

Summerset Care Limited - Summerset Mountain View

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 Mountain View
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 19 April 2023 End date: 19 April 2023
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:	39

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 fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Summerset Mountain View provides hospital (geriatric and medical) and rest home level of care for up to 72 residents. There were 39 residents on the days of audit.

This unannounced surveillance audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand - Taranaki. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a nurse practitioner.

The service is managed by a suitably qualified village manager and care centre manager. There have been no significant changes to the facility or services since the last audit. Residents and family/whānau interviewed spoke positively about the care provided.

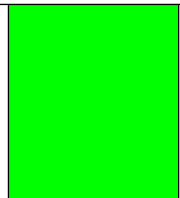
There are quality systems and processes implemented. There is a stable team of experienced caregivers and non-clinical staff to support the management team and registered nurses. Hazards are identified and appropriately managed.

An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. Competencies specific to the employee roles are reviewed annually.

The service has addressed the previous audit shortfall relating to the implementation of required monitoring.

This surveillance audit has identified no further improvements required.

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 fully attained.
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There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan.

The service is guided by the cultural policies and training sessions that outline cultural responsiveness. The service partners with Pacific communities to encourage connectiveness.

The service follows relevant best practice tikanga guidelines in relation to consent. A complaints management policy includes information on access to advocacy and complaint support systems.

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 fully attained.
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The 2023 business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented.

Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There is a documented rationale for determining staffing levels and skill mix for safe service delivery. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service demonstrates the training programme supports staff to provide culturally safe care. Cultural training includes health equity training.

Personal resident information is kept confidential and secure.

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 fully attained.
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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 Mountain View has in-house food services for the facility. Resident's individual cultural and dietary needs were identified and accommodated.

Transfer, exit, and discharges occur in a coordinated manner with the involvement of family/whānau and other services to ensure continuity of care.

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 fully attained.
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The building has a current warrant of fitness and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Equipment is maintained through monitoring and calibration. Security arrangements are in place to ensure the safety of the residents and staff. Visitors and staff are clearly identifiable.

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 fully attained.
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The infection control programme and antimicrobial stewardship programme is appropriate for the size and complexity of the service. There is a pandemic and outbreak management plan. There are appropriate number of protective personal equipment to manage outbreaks.

The infection control coordinator is a registered nurse. Education includes cultural appropriate practices related to infection control.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There had been two COVID-19 outbreaks recorded and reported on since the last audit.

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.		Subsections applicable to this service fully attained.
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There is a governance commitment to eliminate restraint. The restraint coordinator is a registered nurse. At the time of the audit the facility was restraint free. Restraint minimisation practice is part of the annual education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions when restraint is considered. Restraint use is part of the reporting process within the quality programme.

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	23	0	0	0	0	0
Criteria	0	60	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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 Mountain View has policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. A Māori health policy and procedure is in place and describe a commitment to a diverse workforce and development of the Māori workforce.</p> <p>Māori staff are employed across all levels of the service. The service supports increasing Māori capacity by employing more Māori staff members, including in 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 enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve</p>	FA	<p>Summerset Mountain View currently have 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 be met. There are staff members who identify as Pasifika. Pacific Peoples Health policy and procedure describe culturally safe services based on Ola Manuia: Pacific Health and Wellbeing Action Plan</p>

<p>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>2020–2025. 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. The service is linked with their Pacific staff to assist with the implementation of the Pacific peoples policy.</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>	FA	<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) and 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. The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place.</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>	FA	<p>Summerset Mountain View annual training plan schedules training that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi was provided in 2022 to support the provision of culturally inclusive care. The organisation's orientation includes understanding the principles of Te Tiriti o Waitangi. Māori cultural days are celebrated (including Matariki and Waitangi Day). The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Policies and procedures are updated to ensure that te reo Māori and tikanga practices are incorporated in all activities undertaken. The service responds to residents' needs through collaboration and participation of family/whānau. Interviews with staff (three caregivers, two registered nurses [RNs], two diversional therapists [DTs], one regional chef manager, two</p>

		<p>clinical nurse leaders [CNLs]) and one care centre manager [CCM]) and review of care plans identified that the service provides a resident and family/whānau centred service.</p> <p>Eight residents (two hospital and six rest home) interviewed, and four family/whānau (two hospital and two rest home), confirmed that individual choices, independence, and cultural beliefs are respected.</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>Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Staff complete education on orientation and annually as per the training plan on code of conduct and professional boundaries.</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. The staff survey for 2022 evidence staff satisfaction related to approachable management, positive work environment and great teamwork.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy links to tikanga guidelines. The Māori Health Equity policy is available to guide on cultural responsiveness to Māori perspective of health. The registered nurses interviewed demonstrated a good understanding of informed consent processes. Cultural training includes best tikanga guidelines. The care centre manager interviewed had a good understanding of the importance of face-to-face communication for Māori.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. A complaints management policy includes information on access to advocacy and complaint support systems. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, had been addressed promptly.</p> <p>The care centre manager and village manager are responsible for the management of complaints, and they described how they provide Māori residents with support to ensure an equitable complaints process.</p> <p>A complaints register is being maintained. Ten complaints were lodged for 2021-2023 year to date. No trends have been identified. All complaints were documented as resolved to the satisfaction of the complainant. Follow up and resolution letters link to the national advocacy service. Complaints follow up and resolution occur within the guidelines of the Health and Disability Commissioner (HDC). There is one HDC complaint currently under investigation.</p> <p>The Ministry of Health requested follow up against aspects of a complaint that included subsection 2.5 Information (criteria # 2.5.1 requests for personal information); subsection # 3.2 My pathway to wellbeing (criterion # 3.2.4 related to timeframes, that GP assessments are completed on admission to service, and support plan documentation when a residents needs change; and criterion # 3.2.5 interval times of when support plans are reviewed, and inclusion of resident and whanau in reviews). There were no identified issues identified at this audit in respect of this complaint.</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>FA</p>	<p>Summerset Mountain View provides rest home and hospital level care for up to 52 residents in the care centre. All rooms are dual-purpose. There are also 20 apartments in the same building which are certified for rest home level of care. On the day of the audit, there were 34 residents in the main care centre (19 rest home level and 15</p>

<p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>hospital level). Of the 20 apartments certified, 5 were occupied by residents receiving rest home level of care; giving a total occupancy of 39 residents. All residents were under the aged residential care contract (ARCC), apart from two respite (rest home), and one funded by ACC.</p> <p>The village manager (VM) is responsible for the overall village. The VM has been employed at Summerset for over 8 years and has a background in banking. The village manager attends ARCC meetings and related education sessions. The village manager is supported by a care centre manager/RN.</p> <p>Summerset Group has a well-established organisational structure. The governance body for Summerset is the Operational and Clinical Steering Committee that is run bimonthly and chaired by the general manager of operations and customer experience. Members of the committee include the chief executive for Summerset, group operations managers, head of clinical services, operations finance business partner, customer experience manager and operations and business improvement managers. Each of the Summerset facilities throughout New Zealand is supported by this structure.</p> <p>The director for Summerset is a member of the governing committee and is the CEO. The CEO works with the chair of the committee and the members to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care service standards and outcomes, mitigation of risks and a focus on continuous quality improvement. Hourua Pae Rau (Deloitte's Māori sector team) assist at governance level. The governance body for Summerset have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. The Māori health policy and procedure reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery.</p> <p>The business plan for Summerset Mountain View for 2023 describes annual goals and objectives that support outcomes to achieve equity for Māori and addressing barriers for Māori. Cultural safety is</p>
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		<p>embedded within the documented quality programme and staff training.</p> <p>Tāngata whaikaha have meaningful representation through monthly resident meetings, quarterly advocacy meetings and quarterly satisfaction surveys. The management team review the results and feedback to identify barriers to care, to improve outcomes for all residents. The governance and management team have an open and transparent decision management process that includes regular staff and residents' meetings.</p> <p>The care centre manager completed their eight hours of professional development activities related to managing an aged care facility. Other training completed includes advocacy and complaint management; infection control; health and safety; fire safety; emergency procedures and COVID-19 preparedness, managing the deteriorating resident and observation and reporting.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Summerset Mountain View 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</p>

	<p>education. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved. Resident and family/whānau (consumer) satisfaction surveys are completed quarterly and consistently reflect high levels of satisfaction. The consumer surveys for 2022 evidenced overall high satisfaction in relation to the surveyed areas (food, property, and communication), which was higher than the national Somerset benchmark. Residents and family/whānau also confirmed their satisfaction with the service during interview. There is a corrective action plan in place related to improvement of the evening meal. Resident's meetings occur and infection prevention and control and Covid-19 are discussed at these meetings.</p> <p>A health and safety system is being implemented. Hazard identification 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 is included in the audit schedule. 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 February and March 2023. 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.</p> <p>Discussions with the care centre manager evidenced her awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been seven Section 31 notifications completed in 2022-2023 year to date, which related to: four pressure injuries (unstageable); two related to notifications of no admissions due to staff illness (May and July 2022); and one related to an absconding resident.</p> <p>There had been four Covid-19 outbreaks documented between February 2022 and June 2022. There was one Covid-19 outbreak</p>
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		<p>documented in March 2023. These were appropriately notified, managed and staff debriefed. One notification in November 2022 was related to a change in care centre manager.</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. As part of the overall annual review of the quality programme, the service reviews the annual education and competence programme. Staff are supported to learn te reo Māori, and e-learning material and resources are available.</p> <p>Critical analysis of organisational practice is completed through benchmarking and analysis and reports at national level, annual review of the quality programme, review of policies and internal audits.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented 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 emergency issues or clinical support. The clinical nurse leaders cover the week from Monday to Sunday with three weekdays overlapping. The nurse practitioner (NP) provides on-call support after hours.</p> <p>On the day of the audit, there were 34 residents in the main care centre (19 rest home level and 15 hospital level). Of the 20 apartments certified, 5 were occupied by residents receiving rest home level of care.</p> <p>There are one RN on in the morning, afternoon and on night shift. They are supported by six caregivers (all long shift) in the morning, five in the afternoon (long shifts) and three caregivers on at night. There is a support caregiver (kaitiaki) on in the morning and in the afternoon.</p> <p>There is an additional caregiver allocated for morning, afternoon, and</p>

	<p>nights for the five rest home residents in the service apartment. The clinical leaders and RN provide oversight for the rest home residents in the service apartments.</p> <p>The RN on each shift is aware that extra staff can be called on for increased resident requirements. There are dedicated housekeeping and laundry staff seven days a week. Interviews with staff, residents, and family/whānau confirmed that staffing levels are sufficient to meet the needs of residents.</p> <p>A Māori Health policy and procedure includes objectives around establishing an environment that supports cultural safe care through learning and support. There is an annual education and training schedule completed for 2022 and is being implemented for 2023. The education and training schedule lists compulsory training, which includes cultural communications and understanding, and Treaty of Waitangi awareness training. Cultural awareness training is part of orientation and provided annually to all staff; last completed in February 2023. Cultural training includes health equity training. Educational outcomes and objectives include an understanding of health equity. Training includes a focus on supporting Māori and improved health outcomes. Staff interviewed stated how they are supported to learn te reo Māori.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Summerset supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 27 caregivers employed in total. Sixteen caregivers have achieved either level three or level four NZQA qualification. All caregivers are required to complete annual competencies for restraint, moving and handling, personal protective equipment (PPE), medication, handwashing, fire training and drill, insulin administration, and cultural competencies.</p> <p>All new staff are required to complete competency assessments as part of their orientation. Registered nurses' complete competencies, including restraint, medication competency (including controlled drug management, insulin administration and syringe driver training) and oxygen administration. Additional RN specific competencies include subcutaneous fluids, and interRAI assessment competency. Nine of</p>
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		<p>nine RNs are interRAI trained. All RNs attended in-service training and completed training on: critical thinking and problem solving; effective communication within the care environment; and infection prevention and control, including Covid-19 preparedness. External training opportunities include training through Te Whatu Ora and hospice.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (three caregivers, one RN (the clinical lead) and care centre manager) evidenced implementation of the recruitment process, employment contracts, police vetting, and completed orientation.</p> <p>A register of practising certificates is maintained for all health professionals. There is an up-to-date schedule of performance appraisals.</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>Staff complete competencies relevant to their role, such as (but not limited to): medication; hand hygiene; moving and handling; wound; cultural competency; and restraint. A competency register is maintained and monitored.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity</p>	<p>FA</p>	<p>There is a resident records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Summerset business continuity plan in case of information systems</p>

<p>data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents past paper-based documents are securely stored and uploaded to the system.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The village manager is the privacy officer and there is a current Privacy of Resident Information policy that evidences a documented process on the release of personal information on request. Internal audits related to privacy is conducted at regular intervals. Staff completed privacy related training in March 2023. The village manager completed privacy training module through the Privacy Commissioner website. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</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 service collects ethnicity information at the time of admission from individual residents and this is recorded on admission. The service identifies entry and decline rates for Māori, which is reported to head office. The service identifies and implements supports to benefit Māori and family/whanau. There were residents who identified as Māori at the time of the audit. The service works with local Māori communities and organisations.</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</p>	FA	<p>Five resident files were reviewed (two hospital and three rest home level care, including two respites with one under ACC)</p> <p>The service contracts a nurse practitioner (NP) from local health care</p>

<p>wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>service. The NP visits weekly to see any residents of concern and is available on call. The resident files identified the NP had seen the resident within five working days of admission and had reviewed the residents at least three-monthly or earlier if required. More frequent NP reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The NP interviewed commented positively on the service, the competence of the clinical staff and confirmed appropriate and timely referrals were done.</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. Initial care plans are developed with the resident and the residents' enduring power of attorney (EPOA) consent within the required timeframe. Risk assessments are conducted on admission. Outcomes of the assessments formulate the basis of the long-term care plan. Long-term care plans were developed within 21 days for long-term residents and the first interRAI assessments had been completed within the required timescales for all long-term care resident files reviewed.</p> <p>InterRAI assessments sampled had been reviewed six-monthly and care plans were evaluated within the required six-month timeframes, or sooner for residents with significant changes in health status. Written evaluations reviewed identify if the resident goals had been met or if further interventions and support are required. Long-term care plans had been updated with any changes to health status. Interventions in the long-term care-plans were resident specific and detailed enough to provide clear guidance for the caregivers on the delivery of care.</p> <p>Cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan. The resident activity needs are assessed on admission and reviewed six-monthly, or sooner as residents needs change.</p> <p>Short-term care plans are developed for management of short-term needs, including (but not limited to) infections, falls, wounds, weight management and behaviours.</p> <p>Progress notes are maintained on every shift and for all significant events. Caregivers and RNs described a verbal and written handover</p>
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		<p>between shifts.</p> <p>Family/whānau were notified of all changes related to the resident's care, including infections, accidents/incidents, NP visits, medication changes and any changes to health status. Family/whānau notifications and discussions were evident in the files reviewed.</p> <p>Resident electronic files identify the integration of allied health professional input into care and a team approach is evident. A physiotherapist from a local provider visit weekly and a podiatrist visit six-weekly. Other allied health professionals involved in care include hospice, dietitian, clinical nurse specialists and medical specialists from Te Whatu Ora- Taranaki.</p> <p>The clinical nurse leaders and two RNs interviewed describe supporting Māori resident's and their whānau to identify their own pae ora outcomes in their care and support plan.</p> <p>A wound register is maintained in a file. There were 22 wounds in total (from 13 residents). These included three pressure injuries (stage I and stage II), skin tears, incontinence associated dermatitis, and minor lesions. Wound assessments, management plans, evaluations and photographs were evident for wounds reviewed. Wound dressings were being changed appropriately in line with the documented management plans. The service can access the local wound nurse specialist and NP for guidance if required. Continence products are available and care plans reflect the required health monitoring interventions for individual residents.</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>A review of the files showed that residents were reviewed by the NP within five working days on admission, three-monthly and as needs changed. There was evidence of families/whānau being kept informed of resident health changes, including (but not limited to) NP reviews, medication changes, accident/incidents, and changes in health status.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The monthly activities calendar includes celebratory themes and events. The activities calendar is posted on noticeboards throughout the facility. Residents advised verbally of the activities available that day. The service facilitates opportunities for Māori to participate in te ao Māori, through the use of Māori language flash cards, the use of Māori mythology stories, poi exercises and culturally focussed music. There are opportunities to learn some basic te reo Māori simple conversations, new words and some popular waiata (songs). The diversional therapists interviewed stated that the service supports community initiatives to meet the health needs and aspirations of Māori and whānau. There is a Māori chaplain accessible that can perform blessing and karakia.</p> <p>The service engages with a local community volunteers, entertainers, and visitors.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice. The RNs 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 as needed. Standing orders are not used by the service and there are no vaccinations kept on site. There is a hospital stock of medications that are checked monthly. Eye drops are dated on opening. The medication fridge and medication room temperatures</p>

		<p>are monitored, and daily records were within the acceptable range.</p> <p>There are two residents who self-administer their regular medications, with locked cupboards for safe storage in their rooms. Appropriate processes are in place to ensure this was managed in a safe manner, including three-monthly resident competencies completed by the RNs and NP.</p> <p>Ten resident medication charts on the electronic medication system were reviewed. The medication charts had photograph identification and allergy status recorded. Staff consistently recorded the time, date, and outcomes of 'as required' (PRN) medications. All PRN medications had an indication for use. All medication charts had been reviewed by the NP at least three-monthly. All over the counter vitamins or alternative therapies residents choose to use are reviewed and prescribed by the NP.</p> <p>The staff observed, demonstrated good knowledge, and had a clear understanding of their roles and responsibilities related to each stage of medicine management. The service currently uses robotics for regular medication and blister packs for controlled drugs. The clinical nurse leaders stated that appropriate support and advice will be provided when requested by Māori.</p> <p>There was documented evidence in the clinical files that relatives are updated around medication changes, including the reason for changing medications and side effects. Residents and their family/whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>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>The menu is distributed to the residents weekly, allowing a choice of meals. The chef manager consults directly with residents to gain feedback of the food services and adjusts the menu if any special requests are required. The chef manager advised that as part of cultural celebrations (eg, Matariki), there is choice of Māori foods. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes. Food safety training completed by kitchen staff includes cultural concepts such as tapu and noa. The chef manager described how they would provide</p>

		menu options culturally specific to te ao Māori if requested by residents.
<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 6 September 2023. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. A visual inspection of the environment reflects art and décor that is reflective of peoples' cultures and an environment that is supportive of cultural practices.</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. The annual and preventative maintenance plan includes the checking and calibration of medical equipment, electrical compliance of equipment and hot water temperatures. All were completed as scheduled.</p> <p>The village manager and care centre manager interviewed were fully informed around seeking consultation/input with Summerset Māori</p>

		health advisors and/or community representatives, if needed, to ensure the design and environment of future redesign would reflect the identity of Māori.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	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.</p> <p>The building is secure after hours, and staff complete security checks at night. The staff orientation includes fire and security training. A security company provides additional supports at night. There is closed circuit television in key areas for additional security support.</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>	FA	<p>There is an organisational pandemic and outbreak plan in place, and this is reviewed at regular intervals. There is a full suite of documents that guide staff practice. The facility reviewed their infection prevention programme in December 2022.</p> <p>Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), were sighted. The infection control and prevention resources were readily accessible to support the pandemic plan if required. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has access to infection prevention information in te reo Māori through the company web. The infection prevention control coordinator partners with Māori residents and staff to ensure the protection of culturally safe practices in infection prevention, and acknowledging the spirit of Te Tiriti. In interviews, staff understood tikanga guidelines related to infection prevention and control.</p> <p>The managers interviewed described infection prevention and control input into environmental upgrades to the facility. The Māori health plan includes the importance of ensuring culturally safe practices in infection prevention and control. The infection prevention and control</p>

		coordinator has access to a Māori health advisor as needed.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>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 GP 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 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 have been two Covid-19 outbreaks since the previous audit. Document review showed that the service followed its pandemic plan. Families/whānau were kept informed by telephone or email. Visiting was restricted. The implementation of the pandemic plan was successful.</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</p>

		<p>office and Te Whatu Ora Health New Zealand – Taranaki for community concerns.</p> <p>Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated 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 restraint policy and business plan identify the organisations' commitment to minimising restraint use. Restraint use is benchmarked and link to operational goals of reducing and eliminating restraint. The facility has been restraint free since June 2022. The restraint register is maintained.</p> <p>The restraint approval process is described in the restraint policy and procedure and provides guidance on the safe use of restraints. The restraint coordinator is a registered nurse, who provides support and oversight. The restraint coordinator (not available at the time of the audit) has a job description in relation to restraint responsibilities.</p> <p>The quality reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff.</p> <p>Restraint will only be used as a last resort when all alternatives have been explored. Regular training occurs in management of challenging behaviour and restraint minimisation. Staff completed restraint competencies. Review of restraint use is discussed at staff meetings.</p> <p>Interview with the CCM and CNLs confirmed that they are aware of working in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>Restraint audits are completed, and evidence to be fully compliant. 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>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.