

Summerset Care Limited - Summerset on Summerhill

Introduction

This report records the results of a Surveillance 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 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Summerset Care Limited
Premises audited:	Summerset on Summerhill
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 7 November 2022 End date: 8 November 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	42

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

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

Key to the indicators

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

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

General overview of the audit

Summerset on Summerhill provides hospital (geriatric and medical) and rest home level of care for up to 45 residents. There were 42 residents on the days of audit.

This surveillance audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora- Te Pae Hauora o Ruahine o Tararua MidCentral. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a nurse practitioner.

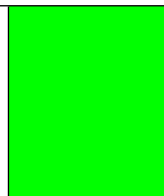
A non-clinical village manager is responsible for the retirement village and she is supported by a care centre manager, who is a RN with a current annual practising certificate. The 2022 consumer survey overall satisfaction level is 89%. Residents and their family/whānau also confirmed their satisfaction with the service during the interview.

The one shortfall from the previous audit around care planning interventions and documentation has been addressed.

This audit identified an improvement required around restraint monitoring.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



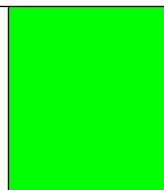
Subsections applicable to this service are fully attained.

There is a commitment by the organisation to ensure any Māori residents flourish and thrive in an environment that enables good health and wellbeing. The cultural responsiveness policy and associated documents reviewed provide guidelines for the provision of culturally safe services for Māori residents. Staff have attended Te Tiriti o Waitangi training and completed competencies following training. On the day of audit, there were no residents who identified themselves as Māori. A Māori health plan has been developed with input from cultural advisers and has been signed off by Te Whatu Ora- Health New Zealand, Te Pae Hauora a Ruahine o Tararua MidCentral.

Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service are fully attained.

The Governance body for Summerset is the operational and clinical steering committee who meet bimonthly and chaired by the General Manager of Operations and Customer Experience. All members on the committee hold senior roles in Summerset. Organisational performance is monitored through several processes to ensure it aligns with the identified values, scope, and strategic direction. The business plan is tailored to reflect the goals related to Summerset on Summerhill.

There is a documented and implemented quality and risk management system. Quality data is analysed to identify and manage trends. The service complies with statutory and regulatory reporting obligations. Human resource management policies are implemented. The service has an induction programme in place that provides new staff with relevant information for safe work practice. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Workforce planning is fair and equitable.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
---	--	--

Registered nurses are responsible for each stage of service provision. Residents' records reviewed provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans demonstrate service integration.

The activity programme offers a diverse range of activities and provides activities for both rest home and hospital residents. The programme incorporates the cultural requirements of the residents.

Medicines are safely managed and administered by staff who are competent to do so. Residents and their family/whānau are supported to understand their medications when required.

Summerset on Summerhill has in-house food services for the facility. Resident's individual cultural and dietary needs were identified and accommodated.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service are fully attained.

The building has a current building warrant of fitness. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose.

Fire and emergency procedures are documented, and related staff training has been carried out. There is an implemented policy around resident, staff, and the building security.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service are fully attained.

Summerset on Summerhill ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme, that is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated, and reported to relevant staff and related health providers in a timely manner. The service has a robust pandemic policy. Covid-19 screening is in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Some subsections applicable to this service are partially attained and of low risk.
--	--	---

The governance group are aware of their responsibilities in respect of restraint elimination. The service is actively working to eliminate restraint.

Use of restraints nationally is included in the bimonthly reports as one of the clinical indicators. Restraint use is demonstrated in graphs showing a breakdown of restraint use by each site and the 12-month trend for Summerset restraint use. There were four residents with restraint at the time of audit.

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	22	0	1	0	0	0
Criteria	0	57	0	1	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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Summerset on Summerhill has policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. A Māori health plan is in place and understood by staff interviewed, including the chef, three registered nurses (RNs) four caregivers and one diversional therapist (DT). Staff have received training on Te Whare Tapa Whā model of care.</p> <p>Māori staff are employed across all levels of the service, including in leadership roles. The service supports increasing Māori capacity by employing more Māori staff members, particularly in the RN roles, as vacancies and applications for an employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed by Summerset head office staff.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and</p>	FA	<p>Summerset on Summerhill currently has no residents who originate from the Pacific Islands. Should a Pacific resident be admitted to the facility, the facility has a plan for managing care so that their needs can</p>

<p>enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>be adequately met. There are staff members who identify as Pasifika. Staff completed training around equitable and culturally safe services for Pasifika. In the interview, staff were able to describe how they can apply a Pacific health perspective to person-centred care.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes. Enduring Power of Attorney (EPOA)/family/whānau/or representatives of choice are consulted in the assessment process to determine residents' wishes and support needs when required. The service is guided by the cultural policies and training sessions that outline cultural responsiveness to residents' who identify as Māori. An interview with the village manager and staff confirmed that Māori mana motuhake is recognised.</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Summerset supports residents in a way that is inclusive and respects their identity and experiences. Staff interviews confirmed their understanding of what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. Evidence of Te Tiriti o Waitangi training was sighted and staff completed competencies following training. Residents' privacy, dignity, confidentiality, and preferred level of interdependence are respected. The care centre manager and staff reported that residents are supported to maintain their independence. Residents were able to move freely within the facility, and outside. Six residents and seven family/whānau (three rest home and four hospital level) reported that their values and beliefs are respected, and six resident files reviewed evidenced this.</p>

		<p>Te reo Māori is celebrated during Māori language week. There was a number of activities offered to residents related to cooking, dancing, and Māori art, as part of the activities programme. The village manager is actively involved in the delivery of these events.</p> <p>At the time of the audit no residents identified as Māori. The diversional therapist (DT) confirmed that the service is actively supporting Māori by identifying their needs and aspirations. This was evidenced in the care plan of a former Māori resident, whose care plan included the physical, spiritual, family/whānau, and psychological health of the resident.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Summerset policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Staff complete training around this.</p> <p>Summerset promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all.</p> <p>Residents interviewed expressed that they have not witnessed any abuse or neglect, and are treated fairly, and feel safe and protected from abuse and neglect. There are monitoring systems in place, such as residents' satisfaction surveys and residents and family/whānau meetings, to monitor the effectiveness of the processes in place to safeguard residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p>	FA	<p>Residents and family/whānau interviewed were able to describe informed consent and knew they had the right to make choices. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p> <p>The Māori health plan acknowledges Te Tiriti and the impact of culture and identity on the determinants of the health and wellbeing of Māori residents. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making, when the resident receiving services wants them to be involved.</p> <p>Staff members who identify as Māori, and resident's whānau assist staff</p>

<p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. Staff have received training on cultural safety and tikanga best practice.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumer Rights (the Code) is displayed in English and Māori. Summerset has a complaints policy and processes in place to manage complaints in line with Right 10 of the Code. The complaints process is made available in the admission agreement and explained by the care centre manager and the clinical nurse lead on the resident's admission. The complaint forms are available in the facility along with information on advocacy, should they require this.</p> <p>Residents and family/whānau interviewed understood their right to make a complaint, knew how to do so, and stated they are able to raise any concerns and provide feedback on services. Staff were able to describe the complaints process.</p> <p>The village manager and the care centre manager are responsible for addressing any complaints. There have been four complaints logged in 2022. All complaints documented a comprehensive investigation, follow up, and replies to the complainant. Three complaints were resolved to the satisfaction of the complainant, and currently, one complaint remains open, awaiting a response from the complainant.</p> <p>There have been no complaints received from external sources since the previous audit.</p>
<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</p>	<p>FA</p>	<p>Summerset on Summerhill is certified to provide rest home and hospital (medical and geriatric) levels of care. There are 45 dual-purpose beds in the care centre, including one dedicated oncology bed, funded by Te Whatu Ora Te Pae Hauora o Ruahine o Tararua MidCentral. On the first day of the audit there were 42 residents; 12 at rest home level, and 30 at hospital level. There was one resident absent during the audit as the resident had been admitted to the local hospital. During the audit,</p>

<p>bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>two new residents were admitted, including one oncology resident and one respite care resident (rest home level care). Besides the oncology contract, all residents are under the aged-related residential care (ARRC) contract.</p> <p>The non-clinical village manager has had previous management roles within Summerset. The village manager is supported by a care centre manager, who is a RN with a current annual practising certificate and has many years of health management experience with relevant training.</p> <p>The Governance body for Summerset is the Operational and Clinical Steering Committee, which is run bimonthly and chaired by the General Manager of Operations and Customer Experience. All members on the committee hold senior roles in Summerset. 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 on Summerhill has a site-specific business plan called “key village activities”. This document includes goals around seven dimensions: financial performance; residents’ satisfaction; pandemic planning and management; staff satisfaction; high-quality care; health and safety; and sustainability/social responsibility. The village manager completes three-monthly progress reports toward these identified goals. Summerset maintains a dementia-friendly recognition.</p> <p>Interviews with the regional manager confirmed their clinical steering committee is the governance body. They are 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.</p> <p>There are policies and resources available for staff to understand the application of health models for Māori and Pasifika – this includes completion of competencies, staff education and ongoing training. The governing body actively supports the provision of culturally safe practices and is supporting and embracing the use of te reo within Summerset. It is also engaging with an external provider’s Māori</p>
---	--

		<p>business unit and identified leaders in the Pacific community to provide support, advice, and governance around cultural safety issues, equity and identifying barriers to accessing services for both Māori and Pacific groups. There is a plan to work further with the external provider to develop an assessment process for all Summerset staff. 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.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Summerset on Summerhill has a planned and implemented quality and risk system. There is a quality programme annual calendar which includes schedules of training, meetings, and audit requirements for the month. The quality programme is implemented by the village manager and the care centre manager.</p> <p>The service is implementing an internal audit programme that includes all aspects of clinical care. Monthly and annual analysis of results is completed and provided to staff. There are monthly accident/incident benchmarking reports that break down the data collected across the rest home and hospital, with this compared to other Summerset services of similar size and composition. Infection control is also included as part of benchmarking across the organisation. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Caregivers, staff, management, quality improvement and infection control meetings were completed as scheduled. Meeting minutes included: quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; clinical issues; and education. Resident and family/whānau (consumer) satisfaction surveys are completed annually and consistently reflect high levels of satisfaction. The 2022 consumer survey overall satisfaction level is 89%, which is higher than the national Summerset benchmark. Residents and family/whānau also confirmed their satisfaction with the service during interview. Resident's meetings occurred and infection prevention and control and Covid-19 were discussed at meetings.</p> <p>A health and safety system is being implemented. Hazard identification</p>

		<p>forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually. A comprehensive health and safety audit was completed in July 2022, and it showed 91.75 % compliance. A review of the audit outcome report showed that training needs are identified and required corrective actions were implemented.</p> <p>The individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available to visit as required. Each incident/accident is documented electronically. Eleven accidents/incidents were reviewed for September and October 2022. All reports were fully completed with clinical follow ups. Incident and accident data is collated monthly and analysed. Results are discussed in the caregivers, RNs and at quality improvement meetings. There is a policy and procedure for recording neurological observations; these are consistently recorded for unwitnessed falls.</p> <p>Discussions with the facility manager evidenced her awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications completed in 2022. There had been two outbreaks documented since the last audit: Norovirus and a Covid-19 outbreak in June. These were appropriately notified, managed and staff debriefed. There are procedures to guide staff in managing clinical and non-clinical emergencies.</p> <p>The service provides sufficient training to ensure their nurses and care staff can deliver high-quality health care for Māori. Staff completed Māori cultural competencies in 2022. Summerset on Summerhill critically analyses organisational practices in order to improve health equity.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved</p>	<p>FA</p>	<p>There is a documented rationale for determining staffing levels and skill mix for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. There are clear guidelines for an increase in staffing, depending on resident acuity. The village manager and care centre manager work 40 hours per week Monday to Friday and are available on call for any</p>

<p>through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>emergency issues or clinical support. The clinical nurse lead works Wednesday to Saturday.</p> <p>Interviews with staff, residents, and family/whānau confirmed that staffing levels are sufficient to meet the needs of residents.</p> <p>There is an annual education and training schedule being implemented, which includes cultural awareness training. External training opportunities for care staff include training through Te Whatu Ora–Te Pae Hauora o Ruahine o Tararua MidCentral and hospice.</p> <p>Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform creates opportunities for the workforce to learn about and address inequities</p> <p>The service supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing. All RNs are encouraged to attend in-service training and have completed: critical thinking; infection prevention and control, including Covid-19 preparedness; identifying, and assessing the unwell resident; dementia; delirium; and depression. All RNs are encouraged to complete the organisation’s professional development and recognition portfolio.</p> <p>Staff complete competencies relevant to their role, such as (but not limited to): medication; hand hygiene; moving and handling; wound; cultural competency for Māori/Pasifika; and restraint. A competency register is maintained and monitored.</p> <p>The collection and sharing of Māori health information is included in key performance indicator (KPI) data that is collated, analysed, and shared with staff.</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>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Eight staff files reviewed (two caregivers, three RNs, the clinical lead, a DT, and a kitchen assistant) evidenced implementation of the recruitment process,</p>

<p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>employment contracts, police vetting, and completed orientation.</p> <p>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 orientation. The service demonstrates that the orientation and training programme supports RNs and caregivers to provide a culturally safe environment for Māori. Staff interviewed confirmed that they had a relevant and comprehensive orientation. Ethnicity data is identified, and an employee ethnicity database is available.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The service maintains a record of entry and decline rates. The village manager reported that the service has not declined entry to anyone identifying as Māori and that they are aware of completing Māori specific data. There were no residents who identified as Māori at the time of audit.</p> <p>The service works in partnership with local Māori communities, organisations, and their kaumātua.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p>	FA	<p>Six resident files were reviewed (two rest home level, including one respite care, and four hospital-level care, including an oncology resident's file).</p> <p>The service contracts a GP and independent nurse practitioner (NP) from a local health centre for weekly visits. Some residents choose to retain their own GP. The permanent residents' files evidenced that the NP visits the service at least weekly and is available on call. The NP</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. The NP (interviewed) commented positively on the service and confirmed appropriate and timely referrals.</p> <p>Registered nurses are responsible for all resident assessments, care planning and evaluation of care. Resident care plans are developed using an electronic system.</p> <p>All assessment and care planning is undertaken by a registered nurse. Initial care plans are developed with the resident and the resident's enduring power of attorney (EPOA) consent within the required timeframe. Long-term care plans had been completed within 21 days for long-term residents and the first interRAI assessments had been completed within the required timescales for all resident files reviewed. InterRAI assessments sampled had been reviewed six-monthly and care plans evaluated within the required six-month timeframe with written progress towards goals. The residents' activity needs are reviewed six-monthly at the same time as the care plan review process.</p> <p>Short-term care plans are developed for the management of acute problems. These were also noted on the staff handover sheets, which were comprehensive in nature. Caregivers described a verbal and written handover between the shifts. Progress notes are maintained on every shift and for all significant events.</p> <p>Resident electronic files identify the integration of allied health professional input into care and a team approach is evident. A physiotherapist and dietitian are available by referral. A podiatrist visits six-weekly. Other allied health professionals involved in care include hospice, clinical nurse specialists and medical specialists from Te Whatu Ora Te Pae Hauora o Ruahine o Tararua MidCentral.</p> <p>The clinical lead and three RNs interviewed describe supporting a past Māori resident and their whānau to identify their own pae ora outcomes in their care and support plan. This was evident in the file of the former resident.</p> <p>Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p>
--	--	--

		<p>Family/whānau were notified of all changes to health, including infections, accidents/incidents, GP/NP visits, medication changes and any changes to health status. Family/whānau notifications and discussions were evident in the files reviewed.</p> <p>A wound register is maintained. There were 15 wounds in total. These include three pressure injuries (stage I and stage II); the remaining wounds were skin tears, and minor lisions. Wound dressings were being changed appropriately in line with the documented management plan. The service can access the local wound nurse specialist if required.</p> <p>Residents' records, observations, and interviews verified that the care provided to residents was consistent with their assessed needs, goals, and aspirations. The residents and family/whānau interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>Continence products are available and care plans reflect the required health monitoring interventions for individual residents.</p> <p>Previous audits identified issues around lack of medical information, care plan interventions, and implementation of monitoring charts. A review of the respite resident's file and an oncology resident's file showed that medical information was available on entry to the service and initial care plans were completed; they included interventions around risk management. Caregivers and RNs complete monitoring charts, including: bowel charts; blood pressure; turning charts; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regimens. Monitoring charts were completed according to the care plan interventions. All of these issues were addressed. The previous audit shortfall (NZS 8134:2008 criteria 1.3.6.1.) has been addressed. Also link 6.2.2 around restraint monitoring.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services</p>	<p>FA</p>	<p>Summerset on Summerhill employs one full-time diversional therapist (DT) and a part-time activities assistant who leads and facilitates the activity programme.</p> <p>The activities programme supports community initiatives that meet the health needs and aspirations of Māori and whānau. There are organised celebrations of Waitangi Day and Matariki. Māori language</p>

<p>to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>week was celebrated. Celebration photographs were displayed showing staff participation in cultural activities around the facility, including staff who identify as Māori. During the interview, the DT presented a file from a former Māori resident which evidenced meeting the resident's needs and aspirations.</p> <p>Residents visit their family/whānau in the community and families can visit the residents in the facility.</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>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice. The RNs and senior caregivers are responsible for the administration of medications. They have completed medication competencies and annual medication education. The RNs have completed syringe driver training. All stock medications and robotic rolls were evidenced to be checked on delivery, with discrepancies fed back to the supplying pharmacy. Standing orders are not used by the service. There is a hospital stock of medications that are checked weekly. Eye drops are dated on opening. There was a resident who self-administers inhalers. Appropriate processes were in place to ensure this was managed in a safe manner. The medication fridge and medication room temperatures were monitored, and daily records were within the acceptable range.</p> <p>Twelve resident medication charts (eight hospital-level care and four rest home-level care) on the electronic medication system were reviewed. The medication charts had photograph identification and allergy status recorded. Staff recorded the time, date, and outcomes of PRN medications. All PRN medications had an indication for use. All medication charts had been reviewed by the GP/NP at least three-monthly. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the NP.</p> <p>Residents and their family/whānau are supported to understand their medications when required. The care centre manager and the NP stated that appropriate support and advice will be provided when requested by Māori.</p> <p>There is a process for comprehensive analysis of medication errors and</p>

		<p>corrective actions implemented as required.</p> <p>The service has recently changed its pharmacy due to high medicine packaging errors from the previous pharmacy. Quality data shows a reduction in pharmacy-related medicine errors.</p> <p>Summerset head office has been reviewing medication errors and implementing a medicines optimisation programme. The service is currently implementing an improvement project around reducing the number of medications each resident takes simultaneously (polypharmacy).</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>Summerset on Summerhill now provides their own food services for the facility. The kitchen manager/chef (interviewed) is supported by a team of three cooks, and café staff. The current menu has been reviewed by a dietitian at the organisation level.</p> <p>There is a food control plan in place expiring June 2023. Kitchen staff are trained in safe food handling. Kitchen staff and care staff interviewed understood tikanga Māori practices in line with tapu and noa requirements.</p> <p>Residents’ nutritional requirements are assessed on admission to the service, in consultation with the residents and their family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements.</p> <p>The Māori health plan in place includes cultural values, beliefs, and protocols around food. The kitchen manager/chef stated that menu options culturally specific to te ao Māori will be offered to Māori residents when required, giving some examples of culturally specific food that might be offered when required. The village manager and the kitchen manager/chef gave examples how they met the former Māori resident’s cultural food needs. Family/whānau are welcome to bring culturally specific food for their relatives. Residents and family/whānau members interviewed indicated satisfaction with the food services.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services, social support or kaupapa Māori agencies, where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The current building warrant of fitness is displayed at reception and expires on 24 July 2023. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose.</p> <p>A full-time property manager of the care centre and villas (also available on call) oversees a property assistant and two gardeners. Maintenance requests for repairs are logged onto the online system where they are actioned and signed off when completed. There are preferred contractors available 24 hours. Monthly planned maintenance duties are set by the head office. These include resident-related and environmental planned maintenance and are signed off when completed.</p> <p>The village manager and care centre manager interviewed were fully informed around seeking consultation/input with Summerset Māori health advisors and/or community representatives, if needed, to ensure the design and environment of future redesign would reflect the identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on</p>	FA	<p>There are emergency and disaster manuals to guide staff in managing emergencies and disasters. There is an approved evacuation plan. Fire evacuations are held six-monthly. The civil defence cupboard is well-equipped and checked regularly. There is sufficient water, food, and</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>alternative cooking in the event of an emergency.</p> <p>The building is secure after hours, and staff complete security checks at night. The staff orientation includes fire and security training.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There are a number of policies and procedures related to pandemic management, management of personal protective equipment (PPE), Covid-19 and outbreak management. Education around outbreak management is included as part of annual training and updates as needed. There is a plentiful supply of PPE on site and additional stores available from head office.</p> <p>The organisation is working towards incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti. The staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi. The organisation is working towards involving cultural kaitiaki representation on how te reo Māori can be incorporated into infection control information for Māori residents.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>All infections are recorded electronically. The data is collated and analysed to identify any significant trends or common possible causative factors monthly and action plans are implemented. There are standardised surveillance definitions used. The infection control coordinator is a RN who is responsible for monitoring infection data and the responsibility is documented in the infection control coordinator's job description.</p> <p>The infection prevention and control programme links with the quality programme. There is close liaison with the NP that advises and provides feedback/information to the service. 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 short-term care plans sampled for review evidenced that residents who developed a healthcare-associated infection, were advised of the</p>

		<p>condition in a timely manner. The care centre manager reported that culturally safe processes for communication will be provided when required. Residents and families/whānau interviewed expressed satisfaction with the communication provided.</p> <p>There has been one Covid-19 outbreak since the previous audit, with 31 residents affected. Document review showed that the service followed its pandemic plan. Families/whānau were kept informed by telephone or email. Visiting was restricted.</p> <p>Infection control surveillance is discussed at quality, RN, and caregiver meetings. Infection rates are reported to the Operations and Clinical Steering Committee in their bimonthly report. The rates are provided in graph format with associated commentary. Infection control data is benchmarked against other Summerset facilities. Proposed corrective actions and improvements are included in the commentary in the reports and reviewed and discussed at the meetings. Meeting minutes and graphs are displayed for staff. The service receives email notifications and alerts from Summerset head office and Te Whatu Ora Te Pae Hauora o Ruahine o Tararua MidCentral for any community concerns.</p> <p>The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The governance group are aware of their responsibilities in respect of restraint elimination. This is outlined in policy and procedure and was confirmed at interview with the regional manager.</p> <p>Interviews with the management and staff confirm that the service is working towards a restraint-free environment. The clinical nurse lead is the restraint coordinator. Restraint data is benchmarked, and the restraint coordinator described how corrective actions would be implemented where required.</p> <p>Interview with the management team, and the restraint coordinator confirmed that they are aware of working in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>There are four residents listed on the restraint register and they are all</p>

		<p>requiring hospital-level care. Four residents are using side rails and one of these residents was also using a lap belt when the resident was in the chair. The restraint register was maintained and current. Care plan interventions around restraint use included risks and monitoring requirements. Monitoring charts were completed as checked, but there were no documented details of the effect of restraint and staff observations during restraint (Link # 6.2.2.).</p> <p>Restraint audits are completed; the last audit showed 97% compliance. The outcome of the audit is discussed at monthly RN and caregiver meetings and the required follow up from the audit is completed. Restraint is included as part of the mandatory training plan and orientation programme.</p> <p>Use of restraints nationally is included in the bimonthly reports as one of the clinical indicators. Restraint use is demonstrated in graphs showing a breakdown of restraint use by site and the 12-month trend for Summerset restraint use. A breakdown of the types of restraints in use at a national level is also provided.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>PA Low</p>	<p>The restraint policy describes monitoring requirements. Care plan interventions around restraint use included risks and monitoring requirements were documented in files reviewed. Monitoring charts were completed as checked, but there were no documented details of the effect of restraint and staff observations during restraint. A review of the monitoring charts showed documentation shortfalls.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 6.2.2</p> <p>The frequency and extent of monitoring of people during restraint shall be determined by a registered health professional and implemented according to this determination.</p>	PA Low	<p>Care plan interventions around restraint use included risks and monitoring requirements. Monitoring charts were completed as checked, but there were no documented details of the effect of restraint and staff observations during restraint. A review of the monitoring charts showed that restraint was initiated after morning care and released around 4 pm for 15-25 minutes, then re-initiated until the resident went to bed. Between these times the restraint was not released and there were no other schedules such as toileting, showing that the restraint could have been released. In addition to this, there was no evidence showing the collection or reporting of total restraint usage data in 24 hours, or weekly, and</p>	<p>There were no documented details of the effect of restraint and staff observations during restraint. A review of the monitoring charts showed that restraint was initiated after morning care and released around 4 pm for 15-25 minutes, then re-initiated until the resident went to bed. Between these times the restraint was not released and there were no other schedules such as toileting, showing that the restraint could have been released.</p>	<p>Ensure that monitoring charts include staff observations around the effect of restraint use and ensure that restraint is released when it is safe to do so, and alternative strategies are documented.</p> <p>90 days</p>

		any elimination strategy.		
--	--	---------------------------	--	--

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 of this audit.

No data to display

End of the report.