine Club' for those residents with cognitive loss.</p> <p>Activities programmes were displayed in large print on noticeboards around the building and each area also has a whiteboard advising of the day's events, to assist all residents and staff to know what is on the daily programme. 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</p> |

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|   |           | <p>entertainment.</p> <p>Te reo Māori is included in the daily programme with the use of 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 Waitangi Day, and ANZAC Day are celebrated with appropriate resources available. Family/whānau participation in the programme is encouraged. The service has strong connections 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, and 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. The residents and their family/whānau reported satisfaction with the variety of activities provided that catered for everyone's needs.</p> <p>A continuous improvement has been awarded for enhancing the activities programme to enrich residents lives.</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> | <p>FA</p> | <p>Policies and procedures were in place for safe medicine management. Staff responsible for medication administration have all completed medication competencies and education related to medication management. There one secure medication room in the hospital/rest home 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 were within expiry date. Sixteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photographic identification and allergy status notified. All medications are charted</p>  |

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|  |           | <p>either regular doses or pro re nata (as required). The GP or NP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made.</p> <p>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.</p> <p>Medication policies and the Māori health plan evidence that appropriate support, advice and treatment for Māori residents is incorporated into medication management. There were residents self-administering their medications on the day of the audit. All had a completed assessment, and monitoring and review by the GP or NP at least three-monthly or more often if required. 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> | <p>FA</p> | <p>Kitchen services are overseen by the kitchen manager who is supported by a trainee chef and kitchen assistants. All food service 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.</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>   |

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|  | <p>likes/dislikes are accommodated, alternatives offered and that they are satisfied with the meal service and the options available. Meals are served from the servery area to the residents and were seen to be generous portion sizes, with second helpings offered.</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 in June 2025. 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 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. Residents provide verbal feedback on the meals through meetings and surveys. Resident preferences are considered with menu reviews. The kitchen manager stated cultural meals are provided on request, and that they provide boil ups, hangi, and other cultural dishes on a regular basis. 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 kitchen manager to ensure residents' requirements are being met. To assist with residents' experiencing weight loss, fortified smoothies and meals are provided. The kitchen staff utilise frozen pureed foods pre-moulded into food shapes, to assist with residents' who require this dietary modification. Additional calcium and protein have 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</p> |
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|  |    | fortification, have added to the Summerset menu by the dietitian.  |
| <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 discharge, transition or transfer of residents is undertaken in a timely and safe manner. The residents and their family/whānau were involved for all discharges to and from the service. Residents/family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. Transfer notes include advance directives, medication chart, GP and NP 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 that there are comprehensive handovers that 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 4 December 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 maintenance assistant and a gardener. 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</p> |

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|   |           | <p>accommodates hospital equipment. There is a large main lounge and a smaller lounge in the rest home/hospital area. The dining area in the hospital/rest home area is adjacent to the lounge. 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>The resident rooms are large and have ample natural light and ventilation. Air conditioners 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 that 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>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | <p>FA</p> | <p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. An emergency and civil defence plan guides the staff in their preparation for disasters and describes 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 15 July 2017. The fire evacuation drills are conducted every six-months and are added to the training programme; the last drill was completed on 29 May 2024. Fire training and security situations are part of orientation. Emergency equipment is available. A contracted service provides checking of all facility equipment, including fire equipment. There is always a first aid trained staff member on each shift. The service also has a generator on site in the event of a power failure for emergency power supply.</p>   |

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|  |           | <p>There are civil defence supplies, including enough stored water to supply three litres per resident for seven days. There are sources available for alternative cooking, including BBQ's and gas hobs in the kitchen. 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. Security cameras are located at the facilities main entrance, reception, communal areas, and outside car parks.</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 – Waikato. 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 leads, 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 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</p> |

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|   |           | <p>and AMS issues through the regional quality manager to head of clinical services. 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.</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.<br/> 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.<br/> 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 is 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. The infection control programme related to infection control activities at Summerset down the Lane linked to the quality programme and had been reviewed for 2023. 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 ongoing annual online education sessions. Additional staff education has been provided in response to 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 manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Health New</p> |

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|   |    | <p>Zealand - Waikato. The care centre manager 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 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, 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 o Waitangi. The care centre manager 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 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 down the Lane 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. The Summerset pharmacist and geriatrician have oversight of AMS data.</p>  |

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| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | <p>FA</p> | <p>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 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>Records of monthly data sighted confirmed infections are compared with previous months, reason for increase or decrease, and action advised. New infections are discussed at shift handovers to ensure interventions are implemented as soon as they can be. Benchmarking is completed with other facilities. There were eight residents in isolation on the days of the audit due to respiratory symptoms. Residents had been tested for Respiratory Syncytial Virus (RSV) infection, with the clinical team waiting for results to come in. Appropriate outbreak kits were observed to be on the outside of their rooms. Residents with current symptoms have a short-term care plan completed. Staff were observed to wear masks.</p> <p>The infection control coordinator confirmed residents have received the fourth Covid-19 booster and influenza vaccinations.</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 three outbreaks reported since the last audit. All 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</p>  | <p>FA</p> | <p>The infection control coordinator oversees the implementation of the cleaning, laundry, and audits. The infection control coordinator also</p>  |

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| <p>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>provide support to maintain a safe environment during construction, renovation and maintenance activities should this occur. 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 and the trolleys are stored in a locked room 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>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 reveal any issues. 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</p>   | <p>FA</p> | <p>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</p>  |

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| <p>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>when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. The restraint coordinator is a registered nurse, who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. The facility has remained restraint free since the previous certification audit in 2020.</p> <p>An interview with the restraint coordinator, clinical nurse lead, CCM, and regional quality manager described the organisation's commitment to restraint minimisation and implementation across the organisation, as reviewed in the business plan. 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, restraint care plan monitoring, and evaluation. Restraint review meetings occur monthly as part of the quality improvement meeting.</p> <p>The restraint committee is responsible for the approval of the use of restraints and the restraint processes. Restraint is used as a last resort, only 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

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

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

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

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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   |
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| <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 service collects, analyses and evaluates falls data for opportunities for improvement. The service continues to investigate their own practices to ensure falls prevention strategies are continuously improved. Their focus for the improvement project was to use their analysis of their falls rate, in combination with their bruising rate, to focus on optimal hydration as a measure to reduce falls. The service has been successful in maintaining a reduction in falls and bruising over the past year.</p> | <p>The regional quality and care centre manager identified strategies to ensure maintaining optimal hydration, to reduce falls after spikes (increased falls) in falls data were identified at times of their Covid -19 outbreaks in May and June 2022. Several strategies were implemented and monitored, including using the kaitiaki (a role unique to Summerset for a staff member who is not a caregiver but an activities person who provides support for residents) to ensure regular fluid intake during activities participation; regular fluid rounds during the day; monitoring of dysphagia; and monitoring of hydration during acute unwell episodes. Staff completed training in hydration, including recognising symptoms of decreased thirst in elderly residents with decrease renal function. Quality improvement meeting minutes (sighted) evidence evaluation of the impact of interventions to improve hydration and to manage the association</p> |

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|   |    |   | <p>(bruising) with the possible hydration linked events (falls).</p> <p>The bruising data and the falls data reviewed for Summerset down the Lane (including benchmarking data) from January 2022-2024 year to date evidenced the falls rate decreased from 7.14/1000 bed days in August 2022 to average of 1.07-2.16/ 1000 bed days for 2023/2024; the bruising rate decreased from 11.31/1000 bed days to between 3.2- 6.4 / 1000 bed days in 2023/2024. Data reviewed also evidence falls and bruising rates were lower during Covid-19 periods (March 2023, December 2023, and May 2024), in comparison to the Covid-19 periods in 2022.</p> <p>Furthermore, the reduction in UTIs were directly correlated to the optimal hydration status of residents.</p>   |
| <p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p> | CI | <p>The regional quality manager and care centre manager, with the support of the hospice clinical nurse specialist, have continuously strengthened their focus around palliative care through staff education, advance care planning, family and resident involvement/communication, and the implementation of palliative care assessment tools.</p> <p>They recognised the concerns and challenges related to palliative care and the end-of-life experienced by family/whānau that is culturally appropriate and sensitive to their spiritual and physical needs.</p> <p>The service actively participates with the clinical nurse specialist by improving the palliative care pathway within the clinical setting, to ensure RNs are well equipped to deliver quality and cultural safe palliative care. The education is based around improving and developing skills, with emphasis on end-of-life</p> | <p>There was collaboration with the care team, regional quality manager, and clinical nurse specialist to understand how service delivery can continuously improve to ensure an improved resident and family/whānau experience. Staff developed a deep understanding of cultural sensitivity in palliative care, advance care planning, recognising dying, coping with grief, provision of emotional support, and implementation of the palliative care assessment tool. The project was underpinned by modules related to palliative care, with training for all RNs completed between end of 2022-2024 year to date. All caregivers completed training in introduction of palliative care to support the RNs. There were improvements to family/whānau communication/handouts around what to expect during the end-of-life process. Twenty residents were followed during their journey, with end-of-life</p> |

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|   |           | <p>communication to meet physical, emotional, psychosocial, spiritual, and cultural needs. The aim is to provide excellent specialist palliative care to all involved in the journey and implementing the Te Ara Whakapiri guidelines and The Karnofsky Performance Status (KPS) scale. The Thorne-modified KPS (TKPS) focuses on community-based care and has been shown to be more relevant to palliative care settings than the original KPS. The Australia-modified KPS (AKPS) blends KPS and TKPS to accommodate any setting of care.</p>   | <p>communication/feedback from family/whānau (sighted) used as a measure of success. All feedback from family/whānau was overwhelmingly positive. Quality improvement is continuously discussed at various meetings, including staff, quality improvement and RN. The quality improvement plan was regularly reviewed against the goals. The clinical nurse specialist was not available to be interviewed; however, a recent support letter written by the clinical nurse specialist verified the treatment pathway and communication to be successful and residents' quality of life optimised until death.</p>   |
| <p>Criterion 3.3.1<br/>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p> | <p>CI</p> | <p>Since 2022, the facility has introduced the Sunshine Club for Care Centre Dementia Residents and completed a training program for selected staff, developing the role of Sunshine Club facilitator to conduct the club twice a week. The Sunshine Club focus of integration and 'making a difference in the lives of fellow residents as a whānau' is evident within the facility. Rest home and hospital residents interviewed confirmed their input allowed the activities to be personalised and meaningful in terms of choice, engagement and culture.</p> <p>The resident led activities, cultural activity programmes, and events that have been implemented are supported and enjoyed by the residents, family, and the wider community.</p> | <p>Summerset Down the Lane showcased two unique talent shows during the audit—one in 2023 and another in 2024—highlighting the talents of both residents and staff. Furthermore, 15 care centre residents contributed to the Christmas choir 2023, demonstrating their talents to other residents, families, and friends for other Villages and two residents even visited Cambridge and Rototuna to present Christmas choir along with the staff. During the audit, some residents spoke to the auditors and show their photo evidence to the auditors, greatly valuing their contributions. Evidence was provided showing a reduction in fall events and behaviour that challenge among cognitively impaired residents to show how Sunshine club was effective for residents. Additionally, four care (rest home and hospital) residents volunteered to be part of the Sunshine Club, and some residents presented activities for their fellow residents, both internally and externally, despite their vulnerabilities</p> <p>The activities programme shows evidence beyond the expected full attainment, enabling residents to integrate, engage with, and make a meaningful</p> |

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|  |  |  | <p>contribution to their in-house community. The residents who wish to have an opportunity to contribute in a meaningful way to the wellbeing of the community are supported by the service and provided with opportunity. The activity programme evidenced the actions taken to make the programme meaningful to the residents. Residents interviewed confirmed the positive impact the approach to activities within the facility has had upon them, both in participation and the ability to make a meaningful contribution to the lives of fellow residents.</p> <p>There has been an increase in residents attendance of activities. Auditors reviewed a sample of compliments (from two large folders) received from residents and family/whānau congratulating the service on their efforts on improving activities within the facility and improving overall quality of life for residents. Residents interviewed stated these initiatives have helped to promote friendships through shared experiences. The activities programme has also facilitated feelings of self-worth through supported participation and helped to reduce the risk of social isolation and culture shock through a change in environment, especially following restricted visiting periods due to outbreaks. Residents interviewed gave positive feedback regarding the effectiveness of the programme and the benefits they had experienced.</p> |
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End of the report.