

Sunflower Field NZ Limited - Summerville Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Sunflower Field NZ Limited

Premises audited: Summerville Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 27 September 2024 End date: 27 September 2024

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 16

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Summerville Rest Home is certified to provide a rest home level of care for up to 17 residents. On the audit day, there were 16 residents.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand - Te Whatu Ora. The audit processes included observations, a review of organisational documents and records, including staff records and resident files, interviews with residents and their family/whānau, and interviews with the nurse practitioner, staff, and management.

The service is managed by an owner/manager supported by the clinical manager. Quality systems and processes are available. Feedback from residents and families was very positive about the care and services provided. An induction and orientation programme is in place to provide new staff with appropriate knowledge and skills to deliver care. An ongoing in-service education programme is in place.

This certification audit identified shortfalls in complaints management, business plans, meeting minutes, policies and procedures, police vetting checks, position descriptions, performance appraisals, entry criteria, activities, and emergency management.

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.		Some subsections applicable to this service partially attained and of low risk.
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Māori and Pacific health plans are committed to providing culturally appropriate and safe services. Where possible, staff are employed to represent the ethnicity of the residents.

Residents and families are given information about the Health and Disability Commissioner's Code of Health and Disability Services Consumer Rights (the Code), which is respected. The service works collaboratively to support and encourage a Māori worldview of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Services provided support personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. Incidences of abuse, neglect, or discrimination are reported as per policy and legislative requirements.

Open communication between staff, residents, and families is promoted and was confirmed to be effective. Family/whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible. The residents' cultural, spiritual, and individual values and beliefs are acknowledged. The service works with other community health agencies.

There was a complaints process in place.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The governance body ensures equity by addressing barriers to service delivery in its business plan. Service delivery supports diversity, inclusion, and equality for all residents. The owner/manager and clinical manager have knowledge and expertise in Te Tiriti o Waitangi, health equity, and cultural safety. Incidents are well managed, quality data is collated and analysed, and internal audits are completed.

The business plan includes a mission statement and objectives. It is supported by quality and risk management processes that take a risk-based approach. Systems are in place to monitor the services provided, including regular monthly reporting to the owner/manager. Services are planned, coordinated, and appropriate to the resident's needs.

Residents receive appropriate services from suitably qualified staff. Human resources processes are in place. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are defined and monitored. Staff records are secure and staff ethnicity data is collected.

Ngā huarahi ki te ora | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The clinical manager efficiently manages the entry process to the service. Admissions are managed by the clinical manager and the nurse practitioner consults within 5 days of admission. The service works in partnership with the residents, and their family/whānau or enduring power of attorney to assess, plan and evaluate care. The care plans demonstrated individualised care. Care staff support residents in maintaining their links with the community.

There were adequate resources to undertake activities at the service. The clinical manager and medication-competent caregivers are responsible for the administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the nurse practitioner.

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

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

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

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe outdoor access, seating, and shade. There are communal toilets and bathrooms with privacy signs. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells, which are within easy reach of residents. Security checks are performed by staff, and security lights are installed externally around the exterior of the facility.

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.

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

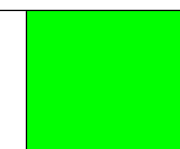
The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. The clinical manager coordinates the programme.

A pandemic plan is in place. If activated, sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan.

Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. Infection outbreaks are managed according to Ministry of Health guidelines.

The environment supports the prevention and transmission of infections. The environment and the facility are clean, warm, and welcoming. Waste and hazardous substances are well managed, and safe and effective laundry services ensure the comfort and well-being of residents.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Summerville Rest Home maintains a restraint free stance and would only consider restraint if all other options had been explored. Restraint minimisation is overseen by the restraint coordinator who is the clinical manager. The facility has no residents currently using restraints. Education is provided to staff around restraint minimisation.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	19	0	4	4	0	0
Criteria	0	157	0	5	6	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 and provides guidelines for providing culturally safe services for Māori residents. There is a documented Māori perspective of health, guidelines for terminal care and death of a Māori resident, and practical application of the plan (tikanga best practice guidelines). The plan and guidelines are based on Te Tiriti o Waitangi, with the documents providing a framework for care delivery.</p> <p>The service has residents who identify as Māori. The Māori health care plan identifies specific cultural interventions around food, care, and practices per policy and tikanga guidelines. The owner/manager (O/M) and clinical manager (CM) interviewed stated that cultural needs are met, and the service supports them to link with family/whānau if required. Residents (where able) and family/whānau provide input into the resident's care plan, activities, and dietary needs, as confirmed during interviews with five relatives and four residents.</p> <p>Interviews with the O/M and staff (three caregivers (CGs)) and CM described cultural support per the policy, and the care plans reviewed evidenced a Māori-centred approach. The interviewed staff members further confirmed that culturally safe support is given to</p>

		<p>residents and that mana motuhake is respected.</p> <p>The service employs Māori staff and supports increasing Māori capacity by employing Māori staff members across different levels of the organisation, as vacancies and applications for employment permit.</p> <p>The service has contacts with Māori health support people through the local Health New Zealand- Te Whatu Ora and Māori community organisations who provide opportunities for the service to learn about Māori customs and culture.</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>	FA	<p>The service has a Pacific health plan that recognises Pacific values and beliefs. The plan draws upon information from the Pasifika Matua Advisory Council, Samoan, Tongan, and Cook Island community links, and input from Te Matau a Māui Hawke's Bay Pacific Health department. Cultural safety support training has been provided to staff. The service employs Pasifika staff and supports increasing Pasifika staff capacity in all levels of the organisation, as vacancies for employment permit. There were no residents who identified as Pasifika. The CM reported that residents (where able) and whānau identify individual spiritual, cultural, and other needs as part of the care planning process.</p> <p>The service continues strengthening relationships and seeking guidance on its Pacific health plan, thereby increasing its involvement in a collaborative service delivery approach to ensure equitable health and disability services for Pacific people.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in te reo Māori and English. The Code is included in the information provided to new residents and their family/whānau. The CM discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>Discussions relating to the Code are held during resident and</p>

		<p>family/whānau meetings. Four residents and five family/whānau interviewed reported that the service upholds the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrances and in the entry pack of information provided to residents and their family/whanau. The service recognises Māori mana motuhake, and this is reflected in the Māori health care plan that is in place. The policy documents link to spiritual support. Residents attend communion services and church services as required.</p> <p>Staff receive education on the Code at orientation and through the annual education and training programme. This includes (but is not limited to) understanding the role of advocacy services, which are linked to the complaints process.</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>Summerville Rest Home provides services and support to people in a way that is inclusive and respectful of their identities and experiences. Staff were observed using person-centred and respectful language with residents.</p> <p>The residents interviewed were positive about the service in relation to their values and beliefs being considered and felt they were listened to. Privacy is ensured, and independence is encouraged. The service ensures the continued wellness of residents in a culturally safe environment and within the residents' own personal, worldwide view.</p> <p>Residents interviewed advised that they have choices. They are supported to decide whether they would like family/whānau members to be involved with their care or other forms of support. Residents have control and choice over the activities they participate in. Residents and families/whānau interviewed said they are respected and welcomed at the service.</p> <p>Staff interviewed confirmed they have attended Te Tiriti o Waitangi training as part of their in-service training. Staff interviewed stated</p>

		<p>that care is delivered with principles of aroha, whānau, wairua, manaakitanga and tinana, which are cornerstones to Māori health and reflects Te Whare Tapa Whā model of care. The service demonstrates an awareness of tikanga, and te reo Māori is often used in greetings, with karakia before eating. Māori songs or waiata are sung at times, as reported by staff.</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>All staff understood the service’s policy on abuse and neglect, including what to do should there be any signs of abuse or neglect. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents and family/whānau, reported that their property and finances were respected, and professional boundaries were maintained. The O/M and CM reported that the code of conduct guides staff to ensure the environment is safe and free from institutional and/or systemic racism. Family/whānau members stated that residents were free from any discrimination, harassment, physical or sexual abuse or neglect, and were safe. However, police vetting was not consistently completed during the employment process (link 2.4.1). Policies and procedures, such as the harassment, discrimination and bullying policy, were not updated to reflect the requirements of the Ngā Paerewa 2021 standard (link 2.2.2). The O/M and CM reported that the policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori cultural policy in place identified strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by the CM who reported that all outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).</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>Residents and family/whānau reported that communication was open and effective. Enduring power of attorney (EPOA) /whānau/family stated they were kept well informed about any changes to their relative's general health status and were advised in a timely manner about any incidents/accidents and outcomes of regular and urgent medical reviews. The residents' records reviewed supported this. Staff understood the principles of open disclosure, supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied healthcare providers is collected to facilitate the effective care of residents. Each resident's file includes a family or next-of-kin contact section.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services through Health New Zealand -Te Whatu Ora if required. The O/M and CM reported that verbal and non-verbal communication cards, simple sign language, iPads, mobile phones, use of EPOA/whānau/family to translate is encouraged.</p> <p>The CM reported that any non-subsidised residents admitted to the service are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to</p>	<p>FA</p>	<p>All staff interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. The residents' files sampled verified that informed consent for care provision had been obtained appropriately using the organisation's standard consent form. These were signed by the enduring power of attorney (EPOA) and residents. The nurse practitioner (NP) makes a clinically based decision on resuscitation authorisation in consultation with residents and family/whānau. The CM reported that advance directives are explained and encouraged.</p> <p>Staff were observed to gain consent for day-to-day care, and they reported that they always check first if a consent form has been signed before undertaking any of the actions that need consent.</p>

<p>exercise independence, choice, and control.</p>		<p>Interviews with relatives confirmed that the service actively involves them in decisions that affect their family members' lives. All consent forms reviewed were signed. In interviews with residents, they reported feeling safe, protected, listened to, and happy with the care/consent processes.</p> <p>The staff reported that tikanga best practice guidelines in relation to consent during care were observed.</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>PA Low</p>	<p>The complaints procedure is provided to residents and relatives upon entry into the service. The O/M maintains a record of all complaints, both verbal and written, using a complaints register. There have been nine complaints since the previous audit (six in 2023, and three in 2024). The O/M and CM know the requirements and guidelines set by the Health and Disability Commissioner in the Code. However, there is limited documentation to evidence investigation, communication, and resolution of complaints.</p> <p>There have been no complaints referred to the service from external services.</p> <p>An interview with the O/M, CM and staff revealed that complaint forms and information about the advocacy service are available at the service. Residents and family/whānau are aware of their rights to complain, and Health and Disability Services Consumer Code of Rights posters were sighted in publicly accessible areas.</p> <p>All residents and family/whānau interviewed stated they would feel comfortable making a complaint and that the service would support them throughout the process.</p> <p>Residents and family/whānau lodging a complaint can, if they choose, involve an independent support person or an advocate for advice and support during the complaints process. This was confirmed during interviews. Staff also confirmed they would document a complaint for anyone who had difficulty doing this or support the resident or family in accessing independent advocacy services.</p> <p>The O/M and CM reported that the complaints process works</p>

		equitably for Māori and that a translator and/or an advocate who identified as Māori, would be available to support people if needed.
<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>	PA Moderate	<p>Summerville Rest Home is an aged care facility in Hastings owned by Sunflower Field Trading NZ Limited. It has 15 rest home beds including two double rooms. On the day of the audit, there were 16 residents. No resident was on a long-term support chronic health contract (LTS-CHC) or respite care. All residents were under the age-related residential care (ARRC) agreement.</p> <p>The documentation reviewed showed adequate information to monitor performance, including potential risks, contracts, human resource and staffing, growth and development, maintenance, quality management, and financial performance.</p> <p>A mission, philosophy, vision, and values are documented. The business plan for 2023 has been documented but is overdue for a full review. The business plan links to the quality plan and has goals documented, including an action plan. However, progress towards achieving these goals was not evidenced in the documentation reviewed.</p> <p>All management team members (O/M and CM) are suitably qualified and maintain professional qualifications in management, finance, and clinical skills. The service is managed by staff with vast experience and knowledge in the health sector. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The O/M has experience in the health sector and is a qualified surgeon overseas with a business diploma. The CM, with extensive experience in the health sector and supports the O/M. The O/M is the health and safety officer and reported that policies and procedures on quality and health and safety were still to be updated to align with relevant legislation and contractual requirements (link 2.2.2). The O/M and CM are knowledgeable about legislative and contractual requirements and are experienced in the aged care sector.</p> <p>The O/M interviewed explained details of the business plan and their reflection on collaboration with Māori that aligns with the Ministry of</p>

		<p>Health strategies and addresses barriers to equitable service delivery. The service has engagements with local Māori leaders to ensure high-quality service is provided to residents who identify as Māori. The service has a Māori and Pacific health Policy, which states the service will provide services in a culturally appropriate manner to achieve equitable health outcomes for Māori and Pasifika people, including services for tāngata whaikaha. The O/M reported that the service will ensure that residents maintain links with the community in all aspects of their care. Cultural assessments and care plans are based on the Te Whare Tapa Whā Māori model of care. Staff stated they focus on improving outcomes for all residents, including Māori and people with disabilities. The management team attended education in cultural safety, Te Tiriti o Waitangi, and understood the principles of equity.</p> <p>The O/M reported that the service has meaningful relationships with a cultural advisor at governance, operational, and service level, which is appropriate to the size and complexity of the organisation. The CM and Nurse Practitioner provide clinical oversight for the service.</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>PA Moderate</p>	<p>Summerville Rest Home has a range of documents that contribute to quality and risk management and reflect the principles of quality improvement processes. All internal audits were completed according to the schedule. The CM completes all monthly audits as per the audit schedule. Benchmarking occurs with the previous month's data.</p> <p>Quality data includes incidents/accidents, infection and outbreak events, complaints, satisfaction surveys, internal audits, and staff surveys, all of which are analysed to identify and manage issues or trends. A sample of quality, risk, and other documentation showed that where monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes.</p> <p>Residents, family/whānau, and staff contribute to quality</p>

	<p>improvement through staff meetings, resident meetings, and compliments. However, all these meetings did not address key service delivery components such as infection prevention and control, complaints, incidents, internal audits, and health and safety.</p> <p>The outcomes from the resident satisfaction survey conducted in August 2024, the family survey conducted in June 2024, and the food services satisfaction survey conducted in June 2024 were favourable. Minimal corrective actions were identified in activities, communication and food, which have been implemented. Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The results of some quality data, satisfaction surveys, and corrective actions are discussed with staff at staff meetings. Residents and family/whānau are informed of survey results.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practices and adhering to relevant standards. A document control system is in place. The service is aware that several policies have not been updated to meet the requirements of NZS 8134:2021.</p> <p>Critical analysis of organisational practices to improve health equity occurs, with appropriate follow-up and reporting. The O/M and CM described the processes for identifying, documenting, monitoring, reviewing, and reporting risks, including health and safety risks, and developing mitigation strategies.</p> <p>Staff documented adverse and near-miss events in accordance with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed that these were fully completed, incidents were investigated, action plans were developed, and actions were followed up in a timely manner.</p> <p>The O/M and CM were aware of the Health and Safety at Work Act (2015) and implemented its requirements. All visitors to the service are informed and reminded of health and safety and infection prevention during the Covid-19 sign-in procedure. No events required reporting to WorkSafe NZ in the previous 12 months. A</p>
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		<p>hazard register was in place, and evidence of completed environmental audits was sighted.</p> <p>The service complies with statutory and regulatory reporting obligations. Since the last audit, one section 31 notification related to the death of a resident was reported to the Ministry of Health, and notifications to public health about the Covid-19 and suspected gastroenteritis outbreaks have been completed.</p> <p>Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The management team reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. Over the past four weeks, rosters showed that all shifts were covered by experienced caregivers, with support from the CM and O/M. However, there was no permanent activities coordinator to facilitate the activities programme (link 3.3.1).</p> <p>The O/M works 40 hours a week from 8.00 am – 4.00 pm, Monday to Friday, and is available on-call 24/7 a week, supported by the CM. Staff maintain current first aid certificates, so there is always a first aider on site.</p> <p>The morning shift consists of the CM who works 8.00 am – 2.00 pm and is supported by two CGs from 7.00 am – 3.00 pm, and one CG from 7.00 am to 1.30 pm also assist with the cooking, cleaner 8.00 am-11.00 am. Two activity sessions of one hour each (morning and early afternoon) are facilitated by morning CGs within their shift.</p> <p>The afternoon shift consists of two CGs who work 3.00 pm- 11.00 pm and 4.30 pm-7.00 pm.</p> <p>One CG who works 11.00 pm-7.00 am covers the night shift.</p>

		<p>The service is currently recruiting for a permanent activities' coordinator or a diversional therapist.</p> <p>Ongoing education is planned on an annual basis, including mandatory training requirements. Competency assessments include (but are not limited to) hand hygiene; donning and doffing of personal protective clothing; medication administration; fire safety, moving and handling, and first aid competencies. Training for care staff and CM included: manual handling; Te Tiriti o Waitangi; abuse prevention, health and safety; challenging behaviour; medication; back care; falls prevention; oral cares; chemical safety; privacy act and confidentiality, and infection prevention and control.</p> <p>Care staff have either completed, commenced or are due to commence a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements. The CM maintains competencies to conduct interRAI assessments. The staff records sampled demonstrated completion of the required training and competency assessments.</p> <p>Staff records were reviewed to confirm completion of the required training and competency assessments. Staff members interviewed reported feeling well-supported and safe in the workplace. The CM reported that the model of care ensured that all residents were treated equitably. Staff and management completed cultural training.</p> <p>The provider's environment encourages collecting and sharing quality Māori health information. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</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>PA Moderate</p>	<p>Human resources policies are in place, including recruitment, selection, orientation, and staff training and development. Five staff files reviewed (CM, cleaner, cook, and two CGs) evidenced the implementation of most of the recruitment process, employment contracts, and reference checks. The O/M advised that police vetting checks are undertaken; however, no documentation supports this. Ethnicity data is gathered when staff are employed.</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>Evidence of completion of orientation was sighted in all five staff files reviewed. All staff interviewed felt that there was plenty of support, and they stated that they could talk with the O/M at any time. They also stated that a new CG had been buddied and supported to complete their orientation. The service demonstrates that the orientation programme supports care staff to provide a culturally safe environment to Māori and others.</p> <p>Job descriptions were not in place for all positions to cover outcomes, accountability, responsibilities, authority, and functions expected to be achieved in each position. A register of practising certificates is maintained for all health professionals (eg, GP, pharmacist, and registered nurse). There is an appraisal policy; however, all five files for staff who had been at the service for over two years had completed performance appraisals that were not signed to confirm that they had been involved in the process.</p> <p>Information held about staff is kept secure and confidential. An employee ethnicity database is in place.</p> <p>Evidence of debriefing and follow-up actions taken are documented following any incident/accident. Staff have access to the Employee Assistance Programme if required.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated, legible, and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on-site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed.</p> <p>The service uses an electronic information management system and a paper-based system. Staff have individual passwords to the electronic record, medication management system, and interRAI assessment tool. The visiting nurse practitioner (NP), and allied health providers also document the information as required in the residents' records. Policies and procedures guide staff in the</p>

		<p>management of information. The O/M reported that staff have their logins. An external provider holds backup database systems.</p> <p>There is a consent process for data collection. The records sampled were integrated. The O/M reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the residents concerned.</p> <p>Summerville Rest Home is not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>PA Low</p>	<p>There are policies documented to guide management around entry and decline processes however these are yet to be updated to reflect Ngā Paerewa NZS8134:2021 (link 2.2.2). Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. However, the information supplied in relation to the entry criteria for residents is not consistently and/or clearly communicated. Five admission agreements reviewed align with all service requirements. Family members and residents interviewed stated that they had received the information pack and received sufficient information prior to and on entry to the service. The owner/manager and CM are available to answer any questions regarding the admission process, and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service is yet to establish a process to combine collection of ethnicity data from all residents, analysis of same for the purposes of identifying entry and decline rates. The provider ensures support for Māori and whānau is made available through established links with local Māori to navigate the admission process. The service has information available for Māori, in English and in te reo Māori. The facility is committed to recognising and</p>

		celebrating tāngata whenua (iwi) in a meaningful way through partnership, and employment opportunities.
<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>	FA	<p>Five resident files were reviewed for this audit. The CM is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meetings where the long-term care plans are reviewed. This is documented in the progress notes and resident records.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified, and strategies to manage these are documented in the resident's care plan. A Māori health plan is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care plan. All residents have admission assessment information collected and an initial care plan completed at the time of admission. All reviewed files had interRAI assessments and initial and long-term care plans were completed in a timely manner. The long-term care plan includes interventions to guide care delivery that were reflective of assessed needs. The care plans are holistic and align with the service's person-centred care model. Care plan evaluations were completed and updated as needs changed. Evaluations reviewed documented progress against the set goals. Short-term care plans for infections, weight loss, behaviours, bruises, and wounds were well utilised and transferred to the long-term care plan promptly.</p> <p>A nurse practitioner (NP) from a local practice ensures that residents are assessed within five working days of admission. The NP reviews each resident at least three-monthly and is involved in the six-monthly resident, family/whānau reviews (multi-disciplinary meetings). Residents can retain their own GP if they choose to. On-call service is provided after hours and on the weekend by the contracted medical practice, as confirmed by the CM and NP. The owner/manager provides after-hours support for all operational matters. The CM provides after-hours support for all matters that are clinical in nature. When interviewed, the NP expressed satisfaction</p>

		<p>with the standard of care at Summerville Rest Home. The NP was complimentary of the clinical leadership provided by the CM and advised that the referrals received after hours were appropriate. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service refers residents to a local physiotherapist when required. A podiatrist, dietitian, speech-language therapist, occupational health therapist, continence advisor, hospice specialist and wound care specialist nurse are available as required.</p> <p>Caregivers interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of the audit and found to be adequate. Progress notes are written daily by caregivers. The CM further adds to the progress notes if there are any incidents, NP visits or changes in health status. Residents interviewed reported that their needs and expectations were being met, and family members confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the CM, who then initiates a review with an NP. Family/whānau stated they were notified of all changes to health, including infections, accidents/incidents, NP visits, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were three residents with minor wounds and there were no pressure injuries. All wounds were reviewed and had short-term care plans and documented evaluations, evidencing progress. The wound care specialist would be engaged should this be required. The caregivers interviewed confirmed there are adequate clinical supplies to provide the care required for the residents. Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; and blood glucose levels.</p>
Subsection 3.3: Individualised activities	PA	The provider has a vacancy they have been unable to fill for a diversional therapist or a suitably qualified activities coordinator.

<p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>Moderate</p>	<p>There is currently no formal activities programme and care staff fill the gap with ad hoc activities for one hour in the morning and one hour in the afternoon Monday to Friday. They have current first-aid certificates.</p> <p>There is one main lounge where residents and families/whānau can watch television and access newspapers, games, puzzles, and specific resources. Staff outlined how they support residents to speak te reo Māori and maintain their community connections. They gave examples of how they have encouraged the residents to partake in national celebrations for Waitangi Day and Matariki. A resident's social and cultural profile, including the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections, is completed as part of the CM assessment on admission in the absence of activities personnel.</p> <p>There are resident meetings planned six monthly which care staff facilitate at present. Family/whānau are welcome to attend these. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents advised the staff help them to go shopping and maintain their community connections, but they do get bored at times.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management is available for safe medicine management that meet legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The CM has completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Caregivers interviewed could describe their role regarding medication administration. Summerville Rest Home uses an electronic medication system. Medication is provided in blister packs for regular use and 'as required' medications. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in a locked room, which also serves as a staff area. The medication trolley was noted to be locked</p>

		<p>when not in use. The medication fridge was not in use at the time of the audit. All medications, including stock medications, are checked monthly. All eyedrops were dated upon opening and discarded as per the manufacturer's instructions. All over-the-counter vitamins, supplements, or alternative therapies residents choose to use are prescribed by the NP and charted on the electronic medication chart. The six-monthly controlled drug physical check and reconciliation have been completed as scheduled.</p> <p>Ten (10) electronic medication charts were reviewed. The medication charts reviewed confirmed that the NP reviews all resident medication charts three-monthly, and each chart has a photo identification and allergy status identified. There were no residents self-medicating on the days of the audit. The policy and process available to guide staff should a resident wish to self-administer has not been updated to reflect the NZS 8134:2021 HDSS (link 2.2.2). As required, medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication-competent caregivers sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The clinical manager described the process of working in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p>	<p>FA</p>	<p>All meals are prepared and cooked on-site. The kitchen was observed to be clean, well-organised, and well-equipped, and a currently approved food control plan was evidenced, expiring in July 2025. Dry ingredients were decanted into containers for easy access, with the decanting and expiry date clearly visible. The four-weekly seasonal menu has been reviewed by a dietitian (sighted).</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>The cook is supported by care staff.</p> <p>There is a food services manual available in the kitchen. The cook receives resident dietary information from the CM and is notified of any changes to dietary requirements (vegetarian, dairy-free, pureed foods) or residents with weight loss. The cook was unavailable on the day of the audit. Care staff who cover the cooking duties when the cook is absent explained how they are aware of resident likes, dislikes, and special dietary requirements. Residents’ profiles were noted to be current and had been updated to reflect changes in dietary requirements, for example, weight loss and the need for pureed diets. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Staff confirmed they have “boil up” when this is requested with Māori fried bread being a frequent request from residents. Residents are provided with the menu in advance so they can select their preferences and submit them to the kitchen. Residents have access to nutritious snacks.</p> <p>On the audit day, meals were observed to be well presented. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. The cook completes a daily diary, which includes fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Meals are directly served to residents in the dining room or transported on trays to their rooms. Residents were observed enjoying their meals, and the dining room environment was safe. The cook has commenced food safety and hygiene courses.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys. There is adequate food supply available for each resident for minimum of seven days.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with</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>		<p>residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure that the discharge or transfer of residents is undertaken in a timely and safe manner. However, these are yet to be updated to reflect Ngā Paerewa NZS 8134: 2021 (link 2.2.2).</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The CM explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness, which expires 17 January 2025. The owner/manager (interviewed) addresses day to day repairs and coordinates planned maintenance. There is a maintenance book for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (completed in September 2024). Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occur. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment was completed in September 2024. Resident interviews confirmed they feel comfortable to engage in their own cultural practices within the home and community.</p> <p>The building is a single-level building with easy access to the gardens. There are outdoor ramps, outdoor seating, shaded areas and garden beds. There is one main lounge with an additional area at the front of the facility, which was noted to be popular on the day of the audit for residents requiring some quiet time away from the main communal areas.</p> <p>There are 15 bedrooms, including two double rooms, one double room had shared occupancy at the time of the audit. There are no ensuites, and all residents use the communal bathrooms/toilets.</p>

		<p>There were adequate numbers of bathroom facilities, all of which had the appropriate signage indicating whether they were vacant or engaged. All resident bedrooms had at least one window allowing natural light. Rooms are heated by wall heaters and cooled in summer. The temperature within the facility was appropriate on the day of the audit.</p> <p>The owner/manager is planning to add to the number of beds available and is increasing their knowledge of the need to ensure the process is one of co-design with local Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</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>PA Low</p>	<p>There are procedures available to guide staff in the event of an emergency outlining responsibilities and contact details for afterhours support. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand, dated 13 September 2021, following a change to the footprint of the building when a kitchen renovation was completed. Fire evacuation drills are held six-monthly with the last one completed on 28 April 2024. Civil defence supplies are stored in an identified cupboard and are checked monthly. Staff confirmed there is a plan in place that ensures Summerville Rest Home is prioritised and a generator is supplied in the event of a disruption to the power supplies; however, there was no documented evidence of this on the day of the audit. There is provision for a barbeque. There is an adequate food supply available for each resident for a minimum of seven days.</p> <p>There are adequate supplies in the event of a civil defence emergency, including water supplies (bottled water) stored in four locations within the facility to provide residents and staff with 10 litres per day for a minimum of three days. Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways to alert them of who requires assistance. Call bells are tested monthly, and the</p>

		<p>last call bell audit showed full compliance as a part of the maintenance audit. Residents interviewed advised that they don't usually need to activate their call bells. The facility is small, and staff are visible and readily available. All visitors are required to sign the visitor's book, staff wear the facility uniform, and name badges are visible. The facility is secured at night. All new staff, residents and family are orientated to the emergency and security arrangements for the facility as part of their first contact.</p> <p>Information is located at the main entrance providing additional information to remind people of actions to take in the event of an emergency.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service (link 2.2.2). The IP and AMS programmes have been approved by the governing body, are linked to the quality improvement system and health and safety and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports reporting progress, any issues, and/or significant events to the governing body.</p> <p>An emergency pandemic plan has been documented and reviewed. Sufficient resources and personal protective equipment (PPE) are readily available and accessible to staff. All staff, residents, and family have received training and updates on how to manage the ongoing pandemic. Training records are well maintained.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p>	<p>FA</p>	<p>The management team reviews the service's infection prevention and control programme annually. The CM (registered nurse) is the infection prevention and control coordinator (IPCC), and the position description for IPCC is well-defined and in place.</p> <p>The service has a pandemic plan and guidelines to manage and prevent infection exposure. Infection prevention and control training is provided to staff, residents, and visitors. Adequate supplies of</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>personal protective equipment (PPE) and hand sanitisers were in stock. Hand-washing audits were completed as per schedule. Staff are advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for Covid-19. Information and resources to support staff in managing Covid-19 were regularly updated.</p> <p>The service has documented policies and procedures in place (link 2.2.2). These policies and procedures are accessible and available for staff. The care delivery, cleaning, laundry services, and food management processes were observed. Staff were observed following organisational policies, such as appropriate hand sanitisers, good hand washing techniques, and disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. The training includes handwashing procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained. The IPCC has completed online infection prevention and control training and attends two monthly external IPC information support group meetings at Health New Zealand- Te Whatu Ora.</p> <p>The O/M and CM reported that they work in consultation with Health New Zealand- Te Whatu Ora in procurement processes for equipment, devices, and consumables. The O/M and CM reported that there were processes in place for early consultation with the infection prevention personnel in case of any new building or when significant changes are proposed to the existing facility. In an interview, the O/M and CM reported that single-use medical devices are not re-used at the service. Policies and procedures regarding reusable and single-use equipment are in place. All shared equipment is appropriately disinfected between uses, and internal audits have been updated to include this.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe</p>
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		practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.
<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 antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the governing body. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise the potential for harm. Responsible use of antimicrobials is promoted.</p> <p>The Nurse Practitioner has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment are maintained. The annual infection prevention and AMS review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated, and any occurrence of adverse effects. IPC audits including cleaning, laundry, and hand hygiene are completed as per the internal audit schedule.</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>	PA Low	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The health care-associated infections (HAIs) being monitored include urinary tract infections, skin, eyes, respiratory, and wound infections. Surveillance data and recommendations to improve are reported to the management and governance body monthly.</p> <p>Infection prevention audits were completed, and they included cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented when required. Staff reported being informed of infection rates and regular audit outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase</p>

		<p>or decrease, and action advised. Any new infections are discussed during shift handovers for the implementation of early interventions. Monthly surveillance of infections does not include ethnicity data.</p> <p>Residents and family/whānau were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There were infection outbreaks of Covid-19 reported in December 2023 and August 2024, and gastroenteritis in August 2024 since the previous audit. These were managed appropriately, and appropriate notifications were completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Sufficient PPE was available, which included masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>There is a designated cleaning staff. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Daily and periodic cleaning schedules are maintained. The facility was observed to be clean throughout. The O/M oversees the facility testing and monitoring programme for the built environment. Internal environmental cleanliness audits were completed as per policy requirements.</p> <p>Staff and residents are responsible for laundry services which are completed on site. All laundry is washed on site. All laundry areas are clearly separated into clean and dirty areas. Washing temperatures are monitored and maintained to meet safe hygiene requirements. Staff and residents have received training and documented guidelines are available. The effectiveness of cleaning and laundry processes is monitored through the internal audit programme which is monitored by the infection prevention coordinator (RN). Staff demonstrated awareness of the infection</p>

		prevention and control protocols. Residents and family confirmed satisfaction with the cleaning and laundry processes.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy was not yet updated to reflect Ngā Paerewa NZS 8134:2021 (link 2.2.2). The designated restraint coordinator is the CM. If restraint were to be considered, data would be collated with quality data and reported to the owner. There are no residents using restraint at time of audit. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Seclusion is not used at Summerville Rest Home.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	PA Low	The service received six complaints in 2023. All were of a minor nature and during interview the O/M advised these were dealt with appropriately. There was a lack of documented evidence to support this.	All complaint forms reviewed did not evidence the investigation, communication of outcomes, or documentation of satisfaction in response to the complaint by the complainant	<p>Ensure that any complaint is investigated, and the complainant informed of the outcome as per policy.</p> <p>180 days</p>
<p>Criterion 2.1.2</p> <p>Governance bodies shall ensure service providers' structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals.</p>	PA Moderate	The service has a documented business plan with goals identified and an action plan that includes interventions, responsibilities, and timeframes has been documented however there is no evidence of review of the business plan and goals.	Progress towards the achievement of documented business goals is not evidenced in the business plan reviewed.	<p>Ensure that review of goals documented in the business plan occurs at regular intervals.</p> <p>180 days</p>

<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA Moderate</p>	<p>Standard contractual requirements require policies and procedures to be updated to meet the requirements of Ngā Paerewa NZS 8134:2021. Most policies and procedures reviewed have not been updated, for example, (but not limited to) all service delivery policies, abuse and neglect, harassment, discrimination and bullying policy, health and safety, and infection prevention and control.</p> <p>Staff meetings and resident meetings were conducted as per the facilities schedule, and evidence of this was sighted. All meeting minutes reviewed did not address key components of the service delivery such as complaints, incidents, internal audits, health and safety, and infection prevention and control.</p>	<p>(i) Policies and procedures have not been reviewed as scheduled and do not cover all aspects of the Ngā Paerewa NZS 8134:2021.</p> <p>(ii) Meeting minutes did not address key components of the service delivery.</p>	<p>(i) Ensure policies and procedures are reviewed to meet current policy and legislative requirements.</p> <p>(ii) Ensure meetings minutes addresses key components of the service delivery.</p> <p>90 days</p>
<p>Criterion 2.4.1</p> <p>Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Moderate</p>	<p>Policies sighted ensure that employment practices meet the requirements of legislation. The policies include an expectation for police vetting to be completed. The Owner/Manager advised that police vetting checks were completed however there was no documentation to support this.</p>	<p>All staff files reviewed did not evidence that police vetting was undertaken.</p>	<p>Ensure there is documented evidence of police vetting undertaken as part of the pre-employment process.</p> <p>90 days</p>
<p>Criterion 2.4.2</p> <p>Service providers shall ensure the skills and knowledge required of each position are identified and the outcomes,</p>	<p>PA Moderate</p>	<p>The policy requires that all staff have a signed job description that covers outcomes, accountability, responsibilities, authority, and functions expected to be achieved in each position. A signed job</p>	<p>Four out of five staff files reviewed had no position descriptions in place.</p>	<p>Provide evidence of signed position descriptions for all staff.</p>

accountability, responsibilities, authority, and functions to be achieved in each position are documented.		description for the CM was in place, and four staff files had no position descriptions in place.		90 days
Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Moderate	The O/M reported that an annual review of performance was completed as per policy requirements. However, files reviewed had completed appraisals that were not signed to confirm staff had been involved in the process.	All five staff files reviewed had appraisals that were not signed to confirm staff involvement.	Ensure all completed performance appraisals are signed to confirm staff have been involved in the process. 90 days
Criterion 3.1.1 During the initial engagement prior to service entry, service providers shall ensure: (a) There is accurate information about the service available in a variety of accessible formats; (b) There are documented entry criteria that are clearly communicated to people, whānau, and, where appropriate, local communities and referral agencies.	PA Low	A resident information pack is made available for prospective residents, their family/whānau and referring agencies. Information about the service is available in a variety of formats. Discussion with the CM and Nurse Practitioner and review of resident information evidenced that the entry criteria for residents is not always clearly communicated to people, family/whānau, local communities and referral agencies.	The provider is yet to implement processes that ensures the resident entry criteria is clearly communicated to people, their family/whānau, local communities and referral agencies.	Ensure a process is implemented so that all information pertaining to resident entry criteria is clearly communicated to people, their family/whānau, local communities and referral agencies at all times. 60 days
Criterion 3.1.5 Service providers demonstrate routine analysis to show entry and decline rates. This must include specific data for entry and decline rates for Māori.	PA Low	The service is yet to establish a process to combine collection of ethnicity data from all residents, analysis of same for the purposes of identifying entry and decline rates.	There is no evidence of a process in place to collate and analyse ethnicity data in relation to entry and decline rates.	Ensure there is a process implemented to collate and analyse ethnicity in relation to entry and decline rate. 60 days

<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>PA Moderate</p>	<p>Interview with the CM, care staff and residents confirmed that care staff provide two activity sessions each day for residents as the provider has been unable to recruit a diversional therapist or activities coordinator. Entertainers are booked on a regular basis with residents noted to be very engaged with the entertainment which occurred on day of audit. Staff take residents shopping and support them to maintain their community connections. However, there is no formal activities programme occurring.</p>	<p>The provider is yet to recruit a diversional therapist or an activities coordinator to plan, facilitate and implement a formal activities programme that enhances residents' strengths, skills and interests.</p>	<p>Ensure a formal activities programme is implemented that enhances the residents' strengths, skills, and interests.</p> <p>90 days</p>
<p>Criterion 4.2.7</p> <p>Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.</p>	<p>PA Low</p>	<p>Staff were able to outline what procedures to follow in the event of any disruption to the main supplies. This included the plan in place with a local business to prioritise the facility for provision of a generator however this was not evidenced on day of audit.</p>	<p>The provider is yet to formalise a written plan that ensures the facility will be provided a generator in the event of the power supply failing.</p>	<p>Ensure the plan in place for accessing a generator when required is formalised and shared with all staff.</p> <p>60 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	<p>PA Low</p>	<p>Infection data is collected, monitored, and reviewed monthly. The data is collated in the electronic record management system and action plans are implemented. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used, however surveillance of infections does not include ethnicity data.</p>	<p>Monthly surveillance of infections does not include ethnicity data.</p>	<p>Ensure monthly surveillance of infections includes ethnicity data.</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.