

Summerset Care Limited - Summerset on Cavendish

Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

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

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Summerset Care Limited
Premises audited:	Summerset on Cavendish
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 19 February 2020 End date: 19 February 2020

Proposed changes to current services (if any): The organisation has built a new care centre, which is part of the Summerset on Cavendish Retirement Village. The care centre is across three levels. The ground floor includes 9 serviced care apartments, service areas and a secure dementia unit. The dementia unit (Memory Care) are all LTO apartments. All of the apartments in the Memory Care unit are suitable for couples if required. The rooms were all verified as suitable to have couples, but the service would only take up to two couples at one time. Therefore, total beds in the memory care unit (22-beds). Level one includes 43

rooms (all dual-purpose hospital/rest home rooms). Fourteen of the 43 rooms have been verified as suitable as double rooms for couples if needed which potentially could be up to 57 residents. There are also 19 serviced apartments on level one. Level two includes 28 serviced apartments. All 56 serviced apartments have been verified as suitable for rest home level care. The service was also verified as suitable to provide hospital (medical) level care. The service is planning to open 16 March 2020.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

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 outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

General overview of the audit

Summerset on Cavendish is a new retirement village complex. The care centre is a three-level facility. The ground floor includes the service areas, a secure dementia unit (Memory Care unit) and serviced care apartments. The secure Memory Care unit are all LTO apartments. All of the apartments within this secure unit are suitable for couples if required. The rooms were all verified as suitable to have couples, but the service would only take up to 2 couples at a time making the total beds in the memory care unit (22-beds).

There are 43 (rest home and hospital level) rooms on the first floor (all dual-purpose). There are 14 double rooms available for couples, which would allow for 57 residents.

There are serviced apartments across the three floors (9 on the ground floor, 19 on the first-floor plan and 28 on the second floor); all 56 apartments were verified as suitable to provide rest home level care.

The service was also verified as suitable to provide hospital (medical) level care. The service is planning to open 16 March 2020.

This partial provisional audit was conducted to assess the facility for preparedness to provide rest home, hospital (medical and geriatric) and dementia level care in the new facility. The service could have a potential of 135 residents across the facility.

The service has a village manager who has been in the role for the last two years and involved in the opening of the village. The village manager has a background in retirement village and business management. A care home manager (RN), who has many years' experience in aged care and clinical management, has recently been appointed from another Summerset village. An office manager and clinical improvement manager also support the managers.

Summerset group has a well-established organisational structure, which includes a board, chief executive officer, operations managers, regional quality managers and a clinical improvement manager. Each of the Summerset facilities throughout New Zealand is supported by this structure. Summerset group has a comprehensive suite of policies and procedures, which will guide staff in the provision of care and services.

The audit identified the dual-purpose unit, Memory Care unit, serviced apartments, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home and hospital (medical and geriatric) and dementia level care. Summerset is experienced in opening new facilities and there are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

The improvements required by the service are all related to the opening of the building, staff training/orientation and fire drill/evacuation approval.

Consumer rights

[Click here to enter text](#)

Organisational management

Summerset group have in place annual planning and comprehensive policies/procedures to provide rest home, hospital (medical and geriatric) and dementia level care. Senior managers who provide regular updates and reviews develop policies and procedures. The newly built facility is appropriate for providing these services and in meeting the needs of residents.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Organisational human resource policies are implemented for recruitment, selection and appointment of staff. The organisation has an induction/orientation programme, which includes packages specifically tailored to the position such as cook, cleaners, kitchen hands, caregivers, registered nurses, and manager roles.

There is a 2020 training plan developed to be implemented at Summerset on Cavendish.

There is a policy for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents and rosters are in place and are adjustable depending on resident numbers. There are sufficient numbers of staff currently employed to cover the roster across each area on opening.

Continuum of service delivery

Initially on opening the Memory Care Unit (dementia unit) care lead will be responsible for the assessment and planning of activities for each individual resident. Advised that a diversional therapist (DT) will be employed a numbers increase. A weekly activity plan will be developed once the interests of the residents are determined. The programme will be designed for residents with memory loss

The medication management system includes medication management policies and associated procedures that follow recognised standards and guidelines for safe medicine management practice in accord with the current Medicine Care Guides. It is planned to implement a safe implementation of the medication system including ensuring registered nurses and care staff have completed medication training and competencies. There are secure medication rooms in the dual-purpose unit and Memory Care unit. An electronic medication system is to be implemented on opening.

The facility has a large workable kitchen in a service area situated on the ground floor. The menu is designed and reviewed by a registered dietitian. Food is to be transported in hotboxes to each area. The service has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. There is a café onsite.

Safe and appropriate environment

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff.

The building is completed, and a code of compliance has been obtained dated 12/2/20. All building and plant have been built to comply with legislation. The ground floor Memory Care unit (dementia unit) and the first-floor dual-purpose unit is built around a large landscaped courtyard. The courtyard is on the ground floor and is accessible for the residents in the Memory Care unit. External landscaping is completed with a number of areas for residents.

There are handrails in ensembles and communal bathrooms. A lift between the floors is large enough for mobility equipment including a stretcher. The provider has purchased all necessary furniture and equipment. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

Residents rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensembles and communal toilets and bathrooms. Double rooms are large enough for two beds and mobility equipment. The apartments in the dementia unit and the serviced apartments all have a separate lounge and bedroom.

Communal areas in all areas are well designed and spacious and allow for a number of activities. Activities are to occur in either of the lounge areas and they are large enough to not impact on other residents not involved in activities.

Summerset has housekeeping and laundry policies and procedures in place. There is a large laundry in the service area of the ground floor with clean and dirty flow. The facility will have secure areas for the storage of cleaning and laundry chemicals. Laundry and cleaning processes will be monitored for effectiveness.

The emergency and disaster management policies includes (but not limited to) dealing with emergencies, fire, flood, civic defence and disasters. General living areas and resident rooms are appropriately heated and ventilated. All rooms have windows.

A new call bell system has been installed throughout the facility. The call system involves a pager system whereby staff are alerted to a resident's call bell via the personal pagers held by each care staff member.

Restraint minimisation and safe practice

There are policies around restraints and enablers. The induction programme prior to opening includes training around restraint minimisation and competency assessments. Competencies are to be completed annually. The restraint coordinator role is currently overseen by the care home manager. Restraint meetings are to be held monthly. Challenging behaviour training is included as part of the annual training programme and also has been included in the induction programme prior to opening

Infection prevention and control

There are clear lines of accountability, which are recorded in the infection control policy. A designated registered nurse will be the infection control officer. Monthly collation of infection rates will be forwarded to the care home manager for analysis. Infection control is an agenda item of the quality meeting and an infection control (IC) committee is to be commenced on opening. Somerset group undertakes monthly benchmarking of infections.

Summary of attainment

The following table summarises the number of standards 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)
Standards	0	15	0	2	0	0	0
Criteria	0	34	0	3	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)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Summerset on Cavendish is a new retirement village complex. The care centre is a three-level facility. The ground floor includes the service areas, a secure dementia unit and serviced care apartments. The secure dementia unit (Memory Care) are all LTO apartments with no standard rooms. All of the apartments within this secure unit are suitable for couples if required. The rooms were all verified as suitable to have couples, but the service would only take up to two couples at a time making the total beds in the memory care unit (22-beds).</p> <p>There are 43 (rest home and hospital level) rooms on the first floor (all dual-purpose). There are 14 double rooms available for couples, which would allow for a total of 57 residents.</p> <p>There are serviced apartments across the three floors (9 on the ground floor, 19 on the first-floor plan and 28 on the second floor); all 56 apartments were verified as suitable to provide rest home level care.</p> <p>The service was also verified as suitable to provide hospital (medical) level care. The service is planning to open 16 March 2020.</p> <p>This partial provisional audit was conducted to assess the facility for preparedness to provide rest home, hospital (medical and geriatric) and dementia</p>

		<p>level care in the new facility. The service could have a potential of 135 residents across the facility.</p> <p>The service has a village manager who has been in the role for the last two year and involved in the opening of the village. The village manager has a background in retirement village management, aged care and business management. A care home manager (from another Somerset village) has been recently appointed and supports the village manager. The care home manager is a registered nurse and has many years' aged care, dementia care and clinical management experience. An office manager and clinical improvement manager also support the managers.</p> <p>Somerset group has a well-established organisational structure, which includes a board, chief executive officer, operations managers, and a national clinical improvement manager. Each of the Somerset facilities throughout New Zealand is supported by this structure. The Somerset group has a comprehensive suite of policies and procedures, which will guide staff in the provision of care and services.</p> <p>Somerset group have a quality assurance and risk management programme and an operational business plan for the project. Quality objectives and quality initiatives are set annually.</p> <p>There is a transition plan with key tasks around opening of the care centre (Mobilisations of Operation).</p> <p>There is a village managers and care home manager's job description that includes authority, accountability and responsibility including reporting requirements. Both managers have completed Somerset annual forums.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The care home manager will fulfil the village manager's role during a temporary absence with support from the national clinical improvement manager and the regional manager. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home, hospital (geriatric and medical) and dementia level care. The appointment of staff and building of the facility are appropriate for meeting the assessed needs of residents.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>Summerset has organisational documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Additional role descriptions are in place for infection control officer, restraint coordinator, health and safety officer, fire officer and quality coordinator.</p> <p>The service has policy around competencies and requirements for validating professional competencies. The village manager advised that copies of practising certificates are obtained from newly employed staff.</p> <p>There are human resource policies and procedures, which includes the requirements of skill mix, staffing ratios, and rostering. Five newly employed staff files were reviewed. Snaphire electronic programme has assisted with recruitment processes.</p> <p>The managers have employed staff to commence on opening. There are 15 caregivers (four have the required dementia standards), four have level 4, five have level 3, one has level 2 and five have no caregiver qualification.</p> <p>A dementia care lead has been appointed. The care lead has a social worker qualification and experience with Dementia Canterbury, and as a needs assessor with Older persons health.</p> <p>There are six registered nurses employed, three of the six are from other aged care facilities. There are four interRAI trained nurses including the care home manager. There are currently sufficient staff employed for the opening of all areas within the care centre. Advised that a care nurse lead (Dual-purpose unit) and diversional therapist is yet to be employed, however is not required on opening.</p> <p>An orientation programme has been developed for all staff which commences 2 March 2020 across three weeks. This includes completing orientation documentation and competencies. The orientation programme also includes specific training around (but not limited to) equipment, manual handling, safe chemical handling, medimap, emergency and fire training and dementia model of care. A 2020 training plan is also available for the organisation, which will be implemented. There is a list of topics that must be completed at least two yearly, and this is reported on.</p> <p>The service has a contract with a local medical centre. Initially the medical centre will visit 2x weekly and available afterhours. A contract has been obtained with a physiotherapist, local chemist, speech language therapist, dietitian and podiatrist.</p>
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<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Human resource policies include documented rationale for determining staffing levels and skill mixes for safe service delivery (Safe staffing policy). This defines staffing ratios to residents and rosters have been developed and are adjustable depending on resident numbers. There is also a document 'Guidelines for management of fluctuating occupancy'. Draft rosters have been developed for various resident numbers and levels.</p> <p>There is also a specific roster for the ground floor serviced apartments and level two serviced apartments. A caregiver is rostered on each of the serviced apartment floors. Level one hospital/rest home staff cover the serviced apartment floors during night shift.</p> <p>The service has developed an initial draft roster, for each area (memory care unit, dual purpose unit and serviced apartments). This will be adjusted as residents are admitted with general ratios of 1:5 for hospital level residents and 1:10 for rest home residents or a combination as resident needs dictate. The roster is designed for the increase in residents. There is 24-hour RN cover with the registered nurses currently employed.</p> <p>The care home manager (RN) is based on the level 2 dual-purpose unit Mon – Fri 0730 – 1600 and initially is on-call 24/7.</p> <p>For the initial opening of the serviced apartments, this will be overseen by a rostered caregiver 0700 – 1500, 1500 – 2300 and 2300 – 0700. The registered nurse from the dual-purpose unit will provide support as needed.</p> <p>For the initial opening of the Care centre (level one) –</p> <p>AM shift – RN 0645 – 1500 and two caregivers 0700 – 1500.</p> <p>PM shift – RN 1445 – 2300 and two caregivers 1500 – 2300</p> <p>Night shift – RN 2245 – 0700 and two caregivers 2300 – 0700</p> <p>For the initial opening of the Memory Care unit the roster includes</p> <p>Care nurse lead 0800 – 1630 (Tues – Sat)</p> <p>Two caregivers Mon and Sun 0700 – 1500 and one caregiver Tues – Sat 0700 – 1500</p> <p>One caregiver 1500 – 2300 and one caregiver 2300 – 0700</p>

		<p>It was noted that the Memory Care unit has a large hallway footprint with the dining area on one side of the unit and the lounge on the other side of the unit. The service will need to always consider the footprint of the unit when staffing the unit to adequately ensure supervision of the residents across the unit.</p> <p>The following have also been employed and on the roster– property manager, property assistant/gardener, office manager, two housekeepers, two cooks and activity coordinator.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The nursing manual includes a range of medication policies. The service is planning to use a four weekly pre-packed sachet medication system, with a contract in place from a local pharmacy, for the provision of this service. There is one large medication room in the care centre on level one where medications will be stored, including medications for the rest home residents in the care apartment. There is a secure medication room in the Memory Care unit. The service is intending to roll out medimap on opening.</p> <p>Medication trolleys and medication fridges are available for each medication room. The medication rooms are secure and furnished. A self-medicating resident policy and procedure is available if required. The medication administration policies identify that medication errors are treated as an incident and captured as part of the incident management system and a medication error analysis is to be completed. Medication training and competencies are to be completed at orientation.</p> <p>Policies and procedures reflect medication legislation and reference the medicines care guides for residential aged care. Advised, that only registered nurses and senior caregivers deemed competent, will be responsible for administration of medications. A competency policy and competency assessment is available. Caregivers will also receive education and training and complete competencies as they may be required to check medications. Training is to be booked around the implementation of medimap.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional</p>	FA	<p>Summerset has comprehensive nutritional management policies and procedures for the provision of food services for residents. There are currently two chefs employed who will provide all aspects of the food service.</p>

<p>needs are met where this service is a component of service delivery.</p>		<p>The facility has a large purpose-built kitchen on the ground floor adjacent to the café and dining area of the care apartments. There is a walk-in chiller, freezer and pantry. The menu is designed and reviewed by a registered dietitian. Food is to be transported in hot boxes to the satellite kitchen in the main dining room of the care centre on level one and the Memory Care unit kitchenette. Meals are to be served to residents from the hot boxes in the satellite kitchen by staff. There is a lift near the service area, that will be used to transport food carriers to each floor and dishes back to the kitchen. Crockery, cutlery and resident food equipment has been purchased.</p> <p>All residents are required to have a nutritional profile completed on admission, which is provided to the kitchen. There is access to a community dietitian.</p> <p>As part of the food safety programme, regular audits of the kitchen fridge/freezer temperatures and food temperatures will be undertaken and documented. Food safety in-service training will be conducted.</p> <p>There is a fridge in the kitchenette in the Memory Care unit that can hold snacks available 24/7. There is an induction hob in the kitchenette of the Memory Care unit and dual-purpose units that prevent any resident burning themselves if touched. Boiling water taps have a safety mechanism. Advised that benchtop cooktops in serviced apartments can be disconnected if a resident is at risk.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>Initially on opening the Memory Care Unit (dementia unit) care lead will be responsible for the assessment and planning of activities for each individual resident. The care lead is a social worker with experience working with aged care and people with dementia. She will be supported to implement an activity programme with support of the caregivers working in the unit. Advised that a diversional therapist (DT) will be employed a numbers increase.</p> <p>A weekly activity plan will be developed once the interests of the residents are determined. The programme will be designed for residents with memory loss. The national Summerset DT will support the activity team at Cavendish. A facility mobility van is available for outings for all residents. The lounge areas including a quiet lounge and another lounge at end of each wing unit has seating placed for individual or group activities. Some of the regular activities to be provided will include music, visiting entertainers, pet therapy, van outings, visits to the library/shopping, exercises, memory lane and group games. One-on-one</p>

		<p>sessions include hand and nail pampering and reading with residents.</p> <p>Activity assessments are completed for residents on admission and an individualised activities plan is developed from this. The activity plans on the electronic VCare system allow for identifying individual diversional, motivational and recreational therapy across a 24-hour period. Assessments identify former routines and activities that the resident is familiar with and enjoys. The activities plan is integrated within the overall care plan on VCare.</p> <p>There is currently an activity coordinator who provides activities to village residents including those that will be in the apartments. The service is currently advertising for two diversional therapists.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are documented policies and procedures for waste disposal and chemical storage. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. Chemicals will be automatically dispensed in the laundry. There are two key padded sluices in the dual-purpose unit and one in the Memory Care unit.</p> <p>Waste management is part of the environment and equipment audit conducted as part of the quality assurance audit programme.</p> <p>During induction, all staff are required to complete training regarding the management of waste. Chemical safety training is a component of the compulsory two-yearly training and orientation training. All new staff will complete waste management training and PPE at orientation through the employee's induction programme (link #1.2.7.4).</p> <p>Gloves, aprons, and goggles have been purchased and to be installed in the sluice rooms in the care centre, cleaners' cupboards and laundry. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>A staged building project has been underway, which includes retirement villas and facilities, and care centre. The care centre is a three-level facility. The ground floor includes nine serviced care apartments, service areas and a secure Memory Care unit. The Memory Care unit are all LTO apartments. All of the apartments in the Memory Care unit are suitable for couples if required. The</p>

	<p>rooms were all verified as suitable to have couples, but the service would only take up to two couples at one time. Therefore, total beds in the memory care unit are 22-beds. Level one includes 43 rooms (all dual-purpose hospital/rest home rooms). Fourteen of the 43 rooms have been verified as suitable as double rooms for couples if needed, which potentially could be up to 57 residents. There are also 19 serviced apartments on level one. Level two includes 28 serviced apartments. All 56 serviced apartments have been verified as suitable for rest home level care.</p> <p>The building is completed, and a code of compliance has been obtained dated 12/2/20. All building and plant have been built to comply with legislation. The ground floor Memory Care unit and the first-floor dual-purpose unit is built around a large landscaped courtyard. The courtyard is on the ground floor and is accessible for the residents in the Memory Care unit. There are external paths that lead from the dining area and also from the lounge with large sliding doors and wheelchair accessible. The outdoor courtyard is well designed/landscaped for wandering and includes raised planters and seating and umbrellas for shade. It was noted that there were a number of balconied rooms and large balcony off the conservatory on the first floor where residents in the dual-purpose unit can look down into the Memory Care unit courtyard. The service will need to consider how this is best managed to ensure the privacy and dignity of the residents that live in the Memory Care unit.</p> <p>The Memory Care unit is a square shape around a large internal courtyard. There is a separate entrance area. Visitors have speaker access to staff and then the door will be released to enter the entrance foyer. There is a glass panelled door from the foyer unit the unit that will also be opened by staff for visitors to enter. All exits in and out require swipe card access by staff. Decals are used around the corridors to distract residents from locked rooms, dead end walls and doors. Contrasting colours in some areas such as en-suites provide easier visibility and identification of furniture. There are large coloured wall boxes outside each resident room that can be personally decorated. Each resident room entrance door has a different panel.</p> <p>In the dual-purpose rooms on level one there are large spacious corridors. All resident rooms include electric beds and appropriate mattresses for pressure relief.</p> <p>There are two lifts between floors, one is large enough for a bed/stretcher if needed. Advised that they have a contract with the installer of the lift to maintain service (including emergency service) when needed. There are two stair wells at</p>
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		<p>either end of the building.</p> <p>On level one, there is an open-plan nurse's station overlooking the lounge, a secure medication/treatment room, and care home manager's office. There is also a family room available. There is an assigned nurse's station on the middle floor (level one) of the serviced apartment area. There is a specific serviced apartment dining room on level one and also on the ground floor.</p> <p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired. The maintenance schedule includes checking of equipment.</p> <p>All electrical equipment and other machinery are to be checked as part of the annual maintenance and verification checks. The service has an extensive list of medical and nursing equipment purchased. The new furniture and equipment is appropriate for this type of setting and for the needs of the residents.</p> <p>There are handrails in ensuites and bathrooms. As there are no handrails around any of the hallways on each floor, the service will need to ensure there are adequate seats around the hallways for residents to rest. All rooms and communal areas allow for safe use of mobility equipment. There is adequate space for storage of mobility equipment in each of three floors.</p> <p>External landscaping is completed with a number of areas for residents. There continues to be building/roads in the village being completed which is not accessible for residents.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There are adequate numbers of toilets and showers with access to a hand basin and paper towels. All resident rooms across the facility have single mobility ensuites with shower and toilet. There are mobility toilets located near all lounges with locks that can be opened from the outside if needed. There are separate staff and visitor toilets.</p> <p>There are picture signs for residents in the Memory Care unit to assist with locating the toilet.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal</p>	<p>FA</p>	<p>Residents rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and</p>

<p>space/bed areas appropriate to the consumer group and setting.</p>		<p>communal toilets and bathrooms. Double rooms are large enough for two beds and mobility equipment. The apartments in the Memory Care unit and the serviced apartments all have a separate lounge and bedroom.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>There is a café, dining room and large lounge area adjacent to the apartments on the ground floor. This is available for village residents, visitors and any care centre residents that choose to go to the café. There is also another lounge/dining area for serviced apartment rest home residents on level one.</p> <p>There is a separate dining room and kitchenette on one side of the Memory Care unit. On the other side of the Memory Care unit there is a spacious activity room and lounge. There is also a separate family room and sensory room off the lounge. The nurse's station is off the dining area and staffing will need to consider how the dining room and lounge (both on opposite sides of the courtyard) are monitored.</p> <p>On level one (dual-purpose unit), there is a large spacious living area and kitchenette/dining area. There is a separate recreation area off the lounge. There is also a large spacious conservatory area and covered balcony. A separate family room is also available.</p> <p>There are other areas available for sitting and resting (also link 1.4.2) due to wider corridors in the dual-purpose unit and near lifts.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</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 maintained and functional at all times. The laundry is in the service area on the ground floor and has an entrance for dirty laundry and an exit for clean. The laundry is large and includes two commercial washing machines and two dryer. Dirty linen can be transported to the ground floor via a laundry chute in the laundry. Linen trolleys have been purchased. Care staff will initially manage laundry. Laundry staff will be employed as resident numbers increase.</p> <p>There are documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are to be commenced as per the quality assurance programme.</p> <p>The service will have a secure area for the storage of cleaning and laundry</p>

		<p>chemicals and a cleaning cupboard on each level. Laundry chemicals are within a closed system to the washing machine. Material safety datasheets are provided by the contracted company and to be displayed in the cleaning cupboards, laundry and sluices in each area. The laundry and cleaning areas have hand-washing facilities. There are personal laundries in the serviced apartments on each floor.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Low</p>	<p>The site-specific emergency manual for Summerset on Cavendish which includes emergency and disaster policies and procedures including (but not limited to) fire and evacuation and dealing with emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness (link 1.2.7.4). Fire drills are scheduled for staff during induction, the week before opening. All registered nurses who do not have current first aid certs will complete current first aid certificates at induction.</p> <p>The service has cooking facilities (gas cooker) available in the event of a power failure. The service also has a generator available in the event of a power failure for emergency power supply. There are also extra blankets available. There is a civil defence locker on each floor which includes all necessary civil defence requirements. A number of water tanks are available.</p> <p>A new call bell system has been installed throughout the facility. The call system involves a pager system whereby staff are alerted to a resident's call bell via the personal pagers held by each care staff member.</p> <p>The "Austco Monitoring programme" is available in each bedroom and ensuite to ensure the resident is effectively monitored with dignity and limited interruption. The system in the Memory Care unit includes sensor bed mats that activate the lights in resident rooms, so when a resident gets up at night the light in their ensuite automatically turns on. This prompts the resident to go to the toilet and then on leaving the ensuite the light above the resident's bed illuminates and encourages the resident to go back to bed. This system is controlled by a timer and therefore can be set to meet the individual needs of each resident.</p> <p>As the facility has not yet opened, a fire drill or training around the fire evacuation procedure has not occurred. A trial run-through of the fire drill is planned for the orientation weeks. The fire evacuation scheme is in draft and is currently awaiting approval by the NZFS. The fire service has signed off signs/sprinklers</p>

		<p>etc as part of the code of compliance.</p> <p>There is a separate entrance area into the Memory Care unit. Visitors have speaker access to staff and then the door will be released to enter the entrance foyer. There is a glass panelled door from the foyer unit the unit that will also be opened by staff for visitors to enter. All exits in and out require swipe card access by staff.</p> <p>There is a main double-door entrance into the care centre that will be secure at dusk with phone access.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>General living areas and resident rooms are appropriately heated and ventilated. Resident's rooms throughout the facility have air conditioning units. The communal living areas are heated and cooled via ceiling heating/cooling systems. All rooms have external windows with plenty of natural sunlight. All windows are double-glazed, and all areas have good lighting. In the Memory Care unit rooms, individual resident room lighting can be controlled by staff from controls outside each room. Some rooms in the care centre have Juliet balconies.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>There are comprehensive infection control policies that meet the Infection Control Standard SNZ HB 8134.3.1.2008. There are clear lines of accountability to report to the infection control (IC) team on any infection control issues including a reporting and notification to care home manager. There are documented IC responsibilities that includes reporting processes. A recently employed registered nurse with a signed job description will take on the role as IC coordinator. There is an IC plan in place for 2020. Currently infection control is part of the monthly quality meeting. Advised that IC meetings will commence monthly on opening.</p> <p>Annual review of the infection control programme will be conducted. Monthly benchmarking of infections is conducted for all Summerset facilities.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is</p>	FA	<p>There are policies around restraints and enablers. The induction programme prior to opening includes training around restraint minimisation and competency assessments. Competencies are to be completed annually. The restraint</p>

actively minimised.		coordinator role is currently overseen by the care home manager. Restraint meetings are to be held monthly. Challenging behaviour training is included as part of the annual training programme and also has been included in the induction programme prior to opening.
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Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer 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 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	<p>All new staff are required to complete an induction and orientation. The organisation has an induction/orientation programme, which includes packages specifically tailored to the position such as nurse manager, registered nurses, caregivers, activities staff, and housekeeping staff.</p> <p>Staff orientation policy provides guidelines regarding the orientation programme for all new staff and includes general orientation and specific orientation for registered and enrolled nurses. Prior to opening, all new staff will complete orientation across three weeks. Competencies such as medication will also be completed at this time. First aid certificates are also scheduled to be completed during orientation for those that</p>	<p>Orientation for staff is yet to be provided. An orientation programme has been developed for all staff which commences 2 March 2020 across three weeks. This includes completing orientation documentation and competencies. The orientation programme also includes specific training around (but not limited to) equipment, manual handling, safe chemical handling, medimap, emergency and fire training and dementia model of care. Registered nurses are to complete an extra week orientation week, specific to their role.</p>	<p>Ensure the facility orientation is completed.</p> <p>Prior to occupancy days</p>

		do not have a current first aid cert. All newly employed caregivers are required to complete competencies as part of the Career Force orientation for caregivers.		
Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.	PA Low	Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. Fire drills are scheduled for staff during induction weeks. All registered nurses will have current first aid certificates. As the facility has not yet opened, a fire drill or training around the fire evacuation procedure has not occurred	As the facility has not yet opened, staff have not completed a fire drill or training around the fire evacuation procedure.	Implement fire drills and emergency training for all staff. Ensure there is staff across 24/7 with a current first aid certificate. Prior to occupancy days
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Low	Fire and emergency management is detailed in the emergency manual. Fire drills and training are scheduled to take place during orientation weeks. The Fire Evacuation scheme is in draft and currently with the fire service.	The New Zealand Fire Service has not yet approved the fire evacuation scheme.	Provide evidence that the NZFS has approved a fire evacuation scheme for the care centre. Prior to occupancy days

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard 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 standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

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

No data to display

End of the report.