

Summerset Care Limited - Summerset at Heritage Park

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 at Heritage Park
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 April 2023 End date: 21 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:	67

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
	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
	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 at Heritage Park provides hospital (geriatric and medical) and rest home level of care for up to 78 residents. There were 67 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 Health New Zealand – Te Toka Tumai Auckland. 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 general practitioner.

The village manager has been in the role for three years and is supported by a care centre manager who is a registered nurse. They are supported by registered nurses, experienced healthcare assistants and experienced administration staff. Summerset head office staff supports the facility. The residents and relatives interviewed spoke very positively about the care and support provided.

There were no areas for improvement identified at the previous certification audit.

This audit did not identify any areas requiring improvement.

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.

Summerset at Heritage Park provides an environment that supports resident rights and cultural safe care. A Māori health plan is in place. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

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.

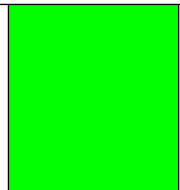
Subsections applicable to this service are fully attained.

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 Heritage Park.

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.
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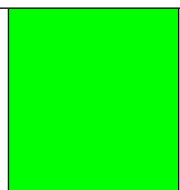
Registered nurses are responsible for each stage of service provision. Care plans are holistic and demonstrate service integration.

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 at Heritage Park 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.
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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.

There is an organisational pandemic plan in place. Adequate supplies of personal protective equipment were sighted. A monthly surveillance infection control report is completed, and analysis and benchmarking occur. The service has had two Covid-19 outbreaks in 2022. Covid-19 lockdown was managed, and precautions remain in place as per current guidelines.

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. A pandemic plan and a Covid-19 response plan 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.		Subsections applicable to this service are fully attained.
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The governance group are aware of their responsibilities in respect of restraint elimination. There were no residents with restraint at the time of audit. Restraint is included as part of the mandatory training plan and orientation programme. Restraint is discussed at facility meetings.

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	0	0	0	0
Criteria	0	59	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 at Heritage Park 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. The village manager and the care centre manager who is a registered nurse (RN), confirmed that the service supports a Māori workforce. There were no staff who identified as Māori (or having whānau connections) at Heritage Park at the time of the audit; however, there are Māori staff employed in various roles within the wider Summerset organisation. Management have support from Orakei marae kaumātua to consult with and report on any barriers to ensure these can be addressed.</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</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific Peoples’ Health policy and procedure. The aim is to uphold the principles of Pacific people by acknowledge respectful relationships, valuing families and provide high quality healthcare.</p>

<p>Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>Summerset at Heritage Park currently has residents who originate from the Pacific Islands. There are staff members who identify as Pasifika. The service has links with Pacific groups locally and through staff.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<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. Māori cultural activities are individually tailored as per the resident's care plan, with family/whānau providing support as required. All residents are encouraged to determine their own pathway and journey with independence promoted for each individual. This was confirmed in interviews with eight relatives (four rest home and four hospital) and 13 residents (six hospital and seven rest home).</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand this language. The staff noticeboards contain information on Māori tikanga practice. Interviews with care staff (four caregivers, five registered nurses (RN), and one diversional therapist), and one care centre manager (RN) confirmed their understanding of tikanga best practice, with examples provided. Cultural training is also included in the orientation programme for new staff. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori; facilitating staff, resident and tāngata whaikaha participation in te ao Māori.</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</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held</p>

<p>services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>responsible for creating a positive, inclusive and a safe working environment. A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents including Māori, as evidenced in care planning, policies, the Māori health plan, and the Pacific health plan. At the time of the audit, there were residents who identified as Māori. There were no residents who identified as Pasifika. Staff interviewed stated the workplace had a positive culture supported by management.</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>	<p>FA</p>	<p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives and documentation sighted confirmed that residents and relatives are involved in the decision-making process, and in the planning of care. The care centre manager, RNs and caregivers interviewed were knowledgeable around tikanga practices in relation to consent.</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 an equitable process, provided to all residents and relatives on entry to the service. The village manager maintains a record of all complaints, both verbal and written in a complaints' register. There have been two complaints received in 2022 and no complaints in 2023. Documentation of complaints including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by HDC. All complaints are documented as resolved and closed. No trends have been identified. Discussions with relatives and residents confirmed they are provided with information on the complaints process. There have been no complaints received from external</p>

		<p>agencies.</p> <p>Complaints forms and a suggestion box are located in a visible location at the entrance of the facility. Families/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including the resident and family meetings which are held three-monthly. Interviews with the village manager and the care centre manager confirmed their understanding of the complaints process.</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 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>FA</p>	<p>Summerset at Heritage Park is certified to provide rest home and hospital (medical and geriatric) levels of care. There are 58 dual-purpose beds in the care centre and 20 rest home beds in the serviced apartments. On the day of the audit, there were 67 residents: 22 at rest home level (11 in the care centre and 11 in the serviced apartments), and 45 at hospital level. All residents are under the aged-related residential care (ARRC) contract.</p> <p>The non-clinical village manager has been in the role for three years. They are supported by a care centre manager, who is a RN with a current annual practising certificate. They have been newly promoted to the role. They were the previous clinical nurse lead at the facility. They are supported by a stable team of care and administration staff. The village manager reports a low turnover of staff.</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 at Heritage Park has a site-specific business plan called “key village activities” that includes goals. The village manager completes three-monthly progress reports toward these goals.</p> <p>Interviews with the regional quality manager confirmed their clinical steering committee is part of the governance body. They are</p>

		<p>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>Summerset has a key relationship with Orakei marae. Māori consultation ensures equality and to improve outcomes and achieve equity for tāngata whaikaha. Management reports on any barriers to head office to ensure these can be addressed. Registered nurses work in consultation with resident and whānau, on input into reviewing care plans and assessment content to meet resident cultural values and needs.</p> <p>The village manager and the care centre manager have attended training over eight hours over the past year appropriate to their role.</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 at Heritage Park implements the organisational quality and risk programme. There is a quality programme annual calendar which includes schedules of training, meetings, and audit requirements for the month. The village manager and the care centre manager implement the quality programme.</p> <p>The service is implementing an internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Key performance indicator data is collated. Monthly and annual analysis of results is completed and provided to staff. There is monthly benchmarking of quality data across the organisation and nationally. Reports break down the data collected across the rest home and hospital, with this compared to other Summerset services of similar size and composition.</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.</p> <p>Resident and family/whānau (consumer) satisfaction surveys are completed annually and consistently reflect high levels of satisfaction. The 2023 resident and relative (consumer) survey evidenced overall satisfaction level is 97%. Residents and family/whānau also confirmed their satisfaction with the service during interviews. Resident's meetings occurred and infection prevention and control and Covid-19 were discussed at meetings.</p> <p>All resident incidents and accidents are recorded, and data is collated. Accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in meetings and at handovers.</p> <p>There are four staff members who are health and safety representatives. There is a health and safety committee who meet on a regular basis and have completed training. Health and safety is discussed at all staff meetings. The hazard and risk register is current and reviewed three-monthly.</p> <p>Discussions with the care centre manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been three Section 31 notifications required in 2023; two for resident's behaviour to other residents, and one resident absconding. There have been two Covid-19 outbreaks in March and December 2022 and two RSV outbreaks in June and September 2022, which were notified appropriately to Public Health authorities.</p> <p>The role of management is to ensure policy and procedure within the care home represents Te Tiriti partnership and equality. Staff have cultural training that aligns with the Māori health plan to ensure delivery of high-quality health care for Māori.</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>FA</p>	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The village manager and the care</p>

<p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>centre manager work full time from Monday to Friday. The acting clinical leads cover weekend management. The care centre manager covers on call 24/7. The village manager covers non-clinical on call 24/7.</p> <p>Separate cleaning and laundry staff are rostered. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that the staffing levels are satisfactory, and that the management team provide good support. Residents and family/whānau members interviewed reported that there are adequate staff numbers to attend to residents.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training. Educational courses offered include in-services, competency questionnaires and external professional development. All RNs, senior caregivers and activities staff have first aid certificates. There is at least one staff member on each shift with a first aid certificate. All RNs and some senior caregivers have current medication competencies. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. Eighteen have level four NZQA, three have level three NZQA and eight have level two NZQA. Three new caregivers have been enrolled.</p> <p>The care centre manager, acting clinical leads and RNs are supported to maintain their professional competency. There are implemented competencies for RNs, and some caregivers related to specialised procedures or treatments, including (but not limited to) medication, controlled drugs, and restraint. At the time of the audit, there were eight RNs, and six RNs have completed interRAI training. Staff interviewed report a positive work environment. The facility collates quality data which includes information for Māori residents. Educational goals identify that mandatory cultural training and competencies, including understanding health equity, has been provided to staff.</p>
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<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>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (the care centre manager, one RN, one caregiver, one activities coordinator and one kaitiaki), evidenced implementation of the recruitment process, employment contracts, police vetting, and completed orientation. 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. All staff information is held securely. 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 collects ethnicity information at the time of admission from individual residents. This is recorded on the admission form and on the resident's care plan. The facility identifies entry and decline rates for Māori and reports this within quality reports. The service identifies and implements supports to benefit Māori and whānau. The service engages with the local marae to continue meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know</p>	FA	<p>Five resident files were reviewed (three rest home level, including one serviced apartment resident (identified as Māori) and two</p>

<p>what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>hospital-level care).</p> <p>The service contracts a GP from a local health centre who visits twice a week. Some residents choose to retain their own GP. The permanent residents' files evidenced that the GP visits the service twice weekly and is available on call. The GP had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. The GP (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 are undertaken by a registered nurse. Initial care plans are developed with the resident and the resident's enduring power of attorney (EPOA) 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 care plan includes activities and interventions to ensure that resident's physical, mental health, cultural and wellbeing needs are met. On interview, the RN and HCAs had knowledge of the four cornerstones of the Māori health care plan. End of life care is provided based on Te Ara Whakapiri. Staff were also able to describe removing barriers, so all residents have access to information and services required to promote independence. RNs work alongside residents and relatives when developing care plans so residents can develop their own pae ora outcomes. Short-term care plans (STCP) are developed for acute problems, for example, infections, wounds, and weight loss. The residents' activity needs are reviewed six-monthly at the same time as the care plan review process.</p> <p>Current short-term care plans were noted on the staff handover sheets. Caregivers described a verbal and written handover between the shifts, as observed on day of audit. Progress notes are</p>
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		<p>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 Toka Tumai Auckland.</p> <p>Family/whānau were notified of all changes to health, including infections, accidents/incidents, GP 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 27 wounds in total on the day of audit and no pressure injuries. The wounds were skin tears, and minor lesions. Wound dressings were being changed appropriately in line with the documented management plan. The service can access the local wound nurse specialist as 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. Continence products are available and care plans reflect the required health monitoring interventions for individual residents.</p> <p>Monitoring charts included (but not limited to) weights, vital signs, turning schedules, pain management and fluid balance recordings and charts were implemented according to the care plan. Incident reports reviewed reflected a clinical assessment and a timely follow up by a RN. Neurological observations were undertaken for all unwitnessed falls and those where a head injury was suspected. Opportunities to minimise future risks are identified by the clinical nurse manager, in consultation with RNs and HCAs.</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</p>	<p>FA</p>	<p>Summerset at Heritage Park employs one full-time diversional therapist (DT) and a part-time DT at the weekend, who leads and facilitates the activity programme and three part-time Kaitiaki</p>

<p>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>assistants who cover seven days, and three volunteers. Waitangi Day, Matariki and Māori language week are celebrated. Celebrations included speaking and learning words and phrases in Māori. The service actively works with staff to support community initiatives that meet the health needs and aspirations of Māori, including ensuring that te reo Māori and tikanga Māori are actively promoted and included in the activities programme.</p>
<p>Subsection 3.4: My medication 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 and senior caregivers are responsible for the administration of medications and 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. Ten resident medication charts 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 pro ne rata (PRN) medications. All PRN medications had an indication for use. The GP had reviewed all medication charts at least three-monthly. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP. Residents and their family/whānau are supported to understand their medications when required. The care centre manager and the GP stated that appropriate support and advice will be provided when</p>

		<p>requested by Māori.</p> <p>There is a process for comprehensive analysis of medication errors and corrective actions implemented as required. 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>	FA	<p>Summerset at Heritage Park provides their own food services for the facility. The kitchen manager/chef and support chef (interviewed) are supported by a team of cooks, kitchen hands and café staff. The current menu has been reviewed by a dietitian at the organisation level.</p> <p>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 current Māori residents did not have any specific requirements; however, did acknowledge the kitchen would accommodate any specific 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>
Subsection 3.6: Transition, transfer, and discharge	FA	Planned exits, discharges or transfers were coordinated in

<p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>collaboration with the resident and family/whānau to ensure continuity of care. 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>	<p>FA</p>	<p>The current building warrant of fitness is displayed at reception and expires on 15 August 2023. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. A full-time property manager of the care centre and villas (also available on call) oversees a team of five property assistants and 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 as required. Monthly planned maintenance duties are set by the head office. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. All electrical equipment had been tagged, tested and calibrated according to schedule. Hot water temperatures have been maintained within range.</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</p>	<p>FA</p>	<p>There is an approved fire evacuation plan. Fire evacuations are held six-monthly. The building is secure after hours. Staff complete security checks at night and a security company completes regular</p>

<p>provider will ensure I am safe. Te Tiriti: Service providers provide quality information on 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>checks of the site. 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. 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. 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, which is readily available to staff.</p> <p>Summerset has a cultural advisor who provides advice on how te reo Māori can be incorporated into infection control information and providing culturally safe care in relation to infection control for Māori residents. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. Surveillance data includes ethnicity and is monitored and analysed for trends, monthly and annually. The care centre manager completes a comprehensive review, and this is reported to all staff and head office. Infection control surveillance is discussed at monthly staff meetings.</p> <p>Residents and family/whānau (with resident's consent) are contacted and informed of any healthcare-associated infection, with information on care and prevention.</p> <p>There have been two Covid-19 outbreaks since the previous audit</p>

		<p>(March and December 2022). There have been two RSV outbreaks since the previous audit (June and September 2022). All outbreaks were documented, with evidence of comprehensive management. The infection control coordinator (who is an acting clinical lead) interviewed described the daily update and debrief meeting that occurred, which included an evaluation on what went well, what could have been done better and discuss any learnings to promote system change and reduce risks. Residents and their families/whānau were updated regularly.</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 quality manager. Interviews with the management and staff confirm that the service is continually working to maintain a restraint-free environment. The clinical nurse manager is the restraint coordinator.</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. On the day of audit, the facility had no residents requiring restraint. There have been no residents using restraints since April 2022. The restraint register was maintained and current.</p> <p>Restraint audits are completed. The outcome of the audit is discussed at monthly facility meetings and the required follow up from the audit is completed. Restraint is included as part of the mandatory training plan and orientation programme. The use of restraints nationally is included in the monthly 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. Restraint data is benchmarked and included in reporting to head office. The restraint coordinator described how corrective actions would be implemented where required.</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.