

Summerset Care Limited - Summerset Mountain View

Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Summerset Care Limited

Premises audited: Summerset Mountain View

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 5 September 2024 End date: 6 September 2024

Proposed changes to current services (if any): A reconfiguration request was completed to notify of the intention to reconfigure 10 serviced apartments previously certified as rest home level of care to dual purpose beds. In summary, the dual-purpose beds will increase from 52 to 62. The serviced apartments certified for rest home level of care will reduce from 20 to 10. The overall bed numbers remain the same.

A partial provisional audit verified that the requested reconfiguration of requested bed numbers to be suitable as dual-purpose beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 57

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Summerset Mountain View provides care for up to 72 residents at hospital (geriatric and medical) and rest home level care. On the day of the audit, there were 57 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand Te Whatu Ora– Taranaki. The audit process included a review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, staff, nurse practitioner, and management.

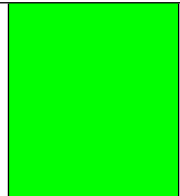
A concurrent partial provisional audit was conducted to verify serviced apartments which are currently certified for rest home level of care, are suitable for dual purpose care. The 10 rooms were verified as suitable to provide rest home and hospital level care. The total number of beds remain at 72.

The care centre manager is experienced and is supported by a regional operations manager, a regional quality manager, a clinical nurse leader, and a team of experienced clinical and non-clinical staff. Interviews with residents, family/whānau and the nurse practitioner were all positive and complimented the management and staff for providing a resident-centred service for the community.

The certification and partial provisional audits identified no areas requiring improvement.


The service has been awarded a continuous improvement for the reduction of pressure injuries, improving skin integrity, and reducing urinary tract infections.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Summerset Mountain View provides an environment that supports resident rights and safe care. Management and staff demonstrate an understanding of residents' rights. A current site-specific Māori health plan is in place. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. A Pacific health plan is also in place. Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. Details relating to the Health and Disability Commissioner’s Code of Health and Disability Services Consumers Rights (the Code) are included in the information packs given to new or potential residents and family/whānau. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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Summerset is governed by a Board of Directors. Services are planned, coordinated, and are appropriate to the needs of the residents. Summerset Mountain View has a documented quality and risk management system. A robust health and safety programme is implemented, and hazards are reviewed on a regular basis. There are human resources policies including recruitment, selection, orientation, staff training and development. There is an in-service education/training programme covering relevant aspects of care, and support and external training is supported. Competencies are maintained. The staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		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. Resident files included medical notes by the general practitioner or nurse practitioner and visiting allied health professionals.

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

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

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

Discharges or transfers occur in a coordinated manner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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There is a planned and reactive maintenance programme in place. Hot water temperatures are checked regularly. There is a call bell system that is appropriate for the residents to use. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Rooms are personalised with ample light and adequate heating. Documented systems are in place for essential, civil defence, emergency, and security services. 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. 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 and control management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection prevention control programme is implemented and meets the needs of Summerset Mountain View and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. 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.

The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There have been Covid-19 outbreaks since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are 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 was one resident using two types of 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	29	0	0	0	0	0
Criteria	1	175	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. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim is to co-design health services, ensuring Māori have the same level of health as non-Māori while safeguarding Māori cultural concepts, values, and beliefs. At the time of audit, there were no residents who identified as Māori.</p> <p>The Māori Health Plan includes commitment to the concepts of Te Whare Tapa Wha Māori model of health, and the provision of services based on the principles of mana motuhake.</p> <p>The service has formal connections with a kaumātua and a Māori health advisor at Health New Zealand.</p> <p>Summerset Mountain View is committed to providing a service that is responsive and inviting for Māori. The service currently has staff who identify as Māori and actively seeks to employ more Māori staff members. Staff have completed training around cultural safety and Te Tiriti o Waitangi.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A Pacific health plan is documented that focuses on upholding the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality health care. On admission all residents state their ethnicity. There were no residents that identify as Pasifika. The service aims to achieve optimal outcomes for Pasifika. The care centre manager (CCM) confirmed Pacific peoples' cultural beliefs and values, knowledge, arts, morals and identity are respected. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika. The service actively encourages and supports any staff that identifies as Pasifika during the interview process. There were staff that identified as Pasifika at the time of the audit.</p> <p>The service has links with the local Pacific community through staff linkages and are strengthening relationships within the local public hospital. Individual cultural beliefs are documented in the resident's care plan and activities plan. Family members of Pacific residents will be encouraged to be present during the admission process, including completion of the initial care plan.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Summerset Mountain View policies and procedures are being implemented and align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in the information pack and the care centre advocate. Other formats are available online. Resident meetings provide a forum for residents to discuss any concerns. Staff interviewed (village manager, care centre manager, three registered nurses (including the infection control coordinator and the clinical nurse leader), eight caregivers, two diversional therapists, one housekeeper, one laundry coordinator, one property manager, one chef manager, one regional food lead, one administrator, and one kaitiaki) confirmed</p>

		<p>their understanding of the Code and its application to their specific job role and responsibilities.</p> <p>Staff have received education in relation to the Code at orientation and through the annual training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Staff completed training on advocacy services in 2024. The residents (two hospital and two rest home; one of whom was residing in a service apartment) and family/whānau (four hospital) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. Staff stated Māori mana motuhake is recognised, as described in the Māori health plan. Interactions observed between staff and residents 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>There are cultural safety policies in place and resources readily available on the electronic resident management system. Resources include policies on consumer rights, diversity and inclusiveness, intimacy and sexuality, spirituality and counselling, and human rights and non-harassment. Policies are being implemented that align with the requirements of the Health and Disability Commissioner.</p> <p>Caregivers and registered nurses interviewed described how they arrange their shift to ensure they are flexible to meet each person's needs. Staff are trained around the Code of Health and Disability Services Consumers' Rights at orientation and through regular in-services. The service recognises Māori mana motuhake, as evidenced in the policy and Māori Health Plan.</p> <p>Summerset Mountain View delivers training that is responsive to the diverse needs of people accessing services. Training provided in 2023 and 2024 to date included sexuality/intimacy; abuse and neglect; privacy/confidentiality; advocacy; tikanga Māori; cultural safety; and Te Tiriti o Waitangi. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The use of te reo Māori is encouraged throughout the service. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relatives' involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church</p>

		<p>services are held. A spirituality policy is in place.</p> <p>The staff and management described responding to tāngata whaikaha needs and enabling participation in te ao Māori, as documented in the Māori health plan. Care staff interviewed described how they support residents to choose what they want to do and be as independent as they can be. Residents interviewed stated they had choice, and they are supported and encouraged to make a range of choices around their daily life. Residents can choose which activities they participate in, and it was observed that residents are treated with dignity and respect. Satisfaction surveys reviewed confirm that residents and families/whānau are treated with respect.</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>The abuse and neglect policy is implemented. Summerset Mountain View policies guide staff to recognise any form of discrimination, coercion, harassment, or any other exploitation. The service is inclusive of all ethnicities and cultural days are held to celebrate diversity. Staff have been provided with education on how to identify abuse and neglect in 2024. Staff are aware of how to value the older person, by showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements the protection of property. Summerset Mountain View do not manage resident's comfort funds. Staff are educated on how to value the older person, showing them respect and dignity.</p> <p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. Professional boundaries are defined in job descriptions. Interviews with the management team and staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are also covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with management, if they felt that this was an issue. A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori 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>A comprehensive information pack is provided to residents and family/whānau on admission, which includes information on the Code of Rights, advocacy services, complaints and information around service provision for Summerset Mountain View. Residents interviewed stated they were comfortable discussing any issues with staff. Residents and family/whānau complete annual surveys, which evidenced overall satisfaction with communication. Family/whānau interviewed felt they are promptly informed of any changes and NP/GP consultations. There are policies and procedures documented relating to accident/incidents, complaints, and open disclosure that inform staff of their responsibility to notify family/next of kin of any accident/incident that occurs. Progress notes in the electronic resident files identified family/whānau are kept informed.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit there were no residents who did not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice, wound care specialist and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team. The management team and RNs described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to</p>	<p>FA</p>	<p>There are policies documented around informed consent. The resident files reviewed included informed consent forms signed by either the resident or the activated enduring power of attorney (EPOA) or appointed welfare guardian. Copies of enduring power of attorneys or welfare guardianship were in resident files where applicable. Certificates of mental incapacity and activation of the EPOA</p>

<p>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>documents were on file for residents where required.</p> <p>Consent forms for Covid-19 and influenza vaccinations were also on file and where appropriately signed. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed for all the files seen.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The CCM confirmed how the complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The CCM maintains a complaint/ compliment register and documents all verbal and written complaints. There have been no formal complaints logged since the last audit. Interview with the CCM outlined that the provider takes a proactive response to any concerns raised. The CCM advised that any complaints received are reported to the Board. Complaints and learnings/ corrective actions resulting from complaints were evidenced in meeting minutes as being discussed with staff.</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at reception. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. The resident meeting minutes sighted evidenced residents are given the opportunity to provide feedback. The residents and family/whānau all reported any issues residents and relatives have, are discussed with the CCM directly and dealt with promptly. The CCM and all members of the senior team implement an 'open door' policy, which was confirmed during</p>

		interviews with staff, residents and family/whānau.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Summerset Mountain View is part of the Summerset organisation and is certified to provide rest home and hospital (geriatric and medical) level care for up to 72 residents. This audit verified 52 dual purpose beds in the care centre and 20 service apartments beds certified to provide rest home level of care. The total number of dual-purpose beds is to increase from 52 to 62. On the day of the audit, there were 57 residents. This was inclusive of 28 rest home level residents, 23 hospital level, and 6 residents residing in the service apartments, certified as rest home level. All residents were on the age-related residential care (ARRC) contract.</p> <p>The governance body for Summerset is the National Clinical Review Group that is run monthly and chaired by the Head of Clinical Services. Members of the committee include the Regional Quality Managers, Clinical Improvement Manager, Dementia Specialists, Clinical Pharmacist, Programme Lead - Diversional Therapy and the Clinical Learning and Development Manager. The Summerset governing body have access to cultural support through a village manager where required. Each of the Summerset facilities throughout New Zealand is supported by this structure. The Head of Clinical Services (chair of the group) reports to the General Manager of Clinical services. The General manager of Clinical Services works with the General Manager of Operations and Summerset's CEO to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks, and a focus on continuous quality improvement.</p> <p>Members of the National Clinical Review Group (governing body for clinical) have completed training provided in 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</p>

	<p>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 reviewed and quality plan and staff training. The bi-monthly General Manager of Operations and General manager of Clinical Services report is discussed at the National Clinical Review Meeting. The report is also submitted to the CEO. The report provides organisational clinical oversight and includes a range of information on summary of operational risks and gains; high level complaints; combined financial performance summary for operations; care and food services; safe staffing benchmarking for caregivers and RNs; clinical indicators; summary of external and internal certification and surveillance audits; and summary of 'category A' events (high risk events).</p> <p>The village manager reports monthly to the general manager of Operations (Midlands). The care centre manager completes a monthly clinical indicator /analyser report to regional quality manager, who in return will discuss any issues in the region at the National Clinical Review Group. The regional manager has fortnightly meetings with the head of clinical services to address any issues of concern, corrective actions and any high-risk areas. Measures are then reviewed and adapted until a positive outcome, or the goal is achieved. The 2023 - 2024 business plan for Summerset Mountain View 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; workforce learning development; and sustainability and social responsibility. Quality goals</p>
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		<p>for 2024 include maintaining optimal hydration to decrease associated incidents related to dehydration/malnutrition. The goals are reviewed quarterly.</p> <p>The village manager (VM) has an extensive background in finance and business. The CCM has an extensive background in aged care management. The VM and CCM are supported by the CNL, regional quality manager, and a regional operations manager. The CCM is a registered nurse and has maintained the required eight hours of professional development activities related to managing an aged care facility.</p> <p>Partial Provisional:</p> <p>There are no changes to the governance structure because of the reconfiguration of the 10 service apartments, which have been verified as suitable as dual-purpose beds. The podiatry contract, physiotherapy contract, pharmacy contract and GP/NP arrangements will remain unchanged. The transition plan is included in the 2024-2025 business plan, with allowance for provision of required resources.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Summerset Mountain View is implementing a quality and risk management programme. The quality monitoring programme is designed to monitor contractual and standards compliance and the service delivery in the facility. Internal audits have been held according to schedule and any corrective actions identified have been followed up and signed off as completed. The electronic quality management system benchmarks the quality data collated. Quality data is reported to the Board in the monthly CCM report and the RN/ clinical meetings held. There was documented evidence in the staff meetings of discussions held around quality data. Information including graphs and meeting minutes were evidenced as being shared with staff who were unable to attend the meeting, with information displayed on the “how are we doing board”, made visible to all staff. Facility meetings (including residents’ meetings) have been held according to schedule.</p> <p>Policies and procedures align with current good practice, and they are suitable to support rest home and hospital levels of care. Policies are reviewed a minimum of two yearly, modified (where appropriate) and</p>

		<p>implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity.</p> <p>Annual resident and relative satisfaction surveys are conducted annually. The 2024 resident and relative satisfaction survey was conducted in March. The overall result evidenced an overall satisfaction rate of 94%. These results have been collated, analysed and results shared with residents, family/whānau and staff.</p> <p>Health and safety policies are implemented and monitored through the three-monthly meetings. Risk management, hazard control and emergency policies and procedures are in place. Health and safety representatives were interviewed about the health and safety programme. Service documents incidents/accidents, unplanned or untoward events and provides feedback to the service and staff, so that improvements are made. Incidents and accidents forms are completed for all adverse events. Results are collated, analysed, and included in quality data (and in the Board report). Incident data was evidenced as discussed at all facility meetings. The service utilises an electronic system for quality, including incident reports and resident files.</p> <p>Discussions with the CCM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications required to be completed since the last audit. There has been one stage III pressure injury reported through to Te Tahu Hauora Health Quality and Safety Commission Part A dated 08 July 2024. A coroner's inquest from July 2024 has now been closed and has been passed onto the Health and Disability Commission. Summerset Mountain View have completed all required investigation and provided all information required. They are awaiting the outcome.</p> <p>There has been outbreaks of Covid-19 since the last audit, which were reported following the appropriate protocol.</p>
<p>Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The rosters reviewed provides sufficient coverage for the delivery of care.</p>

<p>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>The CCM and CNL work full time from Monday to Friday. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the caregiver interviews. Staff and residents are informed when there are changes to staffing levels.</p> <p>An education programme is in place for 2024. Education completed to date included (but not limited to) manual handling; infection control; outbreak/Covid-19 management; health and safety; hazards; restraint; abuse and neglect; pain management; and fire drills/emergency management. Staff have been provided with cultural safety training, including Māori equity and Te Tiriti o Waitangi. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities and health equity. Staff are able to complete training via an online platform or participate in face-to-face training when provided.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the twenty-six caregivers, five have completed level two, nine have completed level three, and ten have completed level four. There is an accredited Careerforce assessor and moderator available to staff. Competencies are completed by staff, which are linked to the annual in-service schedule. Additional (annual) competencies completed include medication; restraint; hand hygiene; use of personal protective equipment (PPE); fire and emergency training; cultural safety; and manual handling. The eight RNs, including the clinical nurse leader, are interRAI trained. Support systems promote health care and support worker wellbeing and a positive work environment.</p> <p>Partial provisional:</p> <p>This audit has verified the service as suitable to utilise 10 service apartments for dual purpose. There were six residents at rest home level of care in the serviced apartments. All other residents were independent living under the ORA. The CCM confirmed that there are no immediate plans to change the current resident bed configuration. The six residents currently residing in the service apartments will continue to reside in their apartments.</p> <p>The provider has undertaken due consideration and planning to ensure</p>
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		<p>the footprint of the apartments, and the care and cultural needs of the additional residents can be met with current staffing levels. This includes ensuring support is in place to ensure residents can access the communal lounges and dining room. Activities staff, laundry and cleaning/household staff will remain unchanged.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources policies are in place and include recruitment, selection, orientation, and staff training and development. Staff information is all maintained electronically. Eight staff files reviewed evidenced implementation of the recruitment process, and employment contracts. There are job descriptions in place for all positions that includes personal specifications, duties and responsibilities, area of work, and expected outcomes to be achieved in each position. All staff records sampled had evidence of completed orientation, and annual appraisals. A copy of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment for Māori.</p> <p>An employee ethnicity database is maintained. Management and staff reported they have the opportunity to be involved in a debrief discussion to receive support following incidents, to ensure wellbeing support is provided. Staff reported that after any Covid-19 outbreaks, staff are offered an opportunity to discuss what things went well and where there could be improvements made. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. The Employee Assistance Programme is available to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	<p>FA</p>	<p>The service utilises an electronic format for resident information, documentation, and data. Electronic information, including policies and procedures, incident, and accidents are backed up and password protected. The resident files are appropriate to the service type and</p>

<p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>demonstrate service integration. Records are uniquely identifiable, and timely. The name and designation of the staff member/health provider is clearly documented. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by anyone without authorised access. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents' entry into the service is facilitated in an equitable, timely and respectful manner. Admission information packs are provided for family/whānau and residents prior to admission or on entry to the service. The eight admission agreements reviewed align with all contractual requirements. 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 care centre manager and clinical nurse lead are available to answer any questions regarding the admission process. The RNs interviewed advised the service openly communicates with potential residents and family/whānau during the admission process.</p> <p>Declining entry would be if there were no beds available or the potential resident did not meet the admission criteria. If residents are declined, the resident and family/whānau are provided with alternative options and links to the community if admission is not possible. Ethnicity information at the time of enquiry from individual residents is analysed for the purposes of identifying entry and decline rates. The clinical nurse leader on interview, confirmed that the reasons for decline will be if no beds are available. Analysis is completed by support office and the results are shared with facilities. The service has a meaningful partnership and working relationships with local kaumātua to benefit Māori individuals and whānau.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Eight resident files reviewed: four at hospital level and four at rest home level of care (including one in the serviced apartment). Initial care plans are developed with the residents or enduring power of attorneys' (EPOA) consent within the required timeframe. 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.</p> <p>The individualised electronic long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment. The care plan process includes the involvement of the resident and their family/whānau and is person centred. 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, early warning signs and identified risks meet the residents' assessed needs to direct comprehensive care delivery. Short-term care plans are developed for acute/short term needs and all ongoing needs have been added to the long-term care plan.</p> <p>Cultural needs are assessed at admission. The RNs interviewed described removing barriers, so residents have access to information and services required to promote independence, and working alongside residents and family/whānau when developing care plans, so residents pae ora outcomes are developed.</p> <p>The majority of the residents are seen by a nurse practitioner practice (NP); however, residents do have choice to retain their own general practitioner (GP). The initial medical assessment is undertaken by the NP/GP within the required timeframe following admission. Residents have reviews by the NP/GP within required timeframes and when their health status changes. There is evidence in files of the requirement to have monthly (hospital residents) or three-monthly (rest home) NP/GP reviews/visits when the resident's condition is considered stable. The NP has a regular weekly clinic. The GPs visit when required. Documentation and records reviewed were current. The NP interviewed stated that there was good communication with the</p>
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	<p>service, the RNs demonstrated appropriate assessment skills, and they were informed of concerns in a timely manner. After-hours services are provided by the clinical nurse lead, with access to the NP. A physiotherapist visits the facility weekly between three and eight hours 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/whānau are informed where there is a change in health, including infections, accidents/incidents, GP/NP visits, medication changes, and any changes to health status.</p> <p>There was evidence of good quality wound care products available at the facility. The NP is also the wound nurse specialist for Health New Zealand -Taranaki and is supported by a wound nurse champion (a registered nurse). The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There were eight residents with wounds, these included haematoma, skin tears, skin lesions, and surgical wound. There were no current pressure injuries.</p> <p>Caregivers interviewed could 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, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by caregivers and RNs. When there are changes in the residents' health, these are reflected in the progress notes to reflect the residents' journey. Registered nurses initiate a review with the NP/GP and complete comprehensive assessments, including (but not limited to) falls risk, pressure risk, and pain assessment. There was evidence the RNs added to the progress notes when there was an incident and changes in health status.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. All resident incidents were evidenced as being followed up in a timely manner by the RNs. Caregivers' interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Care monitoring is completed as required and include repositioning, food and fluid charts, restraint use monitoring, and the completion of neurological observations for</p>
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		<p>unwitnessed falls, as part of post falls management.</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. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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 residents' activities programme is implemented by two qualified diversional therapists (DTs) who job share and provide the programme Monday to Friday. They work alongside the caregivers to support all residents with their activities. Caregivers have access to resources, such as table games, puzzles, and quizzes to assist with activities after hours. The overall programme has an integrated resident led activities programme that is appropriate for all residents. The diversional therapist are supported by a second Kaitiaki role that assist with one on one activities, lounge supervision and regular hydration rounds. There is a kaitiaki seven days a week; one in the morning and one in the afternoon till 7.30pm.</p> <p>The six rest home residents in the serviced apartments can choose to attend activities in the activities lounge in the care centre or can participate in the village activities.</p> <p>Activities programmes were displayed in large print on the noticeboards around the building and residents have copies in their rooms. There are a range of activities appropriate to the residents' cognitive and physical capabilities. Activities include (but not limited to) exercises; intellectual games; board games; happy hour; exercises; quiz; church services; craft; and musical entertainment. On the day of the audit, residents were participating in group activities. 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 and caregivers occur regularly. However, at the time of the audit, one on one activities were limited due to six residents having Covid-19. An outing is organised weekly</p>

		<p>and regular visits from community visitors occur. Church services including multi-denominational services are available.</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 (if any) in meeting their health needs and aspirations in the community. Themed days such as Matariki, Te Tiriti o Waitangi, and ANZAC Day are celebrated with appropriate resources available. Family/whānau participation in the programme is encouraged. The service has good connection with the local marae. Residents are encouraged to maintain links to the community.</p> <p>The residents' activities assessments are completed by the diversional 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. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans, and are part of the formal six-monthly multidisciplinary review process.</p> <p>The residents and their family/whānau reported satisfaction with the variety of activities provided that catered for everyone's needs. Over the course of the audit, residents were observed engaging and enjoying a variety of activities.</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 are in place for safe medicine management. Staff responsible for medication administration have all completed medication competencies and education related to medication management. There is one secure medication room in the hospital/rest home. Medication fridge and room air temperatures are checked daily, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and within expiry date.</p> <p>Sixteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photographic identification and allergy status notified. All medications are charted either regular doses or pro re nata (prn), as required. The GP/NP had reviewed the medication charts three-monthly and discussion and</p>

	<p>consultation with residents takes place during these reviews and if additions or changes are made. All 'as required' medications had prescribed indications for use; however, the effectiveness of 'as required' medication was consistently recorded in progress notes or the medication system.</p> <p>Standing orders are not in use. Staff have received training in medication management and pain management as part of their annual scheduled training programme. Over the counter medication and supplements are recorded on the medication chart. Medication policies and the Māori health plan (if required) evidence appropriate support, advice and treatment for Māori residents is incorporated into medication management.</p> <p>There was one resident self-administering their medications on the day of the audit. There are comprehensive policies and procedures documented which is fully implemented and include assessment, monitoring, storage and review.</p> <p>A medication audit is completed as per the audit schedule and corrective actions implemented where required.</p> <p>Partial provisional</p> <p>There is one registered nurse that is allocated to provide medication administration for residents in the serviced apartments. The nurses' station and medication room is situated centrally on the first floor. The serviced apartments that is certified as appropriate for dual purpose, sits within the same footprint of the care centre and easily accessible from the treatment room and nurse's station. There is a separate trolley for completing medication administration. The medication room has suitable bench space within the medication room for preparation of medication. All registered nurses are responsible for medication administration and are medication competent, with a selection of caregivers as second checkers. All registered nurses have syringe driver competencies. The GP/NP complete three-monthly medication reviews.</p> <p>There is a pharmacy contract in place that provides six-monthly controlled medication/register audits. Medication will be continued to be delivered as scheduled in robotic rolls. There is a process for disposal of expired or unused medication. There are sufficient</p>
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		<p>equipment including syringe drivers, medication trolleys, wound trolleys, wound products, and oxygen concentrators.</p> <p>There is sufficient shelving space, secure medication safe, and fridge storage appropriate for the storage of medication. There is good wireless connection in the corridor for the implementation of the electronic medication management system. Medication quality review occurs monthly and is benchmarked internally with other Summerset facilities and nationally and include medication errors, polypharmacy, and antipsychotic medication use.</p> <p>The medication system is appropriate to support the reconfiguration of the ten dual purpose beds.</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>All kitchen services are overseen by the chef manager who is supported by a second chef and kitchen assistants. All food services staff have completed food safety training. All meals and baking are prepared and cooked on site. The four-week seasonal menu has been reviewed and meets requirements for older people. There is a verified food control plan expiring October 2025. A dietitian reviewed the menu in July 2024. The menu provides options for residents to choose from for midday. Food preferences and cultural preferences are included in the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. Nutritious snacks are available.</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 lip plates are available to promote independence. Residents and family/whānau interviewed confirmed likes/dislikes are accommodated, alternatives offered and that they are satisfied with the meal service and the options available.</p> <p>There is a walk-in fridge and freezer with temperatures recorded daily. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen is clean and has a good workflow. Personal protective equipment is readily available, and staff were observed to be wearing hats, aprons, and gloves. Chemicals are</p>

	<p>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 kitchen staff 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.</p> <p>Residents provide verbal feedback on the meals through the meetings and surveys. Resident preferences are considered with menu reviews. The chef manager and regional food lead stated cultural meals can be provided at the request of the family/whānau. 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. Residents with unintentional weight loss are seen by the chef manager to ensure they are enjoying the meals, and the dietitian, with fortified smoothies and meals provided. The kitchen staff utilise pure foods moulded into food shapes in conjunction with the clinical staff for weight loss as required. 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 fortification, have been added to the Summerset menu by the dietitian.</p> <p>Partial Provisional</p> <p>Residents in the serviced apartments can choose to have their meals provided in their rooms depending on any assessed risks. The dining room on the first floor is accessible and in easy walking distance or wheelchair transfer distance from the dual-purpose apartments. The dining room is spacious to provide for easy manoeuvring of wheelchairs, other seating, or mobility equipment. There are sufficient cutlery, including beaker cups, thermal cups, lip plates or specialised utensils, for the use of promoting independence. The nurses station provides ease of supervision over the dining room. There are sufficient staff rostered to provide supervision and assistance at mealtimes.</p> <p>The chef manager and the regional food lead confirm there are no</p>
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		changes required to the food service to accommodate the reconfiguration of the ten serviced apartments to dual purpose beds. The food services is verified as appropriate to accommodate the increase in dual purpose beds.
<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	Discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their family/whānau were involved for all exits or discharges to and from the service. Transfer notes include shared goals of care, medication chart, resident's profile including family/whānau details, and a transfer ISBAR (Identify, Situation, Background, Assessment and Recommendation) tool. When resident's return to the service, discharge summaries are uploaded to the electronic resident's file. The RNs advised comprehensive handovers occur between services.
<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 6 September 2025. 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 property manager. 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. Electrical equipment is checked for compliance, and this has been completed prior to opening. There are ample storage areas for hoists, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</p> <p>All rooms in the care centre are dual purpose for hospital and rest</p>

	<p>home level of care. All but six rooms have its own ensuite which is spacious and can easily accommodate hospital transfer equipment and mobility equipment. There are two communal shower and toilet facilities shared by six residents. There are appropriately placed handrails. The doors have privacy signs when in use. Flooring is appropriate throughout for ease of cleaning.</p> <p>There is a large main lounge and a smaller lounge in the rest home/hospital area. There are two family/whānau rooms.</p> <p>There are two dining areas, one in the hospital/rest home (first floor) area, and one for the serviced apartments (downstairs/ ground floor). All communal areas are easily accessible for residents with mobility aids. Corridors are wide and have handrails. Residents were observed moving freely around the areas safely. Residents and their family/whānau are encouraged to personalise their bedrooms as sighted. All outdoor areas, including the balcony, have seating and shade. There is safe access to all communal areas.</p> <p>The outdoors areas include a large, landscaped courtyard, and gardens which were well maintained.</p> <p>The resident rooms are large and have ample natural light and ventilation. Central heating is used to maintain a safe and comfortable temperature; there are individual dials within the rooms. The facility was maintained at a warm and comfortable temperature on the days of the audit. Visitor toilets have disability access and are conveniently located and are identifiable.</p> <p>The Summerset policy states that consultation would occur with Māori and iwi if significant changes and proposed changes are considered for a facility. The village manager confirmed the village would reflect the aspirations and identity of Māori for any new building construction in the future.</p> <p>There are 20 serviced apartments: 10 upstairs and 10 downstairs. At the time of the audit, there were two residents upstairs and four downstairs that were receiving hospital level care. Residents in the downstairs serviced apartments have access to the ground floor dining room facilities and residents can choose to participate in the activities provided in the activities lounge upstairs or in the village community space. The serviced apartments on the ground floor are a mimic of the</p>
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		<p>serviced apartments upstairs.</p> <p>Partial provisional</p> <p>There is a building warrant of fitness is the same as for the care centre. The ten serviced apartments as part of the partial provisional audit, are situated on the first floor and part of the footprint of the care centre. There is lift access and stair access to the apartments from the main reception area on the ground floor. There is a centralised nurses' station with medication room that is shared with the care centre.</p> <p>There were four residents at rest home care in these apartments and none were imminent waiting for an assessment at hospital level care. The ten apartments (upstairs) already certified to provide for rest home level of care are verified to be appropriate for dual purpose use. All apartments (apartment number 353-362) are single occupancy with a separate bedroom, separate lounge, full ensuite, and small kitchenette with microwave, and stovetop (which can be disconnected).</p> <p>Door entries throughout the apartment are wide enough for ease of manoeuvring of transfer equipment The space around the bed is sufficient to provide for two caregivers to provide cares. The carpets/flooring in the serviced apartment is appropriate for moving transfer equipment. There is non-slip flooring in the bathrooms, with appropriate disability handrails in the shower and toilet.</p> <p>There are sufficient natural light and appropriate lighting throughout the apartment. There is a bed light near the bed. Heating consists of a wall heater in the bedroom and lounge area that can be individually dialled.</p> <p>There is appropriate storage for equipment and linen. There are good quality linen and equipment, including transfer lifting equipment, standing transfer equipment and wheelchairs. There are resting bays along the corridor to the dining room, activities lounge, whānau room; all within easy distance.</p> <p>There are disability toilets near the lounge and whānau rooms, with privacy signs when in use.</p>
Subsection 4.2: Security of people and workforce	FA	Policies and guidelines for emergency planning, preparation and

<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>response are displayed and known to staff. An emergency management plan and civil defence plan guides direct the staff in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. The fire service has all fire exits in place. There are fire curtains in walls around open spaces such as lounges. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, dated 3 April 2018. The fire evacuation drills are to be conducted every six-months and are added to the training programme. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment (including a defibrillator) 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, with 53 staff members having a current first aid certificate.</p> <p>The service has a generator available in the event of a power failure for emergency power supply. There are also extra blankets available. There is a civil defence locker on each floor which includes all necessary civil defence requirements; these are checked six-monthly. A number of water tanks (5000 litres) are available that meets the requirements of the local civil defence guidelines. There are two BBQs and gas hobs in the kitchen for alternative cooking. Emergency food supplies sufficient for at least three days are kept in the kitchen. There is a store cupboard of supplies necessary to manage a pandemic/outbreak. There is a call bell system and annunciators in the corridor; the call system involves a pager/walkie talkie system, whereby staff are alerted to the call bells.</p> <p>There are appropriate security arrangements in place to ensure the safety of residents and staff. Visitors sign in at reception. Staff are identifiable.</p> <p>Partial provisional</p> <p>The 10 serviced apartments are in one fire cell with appropriate fire equipment. The last fire drill was 24 June 2024 and occurs the same time as the care facility. The residents and all staff participated in the fire drill. The fire evacuation scheme covers the serviced apartments. There are appropriate number of evacuation chairs available. Staff have received training in emergency procedures and the use of</p>
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		<p>evacuation chairs.</p> <p>The civil defence and an outbreak cupboard is situated on the first floor and appropriate for the number of residents. There are sufficient supplies (water and food) to ensure all needs of the residents in the serviced apartments are catered for. There are call bell points within the apartment and include the lounge, bedroom and bathroom. This includes draw string and call bell cord. There are sensor mats available for use.</p> <p>Visitors sign in at reception.</p> <p>The security arrangements, call bell systems and emergency procedures are appropriate and suitable.</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>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the Summerset Mountain View quality programme, which is linked to the strategic plan to ensure the environment minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and antimicrobial stewardship can be accessed through Public Health, Health New Zealand and the clinical team at the organisations head office. Infection prevention, control and antimicrobial stewardship resources are accessible. Any significant events are managed using a collaborative approach involving the organisations head office clinical team, the NP, and the Public Health team. There is a communication pathway for reporting infection control and antimicrobial stewardship issues to the Board. The infection control coordinator (RN), and the care centre manager confirmed any outbreaks are reported immediately.</p> <p>Partial provisional:</p> <p>There are no changes to the governance structure required in relation to infection prevention and control.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	<p>FA</p>	<p>The infection control programme has been developed by an external consultant and has been approved by the senior management team, and Board. The infection prevention control programme, its content</p>

<p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>and detail, is appropriate for the size, complexity and degree of risk associated with the service. The infection control programme is reviewed three-monthly and discussed at infection control meetings. Infection control data is included in the clinical manager reports which are discussed at Board level.</p> <p>The infection control manual includes a comprehensive range of policies, standards and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the head office clinical team regularly to ensure compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand. Policies and procedures are reviewed by the infection control team regularly to ensure compliance with standards and regulations.</p> <p>The infection control coordinator (ICC) (RN) job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection prevention control coordinator has completed external infection control training, including attending the infection control conference, and training provided through online sources and Health New Zealand. The ICC has access to support from the infection control specialist at head office, the NP, and public health team.</p> <p>The ICC described the pandemic plan and confirmed the implementation of the plan proved to be successful at the times of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. The infection control audits monitor the effectiveness of education and infection control practices. The ICC has input in the procurement of good quality consumables and personal protective equipment (PPE).</p> <p>Sufficient infection control resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection prevention and control resources were readily accessible to support the pandemic plan if required.</p>
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	<p>Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The service has infection prevention and control information available in te reo Māori. The ICC and caregivers are aware of the necessity to work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection control, and acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention and control practices. The service has infection prevention and control information available in te reo Māori.</p> <p>Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected using a two-step approach between use. The procedures to check these are monitored through the internal audit system. Infection prevention and control is part of facility meetings. The management team described a clear process of involvement should there be plans for development and ongoing refurbishments of the building. Infection prevention and control is part of facility meetings.</p> <p>The ICC is committed to the ongoing education of staff and residents, as described in infection control policies. Infection prevention and control is part of staff orientation and included in the study days held. Staff have completed hand hygiene, skin infections, standard precautions, and personal protective equipment training. Resident education occurs as part of the daily cares. Family/whānau are kept informed of extra precautions required or outbreaks and updated through emails and phone calls. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</p> <p>Partial provisional:</p> <p>There are no changes to implementation of the infection prevention and control programme as a result of the reconfiguration of the 10 apartments, which have been verified as suitable as dual-purpose beds.</p> <p>The partial provisional audit also verified that the policies and</p>
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		procedures related to the infection prevention and control programme were sufficient to meet the requirements of the service delivery, with the requested changes to dual purpose beds.
<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 stewardship policy and monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and staff meetings. Significant events are reported to the Board immediately. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The NP, Care Centre manager and infection prevention coordinator provide oversight on antimicrobial use within the facility.</p> <p>Partial provisional:</p> <p>There are no changes to the monitoring activities related to the AMS programme in relation to infection prevention and control because of the reconfiguration of the 10 service apartments, which have been verified as suitable as dual-purpose beds.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection prevention control programme and is described in the Summerset Mountain View infection prevention control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all infections, including organisms and ethnicity. This data is monitored and analysed for trends and patterns by the infection prevention coordinator manager and is included in the monthly report to the Board. Infection prevention and control surveillance is discussed at facility meetings, as confirmed by staff interviewed and review of staff meeting minutes.</p> <p>The ICC described developing action plans where required for any infection rates of concern. Short-term care plans are utilised for</p>

		<p>residents with infections. Internal infection control audits are completed with corrective actions for areas of improvement. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare acquired infection. The service receives information from Health New Zealand services for any community concerns.</p> <p>There were six residents with Covid-19 at time of audit. All other residents were being closely monitored for symptoms and were being tested. The ICC outlined how this was being managed and how they were adhering to required procedures and protocols. A previous outbreak (June 2024) was appropriately reported, with evidence sighted regarding what information was collated regarding the outbreak. This included infection outbreak logs, and evidence related to the debrief meetings held to discuss what went well and what improvements will be implemented on the next occasion. The management team and infection prevention coordinator report the individual infections were recorded on the infection logs (sighted). This included data pertaining to the length of the outbreak and residents and staff affected.</p> <p>Partial provisional:</p> <p>Infection surveillance processes will remain unchanged.</p> <p>The partial provisional audit also verified that the policies and procedures related to the infection surveillance were sufficient to meet the requirements of the service delivery with the requested changes to dual purpose beds.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally</p>	<p>FA</p>	<p>Policies are in place regarding chemical safety and hazardous waste and other waste disposal. Chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are stored on a lockable cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and disposable</p>

<p>safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>		<p>visors are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are three sluice rooms with sanitisers, a stainless-steel bench and separate handwashing facilities with flowing soap and hand towels. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. The housekeeper interviewed was knowledgeable around chemicals, infection control practices, and cleaning practices during outbreaks.</p> <p>There is a laundry on site with all laundry completed by dedicated laundry staff. There are defined dirty and clean areas. Personal laundry is delivered back to residents' rooms. Linen is delivered to cupboards by staff and stored appropriately. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. The washing machines and dryers are checked and serviced regularly.</p> <p>The ICC is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing infection control practices in relation to the building.</p> <p>Partial provisional:</p> <p>There are three sluice rooms in the care centre that are accessible from the service apartments. There are no changes to the cleaning and laundry service because of the reconfiguration of the 10 service apartments, which have been verified as suitable as dual-purpose beds.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of the device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. The restraint coordinator is a registered nurse, who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. At the time of the audit the facility had one resident using two types of restraints (fallout chair and bedrail). An interview with the restraint coordinator and</p>

		<p>clinical nurse leader described the organisation's commitment to restraint minimisation and implementation across the organisation.</p> <p>The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. The restraint coordinator reported that any resident requiring restraint, included an assessment, consent, restraint care plan monitoring, and evaluation. Restraint review meetings occur monthly as part of the quality improvement meeting. The restraint committee is responsible for the approval of the use of restraints and the restraint processes. Restraint 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>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>A restraint register is maintained by the restraint coordinator. The file of the resident listed as using restraint was reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, managing behaviours). Written consent was obtained from their EPOA.</p> <p>The use of restraint is approved by the NP and reviewed three-monthly. Summerset do not approve emergency restraints use; however, there is a documented debrief process available for the clinical leader and restraint coordinator. Monitoring forms are completed for each type of restraint and is monitored as part of the hourly intentional rounding. Each episode of restraint is documented. The care plan includes guidance and interventions to maintain safe use of restraint. Monitoring includes resident's cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga. No accidents or incidents have occurred as a result of restraint use. Restraints are regularly reviewed and discussed in the staff and quality meetings. The formal and documented review of restraint use takes place three-monthly.</p>

<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The outcome of the internal audit, review of restraint use, restraint incidents (should they occur) and education needs are provided by the restraint coordinator and discussed at staff meetings. The resident utilising restraint and/or their EPOA has input into the review process. The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	CI	<p>There was a high incidence of facility acquired pressure injuries, with an increase of four cases in December 2022 and four cases in May 2023. The service continues to investigate their own practices and choose to focus to ensure residents maintain optimal hydration and nutrition status. The objective of the improvement project was to evaluate if all associated linked (with hydration and nutrition) events (falls, pressure injuries, skin tears, bruising, urinary tract infections) would reduce. The quality improvement project is evaluated monthly through the quality and staff meetings by reviewing how the implemented and agreed strategies/ interventions contributed to the overall improvement (or not) of the agreed quality data against benchmarking data.</p>	<p>The clinical leader completes a monthly 'Malnutrition Universal Screening Tool' (MUST) on all residents who are malnourished, at risk of malnutrition, (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan and include weight monitoring; regular skin and pain assessments; monitoring of dysphagia; monitoring of hydration during acute unwell episodes; recognising symptoms of decreased thirst in elderly residents with decrease in renal function; and medication optimisation through regular reviews by the NP.</p> <p>The regional food lead explained nutritional strategies with a project called 'Better Life Boosters' that provide daily products for high energy, high protein, for wound healing, bone health and constipation. The resident receives "Better Life Boosters" which are additional food items available daily from the kitchen for residents requiring additional snacks and fortification. Any resident that is identified as</p>

			<p>high and moderate risk have agreed strategies included in the care plan.</p> <p>The Kaitiaki ensure regular fluid intake during activities participation and regular fluid rounds during the day. Staff completed training in nutrition and hydration in the elderly.</p> <p>Residents' outcomes were positive as evidenced through: the clinical data reviewed for Summerset Mountain View include facility acquired pressure injury rates reduced from 2.26/1000bed days in May 2023, to zero in June. There was a peak in July with two facility acquired pressure injuries (stage II) that swiftly healed. Graphs presented on bruising (reduced from 4.28/1000 bed days to below 1.0 /1000 bed days) and skin tear data (September 2023-September 2024) reviewed were consistently trending downwards. Urinary tract infections had a peak in December 2023; however, consistently below benchmarking onwards.</p> <p>The medication optimisation includes a reduction in polypharmacy (more than nine medications) by 15 percent; recognising treatment may contribute to poor nutritional status by causing loss of appetite, gastrointestinal problems, and other alterations in body function.</p>
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End of the report.