

# Sunflower Field Trading NZ Limited - Summerville Rest Home

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## 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:

<b>Legal entity:</b>	Sunflower Field Trading NZ Limited
<b>Premises audited:</b>	Summerville Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 10 May 2023    End date: 11 May 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	9

# Executive summary of the audit

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## 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
	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
	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

Summerville Rest Home is certified to provide rest home level of care for up to 15 residents. There were 9 residents on the days of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora - Health New Zealand - Te Matau a Māui Hawke's Bay. The audit process included the review of policies and procedures, the review of resident and staff files, observations, interviews with residents, family, management, staff, and a general practitioner. The ability to interview residents and family was limited by an active Covid-19 outbreak in the facility at the time of audit.

The service is managed by a facility manager supported by the clinical nurse manager, and owner. There are quality systems and processes available. Feedback from residents and families was very positive about the care and the services provided. An induction and orientation programme are in place to provide new staff with appropriate knowledge and skills to deliver care. An ongoing in-service education programme is in place.

The service has addressed seven of the previous nine shortfalls relating to notification of incidents, timeframes, care plan interventions and reviews, activities, medication storage and first aid training. Ongoing improvements are required around meetings and education.

This surveillance audit has identified shortfalls around hot water temperature monitoring.

## Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

A Māori Health Plan is in place for the organisation and a Pacific Health Plan has been developed and implemented. 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 management are committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

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.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The governance body ensures equity through addressing barriers in service delivery in their business plan. The service delivery supports diversity, inclusion, and equality for all residents.

The service has quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Internal audits, meetings and education occur as planned. Staff are competent to provide and deliver high quality health care for Māori with corrective actions as indicated.

There is a staffing and rostering policy and staff receive adequate orientation to their specific roles.

## 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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The registered nurse (clinical nurse manager) assesses, plans, and reviews residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

The service facilitates opportunities for Māori to participate in te ao Māori using Māori language, dual language signage, movies, entertainers, quizzes, and Māori celebratory events. Community links are maintained.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The medication charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The kitchen staff cater to individual cultural and dietary requirements. Staff apply Māori practices in line with tapu and noa.

All residents transfers and referrals are coordinated with residents and families.

## **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.		Some subsections applicable to this service partially attained and of low risk.
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The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

There is an approved evacuation scheme and emergency supplies for at least three days.

## **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.

There is a comprehensive infection control programme. Policies include a pandemic plan. There is enough personal protective equipment available. Staff receive education related to the implementation of their policies and pandemic plan.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Covid-19 response plans are in place and the service has access to PPE supplies. There has been one outbreak since the previous 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.

The restraint coordinator is the clinical nurse manager. The facility was restraint free at the time of audit. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

## 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	20	0	1	2	0	0
Criteria	0	60	0	1	2	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>There is a Māori health plan and policy that describes the Māori perspectives of health and a commitment to the Treaty of Waitangi in the facility business plan. The recruitment policy includes provision of an equitable recruitment process. The clinical nurse manager and owner confirmed in interview that the service supports a Māori workforce through an equitable recruitment process. There were staff identifying as Māori at the time of the audit.</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 tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>The service has a Pacific health plan in place which recognises Pacific values and beliefs. The plan draws upon information from the Pasifika Matua Advisory Council, Samoan, Tongan, and Cook Island community links, and has input from Te Matau a Māui Hawke's Bay Pacific Health department. At the time of the audit, there were no staff who identified as Pasifika.</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</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. Residents receive information on The Code on entry to the service. The service is recognising Māori mana motuhake through actively engaging residents and whānau in determining their own health goals. Summerville regularly reviews their policies and service delivery to ensure inclusiveness, and that they take account of residents' voices, perceptions, understandings, and experiences.</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>The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who can speak/understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>All staff have read and signed the cultural safety policy which references Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective to build knowledge and awareness about the importance of addressing accessibility barriers. Understanding of these topics are checked during orientation and on an ongoing basis annually as part of the appraisal process. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori.</p> <p>Interviews with two caregivers, one cook, clinical nurse manager, and owner confirmed their understanding of Tikanga best practice with examples provided.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</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</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>		<p>conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for Māori residents. At the time of the audit, there were residents who identified as Māori. Care plans contained appropriate cultural information specific to Māori and referenced the four cornerstones of Te Whare Tapa Whā.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Accident/incident forms reviewed for 2023 indicated that residents' next of kin have been consistently notified of any incidents occurring. This was also confirmed during interviews with relatives. This is an improvement on the previous audit, and the finding related to HDSS: 2008 #1.1.9.1 has been fully satisfied.</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</p>	FA	<p>There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. The health and disability advocacy information, complaints management process and the code of rights are available in te reo Māori. The clinical nurse manager interviewed stated they have a good understanding of including residents and whānau in decision making. This was confirmed in interviews with two rest home residents, and one family member.</p>

to exercise independence, choice, and control.		
<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>	FA	<p>The complaints procedure is equitable and provided to all residents and relatives on entry to the service. The facility manager maintains a complaints file containing all appropriate documentation, including formal acknowledgement, investigation, and resolution records in accordance with guidelines set by the and Health and Disability Commissioner (HDC) and the organisation's own policy and procedures.</p> <p>There have been no internal complaints since the previous certification audit in September 2021. Two external complaints were received by the Health and Disability Commissioner (HDC) in 2022 relating to care, communication and falls management. The facility had responded to both complaints and is awaiting further contact from HDC. There were no issues identified in this audit in relation to these complaints.</p> <p>Discussions with residents and a relative confirmed they are provided with information on the complaints process. Complaints forms are readily accessible at the entrance to the facility. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori.</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>	FA	<p>Summerville Rest Home is an aged care facility located in Hastings, owned by Sunflower Field Trading NZ Limited. There are 15 rest home beds. On the day of the audit there were 9 residents. There was one resident on a long-term support chronic health contract (LTS-CHC). All other residents were under the age-related residential care (ARRC) agreement.</p> <p>The owner was able to describe the company's quality goals. The service organisation philosophy and strategic plan reflects a resident and family/whānau-centred approach to all services. There is a current business plan that outlines objectives for the period. Objectives are regularly reviewed and signed off when fully attained.</p> <p>The service is managed by a facility manager (non-clinical), who was</p>

		<p>not available at the time of audit. They have managed the facility for 32 years. They are supported by a clinical nurse manager who has also been in the role for 2.5 years. The clinical nurse manager has a current nursing annual practising certificate, and extensive experience in aged care, mental health, and public hospitals. The facility manager and clinical nurse manager have both maintained at least eight hours annually of professional development activities related to managing a rest home. This includes cultural training, specific to Te Whare Tapa Whā and te ao Māori.</p> <p>The management team collaborates with mana whenua (staff and whānau contacts) in business planning and service development to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery and improve outcomes/achieve equity for tāngata whaikaha.</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>PA Moderate</p>	<p>The service has an established quality and risk management programme which includes performance monitoring through internal audits and through the collection of clinical indicator data; however, internal audits have not always been completed as per the internal audit schedule. There are limited opportunities to discuss quality data as staff and resident meetings have not been held regularly since the previous audit, this is a continued finding from the previous certification audit. There is documented evidence of medications being checked monthly by the clinical nurse manager, and any associated corrective actions carried out.</p> <p>Resident and family/whānau satisfaction surveys are completed annually. The surveys completed in 2021 and 2022 reflect overall satisfaction of the service.</p> <p>Policies and procedures are held electronically and in hard copy. Health and safety policies are implemented and monitored. Staff interviewed confirmed they were able to access policies and relevant documentation as and when required. Staff interviewed confirmed they were able to access policies and relevant documentation as and when required.</p> <p>Each incident/accident is documented in hard copy. Incident and</p>

		<p>accident data is collated monthly and reported to the manager. Incident data is included with the quality data in benchmarking.</p> <p>Discussions with the clinical nurse manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There has been one occasion requiring a section 31 report to be completed since the previous audit (unexpected death). There has been one outbreak documented since the last audit (Covid-19). This was appropriately notified, reported to Public Health, and being actively managed at the time of audit.</p> <p>The service has provided health literature resources, and support (from the clinical nurse manager) to ensure all staff are adequately equipped to deliver high quality health care for Māori. The service improves health equity through critical analysis of the organisation's practices through internal benchmarking and an ongoing review process of their mission, philosophy, and annual business planning.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a staffing policy that describes rostering required skill mix and changes required to respond to increase or change in acuity of the residents</p> <p>There is a first aid trained staff member on duty 24/7. The clinical nurse manager and facility manager are available to staff for advice after hours. Interviews with caregivers and the clinical nurse manager (registered nurse) confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, as evidenced in interviews.</p> <p>There is an annual education and training schedule documented; however, this has not been fully implemented to date and has not covered all mandatory training or topics related to caring for the older person, this is an ongoing shortfall. The organisation's orientation programme ensures core competencies are addressed initially; and first aid training, fire evacuation, food safety, hand washing, and medication management education (including competency assessment) has occurred. A record of completion is maintained. There are external education sessions available to staff through hospice and Te Whatu</p>

		<p>Ora -Te Matau a Māui Hawke's Bay.</p> <p>Staff are provided with learning resources that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources related to cultural training including a questionnaire to complete.</p> <p>Additional RN specific competencies include syringe driver and an interRAI assessment competency.</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>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files were selected for review which evidenced recruitment processes are being implemented and includes reference checking, qualifications, and annual practicing certificate for the registered nurse. 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 with a more experienced staff member when first employed. Competencies are completed at orientation and then annually at appraisal. The service demonstrates that the orientation programmes support all staff to provide a culturally safe environment to Māori.</p> <p>All staff information is confidential and held securely. The service collects ethnicity data for employees and maintains an employee ethnicity database.</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</p>	FA	<p>There are policies documented around admission and declining processes including required documentation. Records are maintained of how many prospective residents and families have viewed the facility, admissions and declined referrals, including ethnicity. The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were staff members identifying as Māori. The service engages with local kaumātua, who are available to provide</p>

<p>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>		<p>support to residents and whānau as required. The clinical nurse manager interviewed reported they also work with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau as and when the opportunity arises.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed: one LTS-CHC, and four ARRC. The clinical nurse manager (RN) is responsible for all residents assessments, care planning and evaluation of care.</p> <p>Initial assessments and long-term care plan were completed for all residents, detailing needs, and preferences. InterRAI assessments had been completed in a timely manner. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN, who then follows up in a timely manner, as evidenced in the progress notes. The finding related to interRAI assessments and progress notes at the previous audit; HDSS: 2008 # 1.3.3.3 has been satisfied.</p> <p>Each care plan was reflective of assessment outcomes, and individualised. The finding related to care plan interventions; HDSS:2008 #1.3.5.2 has been satisfied. Documented early warning signs meet the residents' assessed needs. Short term care plans are developed for acute problems for example infections, wounds, and weight loss. Long term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the RN and include the degree of achievement towards meeting desired goals and outcomes. The area for improvement related to care plan reviews and progression towards goals. There was evidence of family involvement in care planning and documented ongoing communication of health status updates. Family interviews and resident records evidenced that family are informed where there is a change in health status. The previous shortfall HDSS:2008 # 1.3.8.2 has been satisfied. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>



		<p>There is a Māori health care plan available should any resident identify as Māori which describes the support required to meet their needs. The service supports Māori and whānau to identify their own pae ora outcomes in their care plan. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. The GP visits the facility at least fortnightly and as required. Documentation and records reviewed were current. The GP was complimentary of the clinical care and confirmed that they were informed of concerns in a timely manner. The facility is provided access to an after-hours service by the GP. A physiotherapist visits the facility on request to review residents referred by the clinical nurse manager. Specialist support (where required) is available through Te Whatu Ora - Te Matau a Māui Hawke's Bay.</p> <p>An adequate supply of wound care products were available at the facility. A review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. Incident and accident forms are completed in full, signed off by the clinical nurse manager, with documented opportunities to minimise risk. Neurological observations are recorded following all unwitnessed falls. A range of monitoring charts are available for the care staff to utilise. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</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>FA</p>	<p>Summerville facilitates opportunities for Māori to participate in te ao Māori using Māori language, dual language signage, traditional crafts, movies, entertainers, quizzes, and Māori celebratory events. The</p>

<p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services 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>service has extensive networks with local iwi. Community activities include marae visits. There is spiritual support provided by weekly communion sessions and residents attend services externally according to their preferences. Themed days such as Matariki, Waitangi, and Anzac Day are celebrated with appropriate resources available.</p> <p>The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. These were reviewed in line with the care plan, and resident participation logged. The area for improvement related to 1.3.7.1 has been resolved.</p> <p>Residents and a family member interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident surveys.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. The clinical nurse manager has completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The clinical nurse manager and caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication room and locked trolley. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. This is an improvement on the previous audit, and the finding related to HDSS:2008 # 1.3.12.1 has been satisfied. All medications are checked in monthly. All eyedrops have been dated on opening. Over the counter vitamins or alternative therapies residents</p>

		<p>choose to use have been reviewed and prescribed by the GP.</p> <p>Ten paper-based medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three monthly and each drug chart has a photo identification and allergy status identified. There were no residents self-administering medications, no vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The clinical nurse manager could describe the process for working in partnership with any Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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>Staff allocated to kitchen duties receive individual residents dietary and cultural food preferences on admission to the facility. The cook of the day (caregivers share cooking duties) interviewed reported they accommodate residents’ requests. The staff interviewed understood basic Māori practices and the cook was observed implementing processes in line with tapu and noa. The cook stated the kitchen can provide cultural dishes including boil up, and hāngi on special occasions. The residents and family member interviewed were complimentary regarding the standard of food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service</p>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>

<p>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>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>PA Low</p>	<p>The buildings, plant, and equipment are fit for purpose at Summerville and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 17 January 2024. There is a maintenance request book for repair and maintenance requests located in the nurse's station. Equipment failure or issues are also recorded in the handover book. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures; however, the service could not provide evidence of hot water temperature checks being carried out. Essential contractors/tradespeople are available 24 hours a day as required.</p> <p>The environment is inclusive of peoples cultures and supports cultural practices. The service has no plans to expand or alter the building but is aware of the need to consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The facility has an approved fire evacuation plan and fire drills take place six-monthly. The building is secure after-hours, staff complete security checks at night. Covid-19 protocol ensures visitors sign in and provide contact details during visits. The clinical nurse manager, caregivers and the activities team hold current first aid certificates. There is a first aid trained staff member on duty 24/7. This is an improvement on the previous audit, and the finding HDSS:2008 # 1.4.7.1 has been satisfied.</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>The service has an infection prevention and control manual and a pandemic plan which includes a Covid-19 response plan that provides guidelines and communication pathways in the event of an outbreak. Staff receive guidance from the clinical nurse manager in infection control practices and management of an outbreak. There are outbreak kits readily available and sufficient supplies of personal protective equipment. These are checked regularly. The service provides information in te reo Māori around infection control for Māori residents. The clinical nurse manager provides guidance around culturally safe practices acknowledging the spirit of Te Tiriti o Waitangi. The staff interviewed described implementing culturally safe practices in relation to infection control.</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 organisation's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually by the clinical nurse manager. Infection control surveillance is discussed with the facility manager and owner. The service captures ethnicity data (manually) and incorporates this into surveillance methods and data captured around infections.</p> <p>There has been one outbreak since the previous audit (Covid-19 in May 2023). The facility was seen to follow their pandemic plan at the time of audit as there were three residents who had tested positive for Covid-19. There were clear communication pathways with responsibilities for staff, and communication with residents, relatives, and staff. Staff wore personal protective equipment, and were cohorted, so the same staff member assisted positive residents. Families were kept informed by phone or email. Visiting was restricted.</p>
<p>Subsection 6.1: A process of restraint</p>	<p>FA</p>	<p>Summerville are committed to providing services to residents without</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>the use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical nurse manager. At the time of the audit, the facility was restraint free. The use of restraint (if any) would be reported to the facility manager and owner.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA</p> <p>Moderate</p>	<p>There is a documented quality management framework; however, there is no evidence of regular staff, quality, and resident meetings. This is a continued finding from the previous audit. There is evidence of only one internal audit being completed since 2021; however, there is documented evidence of medications being checked monthly by the clinical nurse manager.</p>	<p>(i) There are no documented staff meetings since May 2022, and no documented resident meetings.</p> <p>(ii) There is evidence of only one internal audit being completed since 2021.</p>	<p>(i) Ensure regular meetings are held and clearly documented with any actions arising being addressed and signed off.</p> <p>(ii) Ensure audits are carried out as per schedule, corrective actions are implemented for any areas of non-compliance.</p> <p>60 days</p>

<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Moderate</p>	<p>There is an education and training programme documented. Mandatory training has not been carried out to fulfil the requirements of the aged care contract (ARRC). This is a continued finding from the previous audit and was confirmed to be the case in staff interviews.</p>	<p>Compulsory training not completed includes abuse and neglect, the code of rights, privacy/dignity, sexuality/intimacy, spirituality/counselling, chemical safety, challenging behaviour, the ageing process, dementia and falls prevention.</p>	<p>Ensure that all compulsory staff training included in the two-yearly education planner is completed.</p> <p>60 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Low</p>	<p>Preventative and reactive maintenance occurs, there is a current building warrant of fitness. All equipment is tagged and tested annually as scheduled. The service advises that water temperature checks occur monthly; however, they were unable to evidence this on the day of audit.</p>	<p>There was no documented evidence of hot water temperature monitoring.</p>	<p>Ensure water temperatures are measured and within the required safe ranges for resident use.</p> <p>90 days</p>



## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.