

Summerset Care Limited - Summerset Monterey Park

Introduction

This report records the results of a 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 Monterey Park

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

Dates of audit: Start date: 15 January 2025 End date: 15 January 2025

Proposed changes to current services (if any): This partial provisional audit has verified the change of a maximum of ten rest home beds located in the serviced apartments to dual-purpose beds. This reconfiguration will increase the total number of the dual-purpose beds from 52 to 62 (including 10 in the serviced apartments), and to reduce the rest home level care beds from 52 to 42 (all in the serviced apartments). Total bed capacity remains 104 (52 dual purpose beds in the care centre, 10 dual purpose beds in

the serviced apartments and 42 rest home beds in the serviced apartments). The service plans to use any of the serviced apartments for up to 10 residents requiring hospital level of care if certified.

Total beds occupied across all premises included in the audit on the first day of the audit: 59

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.

General overview of the audit

Summerset at Monterey Park provides hospital (geriatric and medical), and rest home levels of care for up to 104 residents. There were 59 residents on the days of audit including eight in the serviced apartments.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and the Aged Residential Related Care contract. The audit process included the review of relevant policies and procedures, a review of resident medication records and staff files, observations, and interviews with management, staff and a resident.

This partial provisional audit has verified the change of a maximum of ten rest home beds located in the serviced apartments to dual-purpose beds. This reconfiguration will increase the total number of the dual-purpose beds from 52 to 62 (including 10 in the serviced apartments), and to reduce the rest home level care beds from 52 to 42 (all in the serviced apartments). Total bed capacity remains 104 (52 dual purpose beds in the care centre, 10 dual purpose beds in the serviced apartments and 42 rest home

beds in the serviced apartments). The service plans to use any of the serviced apartments for up to 10 residents requiring hospital level of care if certified.

There are no changes to governance, management, human resources, medication management and administration, food services, the environment, security or infection prevention and control because of the verified change of 10 serviced apartments to be able to cater to residents requiring hospital level of care. Staffing can be adjusted according to increased acuity as number of residents requiring hospital level of care increases.

This audit has not identified any shortfalls.

Ō tātou motika | Our rights

Not Audited.

Hunga mahi me te hanganga | Workforce and structure

Summerset at Monterey Park is part of the Summerset group of villages. There is a governance committee in place that sets strategic direction and monitors performance. The village manager and care centre manager both have extensive experience in working in aged care.

The business plan includes a mission statement and operational objectives with a goal around increasing the capacity of hospital level of care. A transition plan is currently being implemented with one resident already approved by Health New Zealand as being able to stay in their apartment while assessed as requiring hospital level of care.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Documentation confirms that processes are in place to adjust staffing with increased numbers of residents requiring hospital level of care.

Ngā huarahi ki te oranga | Pathways to wellbeing

The food control plan is current. All meals are prepared on site. There are seasonal menus in place and the organisational dietitian reviews the menu plans. There are no changes to food services required because of the potential increase in hospital level of care.

Medication policies reflect legislative requirements and guidelines. Records for registered nurses and medication competent health care assistants were sighted for staff who administer medication. An electronic medication system records administration of medication.

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

The building holds a current Building Warrant of Fitness. There is an annual maintenance plan that is operationalised. The serviced apartments already certified as appropriate for rest home level of care, are also fit for purpose for hospital level of care. Ten serviced apartments will be able to provide hospital level of care at any given time.

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

The infection prevention and control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection prevention and control coordinator has a job description in place and is responsible for coordinating orientation and education for staff as they start in the service.

There is a suite of infection control policies and guidelines available to support practice. This includes an antimicrobial stewardship programme with responsibilities clearly defined. The infection prevention and control coordinator is responsible for surveillance of infections and to determine infection control activities, resources and education needs within the facility.

There are no changes envisaged for the infection prevention and control programme with the potential increase of ten hospital beds in serviced apartments.

Here taratahi | Restraint and seclusion

Not Audited.

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	12	0	0	0	0	0
Criteria	0	85	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 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Summerset at Monterey Park is part of the Summerset organisation and is certified to provide rest home and hospital level care for up to 104 residents. The service has 52 dual purpose beds in the care centre and 52 serviced apartments certified to provide rest home level care. At the time of the audit there were 59 beds occupied including in the care centre. On the day of audit, there were 20 residents at rest home level, including eight residents in the serviced apartments. There were 39 residents at hospital level of care, including one in a serviced apartment for which the service has a letter of dispensation from HealthCERT. All residents were under the age-related residential care (ARRC) contract.</p> <p>This partial provisional audit verified the change of ten rest home care beds located in the serviced apartments to dual-purpose beds. This reconfiguration will increase the total number of the dual-purpose (rest home and hospital level of care) beds from 52 to 62 (including 10 in the serviced apartments), and to reduce the rest home level care beds from 52 to 42 (all in the serviced apartments). Total bed capacity remains 104 (52 dual purpose beds in the care centre, 10 dual purpose beds in the serviced apartments and 42 rest home beds in the serviced apartments). A maximum of 10 beds are to be used for residents requiring hospital level of care at any given time. There is one resident already in their serviced apartment who has been assessed as requiring hospital level of</p>

	<p>care with this approved by Health New Zealand.</p> <p>Summerset Group has a well-established organisational structure. The director for Summerset is a member of the governing committee and is the Chief Executive Officer (CEO). The governance body for Summerset Group is the national clinical review committee who meet monthly, and the committee is chaired by Summerset's head of clinical services. Terms of reference operate for this committee and are documented in the Charter. Orientation and training are not specifically provided for the role on the committee as all members on the committee hold senior roles in Summerset. All members have the required skills to support effective governance over operational, clinical services, quality of resident care and fiscal responsibility. 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.</p> <p>The governance body for Summerset have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha.</p> <p>Summerset Group have a quality assurance and risk management programme and an operational business plan. Members of the governance group include the Chief Executive for Summerset, Group Operations Managers, Head of Clinical Services, Operations Finance business partner, Customer Experience Manager and Operations and Business Improvement Managers who work together to ensure the necessary resources, systems and processes are in place that support effective governance.</p> <p>The bi-monthly report to the governance group includes a range of information on high level complaints, progress with corrective actions and national systems improvements identified. The quality programme includes regular (weekly and monthly) site specific clinical, quality and compliance and risk reports that are completed by the clinical care manager (CCM) and village manager (VM) and available to the senior team. These outcomes and corrective actions are discussed at facility meetings. High risk areas are automatically escalated to senior team members at national level. Measures are then reviewed and adapted</p>
--	--

		<p>until a positive outcome is achieved or the goal is achieved.</p> <p>There is an overarching strategic business plan in place for the company, with national goals. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Summerset at Monterey Park has a site-specific business plan documented that includes goals which relate to resident satisfaction, high quality care, dementia friendly, staff learning and development, sustainability and social responsibility, and financial performance. The business plan for the last quarter for 2024 included reference to an agreed increase in hospital level of care in serviced apartments and this has been reflected in the 2025 business plan. The village manager completes three-monthly progress reports toward these goals. There is a comprehensive feedback system and complaints process that is focused on continual service improvement within the service.</p> <p>The national clinical review committee is responsible for setting strategy, risk, monitoring and reporting, culture and capability, and engagement. The governance body is involved in the quality and risk management system, through reports to the Board around clinical risk and other areas of risk across the Group. They also support each site around emergency planning and service continuity planning. The organisation benchmarks quality data with other New Zealand aged care providers. There are regional quality managers who support the on-site clinical team with education, trend review, clinical risk support and management.</p> <p>The service has a village manager is a registered nurse who has been in the role for two and a half years. They have an extensive background in aged care and management. The care centre manager (CCM) is a registered nurse who has been in the role for three and a half years. The management team are supported by two clinical nurse leaders. They are also supported by a regional quality manager and head of clinical improvement.</p> <p>The VM and CCM have maintained the required eight hours of professional development activities related to managing an aged care facility.</p> <p>There are no changes to the governance or management at Summerset at Monterey Park because of this partial provisional audit. A transition</p>
--	--	---

		plan is currently being implemented.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is an acuity and clinical staffing ratio policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. The VM interviewed confirmed staff needs and weekly hours are included in the weekly report to the national senior team.</p> <p>The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The village manager and care centre manager work full time Monday to Friday. One clinical nurse leader works from Sunday to Thursday, and the other Tuesday to Saturday. Any absences and sick leave are covered through extending working hours by mutual agreement with employees, or use of the casual pool of staff. The number of caregivers on each shift is sufficient for the acuity and layout of the facility to provide safe and timely care on all shifts. A resident interviewed (hospital level of care) confirmed their care requirements are attended to in a timely manner. There is also a kaitiaki rostered on each day to assist with meals, fluids, one on one activities, van outings and exercises. The CCM and clinical nurse leaders share on-call duties.</p> <p>There has been an annual education and training schedule implemented for 2024 with a 2025 schedule already in place. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete electronic cultural awareness training at orientation and annually. External training opportunities for care staff include training through Health New Zealand and hospice. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Summerset at Monterey Park supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Of the 45 caregivers employed, 31 have achieved a level three NZQA qualification or higher. There is a national learning and development team that support staff with online training resources.</p> <p>A professional development policy is being implemented. All staff are required to complete competency assessments as part of their orientation and annually. Registered nurses' complete specific</p>

		<p>competencies including (but not limited to) restraint, medication administration, and wound care, syringe driver and interRAI assessment competency. Ten of 11 RNs are interRAI trained. All RNs, and the enrolled nurse (EN) are encouraged to attend in-service training and complete additional training, including critical thinking; infection prevention and control, including Covid-19 preparedness and identifying and assessing the unwell resident. All caregivers are required to complete annual competencies, including (but not limited to) restraint, moving and handling, culture, and handwashing. To date these have been completed as part of orientation and annually as part of the education plan. A record of completion is maintained on an electronic human resources system. The monthly staff meetings provide a forum to share quality health information; all staff are encouraged to attend.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted and visible in staff locations.</p> <p>The transition plan includes expected changes to staffing should the service have 45, 50, 55, or 60 or more residents requiring hospital level of care with a gradual increase in the number of RNs and caregivers according to increase acuity. The VM confirmed that any roster changes would be communicated to staff at staff meetings, handovers, individually as required and via roster posted at least two weeks in advance. There are no other changes to service management with the verification of 10 hospital beds in serviced apartments.</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</p>	<p>FA</p>	<p>Five staff files (one housekeeper, two RNs, and two caregivers) reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The 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</p>

<p>clinically and culturally safe, respectful, quality care and services.</p>		<p>orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment for Māori. All performance appraisals (peak performance objectives) were completed in August 2024.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken is documented.</p> <p>There are no expected changes to human resources or to recruitment processes with the increase of 10 serviced apartments verified as suitable for hospital level of care.</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. Medications are stored safely in the medication room. There are medication trolleys available to take medications to residents with these locked when not in use as sighted during the audit.</p> <p>Registered nurses and caregivers administer medications, and all have completed medication competencies annually or as required. Registered nurses have completed syringe driver training. All medications are checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent and have safe storage of medications. On the day of the audit, there were no residents who self-administer their medication. There are processes and systems in place as described in policy should there be any residents who self-administer medication. There are no standing orders in place. All over the counter medications or alternative therapies residents choose to use, are reviewed prescribed as confirmed by the RN interviewed. All medication errors are reported and collated with quality data.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All medication with a short shelf life sighted in the medication trolleys were dated on opening. All medications no longer required are stored and returned to the pharmacy on a regular basis.</p>

		<p>Eight electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The medical practitioner had reviewed the medication charts three-monthly. 'As required' medications had prescribed indications for use and were administered appropriately with outcomes documented in progress notes. The resident interviewed stated they are updated around medication changes if these were made. When there are Māori residents in the facility, the registered nurse and management interviewed described ways of working with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>There are no changes to medication management or administration because of the change of 10 beds in the serviced apartments from rest home to dual purpose (hospital or rest home) level of care.</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>Food is prepared and cooked on site. The kitchen manager is a qualified chef and works full time Monday to Friday and is supported by a team that includes cooks and kitchen hands. All meals and baking are prepared and cooked on site by a qualified chef/cook. All food service staff that participate in cooking have completed food safety training.</p> <p>There is a verified food control plan which expires 27 June 2025. The twelve-weekly summer/winter and separate vegetarian menu has been approved and reviewed by a registered dietitian. The kitchen manager confirmed that they receive resident dietary profiles and notified of any dietary changes for residents. The residents have a dietary assessment completed on admission and a nutritional profile developed on admission, which identifies dietary and cultural requirements, likes, and dislikes. All dietary assessments are reviewed at least three-monthly.</p> <p>The care centre kitchen is centrally located at the back of the café on the ground floor. Food is plated in the kitchen and delivered to the care home serveries in scan boxes. The serveries are a central part of the dining room complex and include fridge, microwave, and a dishwasher. Scan boxes are taken by lift to the first floor where the care home is located. Staff serve meals from the scan boxes to residents in the dining rooms. Tray service is available for residents who choose to dine in their rooms</p>

		<p>or for residents currently in the serviced apartments. The dining area is spacious. The resident interviewed confirmed that they receive meals that are hot, tasty, and they also said that they chose to eat still in the dining area with their friends in the village. There is more than ample space for 10 more residents to join mal times with residents from the serviced apartments. There are also spaces for residents who require more support with eating, and residents can also choose to have meals in their rooms.</p> <p>The menu is displayed so residents can easily see what is on the menu for the day. All staff have cultural training in understanding of tapu and noa. Staff were observed adhering to tapu and noa consistent with a Māori view of hygiene and align with good health and safety practices. The menu is substituted to accommodate cultural meals and the kitchen manager described supporting residents to have culturally appropriate food, which can also be requested.</p> <p>All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Freezer, fridge, end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. The internal audit schedule includes food and dining service audits.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as needs required.</p> <p>There are no changes to food services because of the change of 10 beds in the serviced apartments from rest home to dual purpose (hospital or rest home) level of care.</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</p>	<p>FA</p>	<p>The building holds a building warrant of fitness with an expiry date of 28 May 2025. The property manager works full time (Monday to Friday) and is supported by a team who are responsible for maintenance and gardening. Maintenance requests are logged through the electronic system and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell and pager checks, calibration of medical equipment and monthly testing of hot water temperatures. Other monthly maintenance</p>

<p>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>checks include (but are not limited to) checks of building warrant of fitness compliance, vehicles, and mobility equipment. This plan is developed and overseen by Summerset. Essential contractors such as plumbers and other electricians are available 24 hours every day as required. Testing, tagging and calibration of equipment has been completed annually.</p> <p>All serviced apartments include an ensuite. There is flowing soap in bathrooms if communal toilets are used. Residents have their own choice of soap and other bathroom items in their own rooms. Fixtures, fittings, and flooring are appropriate. Toilet/shower/ensuites are easy to clean. There is ample space in toilet and shower/ensuites to accommodate aids and extra equipment if required. There is sufficient space in all areas including the serviced apartments to allow care to be provided and for the safe use of mobility equipment. Residents can bring their own possessions into the home and are encouraged to personalise their apartment, as viewed on the day of audit.</p> <p>The care home is on the first floor, the serviced apartments are on the ground floor with all areas serviced by lifts and stairs. The lifts are spacious enough to accommodate ambulance transfer equipment. Each apartment has its own room that includes a lounge, dining area and kitchenette. There is a large dining/lounge area and smaller spaces on the ground floor for residents in the serviced apartments. There is also a family/whānau room available.</p> <p>Corridors are wide and residents were observed moving freely around the areas with mobility aids where required. The serviced apartments have ceiling heaters in residents' rooms and temperatures can be altered to suit. There are wall heaters in the corridors. The facility was maintained at an ambient temperature on the day of audit.</p> <p>The Māori plan determines that the design of new buildings shall be in consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</p> <p>There are no changes required to the serviced apartments should they be used to accommodate residents requiring hospital level of care.</p>
---	--

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is completed every six months. The facility uses a contracted evacuation specialist to conduct these fire drills. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage there is a generator that automatically switches on. There are adequate supplies in the event of a civil defence emergency including water stores in ceiling circulating tanks, to provide residents and staff with at least three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan.</p> <p>There are call bells in the serviced apartments and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors and on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. The resident interviewed confirmed that call bells are answered in a timely manner.</p> <p>All external doors are digitally controlled. The building is secure after hours, and staff complete security checks at night. The main door is locked in the evening and visitors use an intercom system. There is a CCTV system in the care home.</p> <p>All registered nurses and caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. There are no changes to security with the change to dual purpose beds in 10 serviced apartments.</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>Summerset has as part of their senior management team, personnel with expertise in infection control and antimicrobial stewardship (AMS). The infection control programme is appropriate for the size and complexity of the service and is linked to the business and quality plans. There is a documented pathway for reporting infection control and AMS issues to the governance group through the committee. Monthly collation of data is completed by the infection control nurse, trends are analysed and discussed at monthly infection control meetings. Internal and external benchmarking occurs.</p> <p>There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control nurse, the national clinical team, medical officer, and Public Health team. External resources and support are available through external specialists, microbiologist, the wound nurse, and Health New Zealand when required. Overall effectiveness of the programme is monitored by the facility management team in collaboration with the national clinical team.</p> <p>A registered nurse is the infection control nurse has completed training for the role. A documented and signed role description for the infection control nurse is in place. The infection control nurse reports to the care centre manager. There are adequate resources to implement the infection control programme at Summerset at Monterey Park.</p> <p>Infection control reports are discussed at facility meetings. The infection control nurse has access to all relevant resident data to undertake surveillance, internal audits, and investigations. The staff and managers interviewed demonstrated an understanding of the infection prevention and control programme.</p> <p>There are no changes to governance in relation to infection prevention and control with the change to dual purpose beds in 10 serviced apartments.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	<p>FA</p>	<p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for: hand hygiene; aseptic technique; transmission-based</p>

<p>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>precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; health care acquired infection (HAI); and the built environment. The infection prevention and control programme is reviewed annually. The infection control nurse has input when infection control policies and procedures are reviewed.</p> <p>Infection prevention and control resources including personal protective equipment (PPE), are available should a resident infection or outbreak occur. Staff were observed to be complying with the infection control policies and procedures. Staff and the managers demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Summerset has a pandemic response plan in place which is reviewed and tested at regular intervals.</p> <p>The infection control nurse is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last six months. The infection control nurse has access to an online training system with resources, guidelines, and best practice. Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation.</p> <p>There are policies and procedures in place around reusable and single use equipment and items. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service has included the new criteria in their cleaning and environmental audits to safely assess and evidence that these procedures are carried out. All items of equipment for single use only are not reused.</p> <p>At site level the CCM and the infection control nurse have responsibility for purchasing thermometers, face masks and face shields. All other equipment/resources are purchased at national level.</p> <p>There is infection control personnel input into new buildings or when significant changes occur at national level, in conjunction with the regional quality managers. The organisational policies acknowledge</p>
---	--

		<p>importance of te reo information around infection control for Māori residents and encouraging culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. Educational resources in te reo Māori were available and included te reo handwashing instructions on display.</p> <p>There are no changes to the infection prevention and control programme with the change to dual purpose beds in 10 serviced apartments.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting and clinical focus group. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p> <p>There are no changes to antimicrobial stewardship with the change to dual purpose beds in 10 serviced apartments.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control policies. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. Infection and antimicrobial data are monitored and analysed for trends, monthly and annually. Comparison of data occurs with other Summerset Group facilities. External benchmarking occurs.</p> <p>The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at the infection control meeting, clinical and staff/quality meetings. Any infections are reported to the head of clinical improvement and discussed at the monthly national infection control meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement.</p>

		<p>The service receives regular notifications and alerts from Health New Zealand.</p> <p>Infections, including outbreaks are reported and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). There have been no outbreaks reported since the last audit.</p> <p>There is no change to the surveillance programme with the change to dual purpose beds in 10 serviced apartments.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>The facility implements Summerset waste and hazardous management policies that conform to legislative and local council requirements. Policies include considerations of staff orientation and education; incident/accident and hazards reporting; use of personal protective equipment (PPE); and disposal of general, infectious, and hazardous waste. Current material safety data information sheets are available and accessible to staff in relevant places in the facility. Staff receive training and education in waste management and infection control as a component of the mandatory training.</p> <p>There are policies for cleaning and infection prevention and linen handling and processing. These policies ensure that all cleaning and laundry services are always maintained and functional. There are documented systems for monitoring the effectiveness and compliance with the service's policies and procedures. Laundry and cleaning audits are conducted as per the quality assurance programme which is reviewed by the infection control nurse.</p> <p>The laundry has a defined dirty and clean workflow and is appropriately equipped. There are dedicated laundry assistants. Laundry chemicals are within a closed system to the washing machine. The laundry and cleaning areas have hand washing facilities. There is a small laundry that includes a washing machine and dryer on the floor where the serviced apartments are located as some residents like to do some personal washing. This remains accessible to residents in the serviced apartments who are assessed as requiring rest home or hospital level of care.</p> <p>Cleaning services are provided seven days a week. There are staff dedicated to performing cleaning duties. Cleaning duties and procedures</p>

		<p>are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. Chemical bottles in storage and in use were noted to be appropriately labelled. Cleaners are aware of the requirement to keep their cleaning trolleys in line of sight or locked.</p> <p>There are linen cupboards on the floor where the serviced apartments are located. Linen is brought down from the care centre if there are residents using rest home or hospital level of care in the serviced apartments. There is a sluice room on the ground floor where the serviced apartments are located.</p> <p>There are no changes to the environment with the change to dual purpose beds in 10 serviced apartments.</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, 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.