

Summerset Care Limited - Summerset Richmond Ranges

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 Richmond Ranges
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 1 August 2023 End date: 2 August 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:	73

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

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

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

Key to the indicators

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

Indicator	Description	Definition
	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

Summerset Richmond Ranges provides hospital (geriatric and medical), dementia, and rest home level of care for up to 121 residents. There were 73 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 – Nelson Marlborough. 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.

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

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

An induction and in-service training programme are documented. Competencies specific to the employee roles are reviewed annually.

Improvements continued to be required relating to medication management.

This surveillance audit has identified improvements required related to completion of orientation, care documentation timeframes, interventions, and evaluation of care.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan.

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

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The 2023 business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented.

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

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

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

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

Summerset Richmond Ranges 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 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 fully attained.

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

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

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

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

There is a governance commitment to eliminate restraint. The restraint coordinator is a registered nurse. At the time of the audit, the facility was restraint free. Restraint minimisation practice is part of the annual education and training plan. The service

considers least restrictive practices, implementing de-escalation techniques and alternative interventions when restraint is considered. Restraint use is part of the reporting process within the quality programme.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	19	0	1	2	0	0
Criteria	0	54	0	5	1	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>A Māori Health policy and procedure is in place and describe a commitment to a diverse workforce and development of the Māori workforce. There are recruitment strategies in place to employ Māori staff across all levels of the service. The organisation has (and promote) a philosophy of inclusiveness, and this is reflective in the business plan goals. There were no staff who identified as Māori at the time of the audit. The service supports increasing Māori capacity by employing more Māori staff members as roles become available. Ethnicity data is gathered when staff are employed, and this data is analysed by Summerset head office staff.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve</p>	FA	<p>Summerset Richmond Ranges currently have no residents who originate from the Pacific Islands. Should a Pacific resident be admitted to the facility, the facility has a plan for managing care so that their needs can be adequately met. There are staff members who identify as Pasifika. Pacific Peoples Health policy and procedure</p>

<p>tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>describe culturally safe services based on Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025. Staff were introduced to the Fonofale model.</p> <p>In the interview, staff were able to describe how they can apply a Pacific health perspective to person-centred care. The service links with their Pacific staff to assist with the implementation of the Pacific peoples policy. There are linkages with Nelson Pasifika Community Trust.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes. Enduring Power of Attorney (EPOA) and family/whānau or representatives of choice are consulted in the assessment process to determine residents' wishes and support needs when required. The service is guided by the cultural policies and training sessions that outline cultural responsiveness to residents' who identify as Māori.</p> <p>The service recognises Māori mana motuhake and this reflects in the Māori health care plan that is in place.</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Summerset Richmond Ranges annual training plan schedules training that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi was provided in July 2023 to support the provision of culturally inclusive care. The organisation's orientation includes understanding the principles of Te Tiriti o Waitangi. Māori cultural days are celebrated (including Matariki and Waitangi Day).</p> <p>The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Policies and procedures are updated to ensure that te reo Māori and tikanga practices are incorporated in all activities undertaken.</p> <p>The service responds to residents' needs through collaboration and</p>

		<p>participation of family/whānau.</p> <p>Interviews with nine staff (five caregivers, two registered nurses [RNs], one activities coordinator, one chef manager), one clinical nurse lead from Stokes (a sister facility) supporting the service (CNL), Summerset clinical care specialist (CCS), village manager (VM), the care centre manager (CCM), the care centre administrator (CCA) and review of care plans identified that the service provides a resident and family/whānau centred service.</p> <p>Three residents (two rest home and one hospital) and four family/whānau (one hospital, one rest home and two from the dementia unit) interviewed confirmed that individual choices, independence, and cultural beliefs are respected.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Staff complete education on orientation and annually as per the training plan on code of conduct and professional boundaries. Summerset promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents. The staff survey for 2023 evidence staff to provide feedback on their satisfaction related to approachable management and the work environment. All staff are held responsible to create a positive workplace culture.</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</p>	FA	<p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy links to tikanga guidelines. The Māori Health Equity policy is available to guide on cultural responsiveness to Māori perspective of health. The registered nurses interviewed demonstrated a good understanding of informed consent processes. Cultural training includes best tikanga guidelines. The care centre manager interviewed had a good understanding of the importance of face-to-face communication for Māori. Resident</p>

<p>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>files reviewed evidenced appropriately signed consent forms. Enduring power of attorney (EPOA) documentation was evident in residents' files in the dementia unit.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. A complaints management policy includes information on access to advocacy and complaint support systems. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, had been addressed promptly. The care centre manager and village manager are responsible for the management of complaints and provides Māori residents with support to ensure an equitable complaints process.</p> <p>A complaints register is being maintained. There were five complaints logged in the complaint register in 2022 and one in the 2023 register. No trends have been identified. Follow up and resolution letters link to the national advocacy service. Complaints follow up and resolution occur within the guidelines of the Health and Disability Commissioner (HDC).</p> <p>There have been two complaints logged through external agencies; all complaints remain open. One complaint in June 2022 has been logged through Te Whatu Ora- Nelson Marlborough and the HDC; further information was requested by HDC and provided within the timeframe requested (May 2023). One complaint received in March 2023 through Te Whatu Ora-Nelson Marlborough was resolved according to the family/whānau (interviewed). The service provided the requested investigation notes to Te Whatu Ora- Nelson Marlborough within the requested timeframe; however, have not received a final resolution letter from Te Whatu Ora- Nelson</p>

		Marlborough to place on file.
<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>Summerset Richmond Ranges is a purpose-built facility located in Richmond and provides care for up to 121 residents. The care centre is a three-level facility. The ground floor includes the service areas, a secure dementia unit and serviced care apartments. The 22-bed secure dementia unit (Memory Care) are all license to occupy (LTO) apartments with no standard rooms and includes two double rooms. There are 43 (rest home and hospital level) rooms on the first floor (all dual-purpose). There are serviced apartments across the three floors (9 on the ground floor, 19 on the first-floor plan and 28 on the second floor); all 56 apartments have been verified as suitable to provide rest home level care.</p> <p>On the day of the audit, there were 73 residents receiving care under the aged residential care contract (ARRC). There were 38 rest home level residents, including 17 in the serviced apartments; 17 hospital level residents; and 18 dementia level residents (including one couple in a double room).</p> <p>There have been changes in the management team since the last audit. There is a retirement village attached as part of the complex with overall management of the site provided by a village manager who has been employed at Summerset since October 2022 and has a background in banking and accounting. The village manager attends local meetings related to aged care and Summerset leadership training sessions. The village manager is supported by a care centre manager/RN who has been in the role for three months.</p> <p>Summerset group has a well-established organisational structure. The Governance body for Summerset is the Operational and Clinical Steering Committee that is run bimonthly and chaired by the General Manager of Operations and Customer Experience. Members of the committee include the Chief Executive for Summerset, Group Operations Managers, Head of Clinical Services, Operations Finance business partner, Customer Experience Manager and Operations and Business Improvement Managers. Each of the Summerset facilities throughout New Zealand is supported by this structure.</p>

	<p>The director for Summerset is a member of the governing committee and is the CEO. The CEO works with the chair of the committee and the members to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care service standards and outcomes, mitigation of risks and a focus on continuous quality improvement. Hourua Pae Rau (Deloitte's Māori sector team) assist at governance level. The Governance body for Summerset have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. The Māori Health policy and procedure reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery.</p> <p>The business plan for Summerset Richmond Ranges for 2023 describes annual goals and objectives that support outcomes to achieve equity for Māori and addressing barriers for Māori. A business goal in the current business plan is "to create a great place to work where our people can thrive" and "to continually improve and enhance our offering to residents." Cultural safety is embedded within the documented quality programme and staff training.</p> <p>Tāngata whaikaha have meaningful representation through monthly resident meetings and quarterly satisfaction surveys. The management team review the results and feedback to identify barriers to care to improve outcomes for all residents. The governance and management team have an open and transparent decision management process that includes regular staff and residents' meetings.</p> <p>The VM has completed eight hours of professional development activities related to managing an aged care facility. The CCM has a comprehensive orientation package and is still supported by CNL of the sister facility in Stoke, and Summerset Care Centre Specialists from head office. All were in attendance at the time of the audit. The VM and CCM interviewed stated they felt supported in their roles and were appropriately inducted to their roles. The VM completed Summerset leadership programme.</p>
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<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 Richmond Ranges has a planned and implemented quality and risk system. There is a quality programme annual calendar which includes schedules of training, meetings, and audit requirements for the month. The quality programme is implemented by the village manager and the care centre manager.</p> <p>The service is implementing an internal audit programme that includes all aspects of clinical care and non-clinical services. Monthly and annual analysis of results is completed and provided to staff. There are monthly accident/incident benchmarking reports that break down the data collected across the rest home, hospital, and dementia care. There are comparisons made against other Summerset facilities of similar size and care levels. Infection control is also included as part of benchmarking across the organisation. Relevant corrective actions are developed and implemented to address any shortfalls. Progress to ensure quality improvements are evaluated.</p> <p>Caregivers, staff, management, quality improvement and infection control meetings were completed as scheduled. Meeting minutes included: quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; clinical issues; and education. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved.</p> <p>Resident and family/whānau satisfaction surveys are completed quarterly and consistently reflect high levels of satisfaction. The quarterly surveys for 2022 evidence overall satisfaction in relation to the surveyed areas (food, property, and communication) which was higher than the national Summerset benchmark. Residents and family/whānau also confirmed their satisfaction with the service during interviews. `Family and Friends` meetings occurred monthly in the dementia unit with a resident advocate present.</p> <p>A health and safety system is being implemented. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually. A comprehensive health</p>

		<p>and safety audit is included in the audit schedule. Staff interviewed could describe a team approach to keeping the workplace safe. Staff who are fatigued are actively managed when the roster is developed.</p> <p>Each incident/accident is documented electronically. Ten accidents/incidents were reviewed for July 2023. All reports were fully completed with clinical follow up. Incident and accident data is collated monthly and analysed. Results are discussed in the caregivers, RNs and at quality improvement meetings.</p> <p>Discussions with the care centre manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been eight Section 31 notifications completed in 2022-2023 year to date and related to three pressure injuries; two related to unexpected death (which involved the police and one coroner enquiry); one wandering resident; and two related to resident behaviours. The notification to HealthCERT related to a change in the care centre manager was confirmed (not sighted).</p> <p>There had been two outbreaks of Covid-19 and a Scabies outbreak documented between January and July 2023. These were appropriately notified, managed and staff debriefed.</p> <p>The service provides sufficient training to ensure their nurses and care staff can deliver high-quality health care for Māori. Staff completed Māori cultural competencies in 2023. As part of the overall annual review of the quality programme, the service reviews annual education and competence programme. Staff are supported to learn te reo Māori and e-learning material and resources that are available.</p> <p>Critical analysis of organisational practice is completed through benchmarking and analysis and reports at national level, an annual review of the quality programme and internal audits.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved</p>	<p>FA</p>	<p>There is a documented rationale for determining staffing levels and skill mix for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. There are clear guidelines for an increase in staffing, depending on resident acuity. The village manager and care centre manager work</p>

<p>through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>40 hours per week Monday to Friday and are available on call for any emergency issues or clinical support. The clinical nurse lead covers the Tuesdays to Saturdays.</p> <p>There are three full time equivalent RN vacancies, and the roster cover is provided by five regular agency RNs. At the time of the audit, three RNs with annual practising certificates were recruited and awaited their work visas; the estimated time of arrival for these RNs was unknown. There are two RNs in the dual-purpose unit (one oversees the serviced apartments), and one in the dementia unit morning and afternoon shifts, and one RN covers the whole facility overnight.</p> <p>The RN on each shift is aware that extra staff can be called on for increased resident requirements. There are dedicated staff for housekeeping, kitchen, and laundry duties seven days a week. Interviews with staff, residents, and family/whānau confirmed that staffing levels are sufficient to meet the needs of residents. Staff interviewed confirm there are weekly challenges when absences cannot be backfilled; however, the roster reviewed evidence even with one shift not backfilled, the staffing numbers are appropriate to provide sufficient care delivery.</p> <p>A Māori Health policy and procedure includes objectives around establishing an environment that supports cultural safe care through learning and support. There is an annual education and training schedule completed for 2022 and is being implemented for 2023 that includes clinical and non-clinical staff training that covers mandatory topics. Training and education is provided monthly and include online monthly training, guest speakers and quarterly i-learn training days to catch up on mandatory training.</p> <p>The RN and CCM meet their training requirements through Te Whatu Ora- Nelson Marlborough training and training sessions held in-house and online.</p> <p>The education and training schedule lists compulsory training which includes cultural communications and understanding and Treaty of Waitangi awareness training. Cultural awareness training is part of orientation and provided annually to all staff; last completed in July 2023. Educational outcomes and objectives include an understanding</p>
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		<p>of health equity. Training includes a focus on supporting Māori and improved health outcomes. Staff interviewed stated how they are supported to learn te reo Māori.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Summerset supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 50 caregivers employed in total. Twenty-seven caregivers have achieved either level three or level four NZQA qualification and sixteen completed their level 2.</p> <p>Forty five of 50 caregivers have obtained a level 3 or 4 NZQA equivalent to the Certificate in Health and Wellbeing and rotate between the dual-purpose wing and dementia unit. All caregivers currently rotating in the dementia unit has completed the relevant dementia standards as per clause E4.5.f of the aged residential service agreement. All newly employed caregivers at Summerset Richmond Ranges are encouraged to complete the dementia standards.</p> <p>All new staff are required to complete competency assessments as part of their orientation. Registered nurses' complete competencies, including restraint, medication competency (including controlled drug management, insulin administration and syringe driver training) and oxygen administration. Additional RN specific competencies include subcutaneous fluids and interRAI assessment competency.</p> <p>Nine RNs (six full time and three casual RNs) are employed. Six RNs are interRAI trained and two were booked to start their training. All RNs attended in-service training and completed training in critical thinking and problem solving; assessment of the unwell adult; effective communication within the care environment; oral health; wound care; falls management; pressure injury management and prevention; and infection prevention and control, including Covid-19 preparedness.</p>
Subsection 2.4: Health care and support workers	PA Low	There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff

<p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>files reviewed (three caregivers, one activities coordinator, one chef manager) evidenced implementation of the recruitment process with employment contracts, job descriptions, police vetting, and completed reference checks. 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. Staff are required to complete their orientation workbooks within three months of employment. Evidence of the completed orientation and induction workbooks were not always evident on the staff files reviewed. Competencies are completed at orientation and then annually as part of the education plan. A review of the orientation workbook content and self-directed learning demonstrates that the orientation and training programme supports RNs and caregivers to provide a culturally safe environment for Māori. Staff interviewed stated they did not always have a coordinated and comprehensive orientation.</p> <p>All staff files and information is accurate and 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>	<p>FA</p>	<p>The service maintains a record of entry and decline rates. The service collects ethnicity information at the time of admission from individual residents and this is recorded on admission record. The service records entry and decline rates for Māori and reports this to head office. The care centre manager reported that the service has not declined entry to anyone identifying as Māori. There were no residents who identified as Māori at the time of audit. The service works in partnership with local Māori communities, organisations, and their kaumātua.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Five resident files were reviewed, including two rest home level (including one in serviced apartments), two dementia resident (including one related to the HDC complaint) and one hospital level.</p> <p>The service contracts a general practitioner (GP) and nurse practitioner (NP) from a local health centre for twice weekly visits and is available on call during office hours. After hours the staff contact the medical injury centre until 10pm and then the emergency department at the local hospital overnight for assistance. The GP or NP 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 were completed. Resident electronic files identify the integration of allied health professional input into care and a team approach is evident. A physiotherapist from local provider visits weekly. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team, hospice nurse, dietitian, wound care nurse specialist and medical specialists are available as required through the local Te Whatu Ora - Nelson Marlborough service.</p> <p>Agency RNs have been utilised to cover RN shortages; while these RNs have been consistent, these RNs do not complete interRAI assessments or care planning. Registered nurses are responsible for all resident assessments, care planning and evaluation of care. Resident care plans are developed using an electronic system. Risk assessments are conducted on admission relating to falls, pressure injury, continence, nutrition, skin, and pain. A cultural assessment has been implemented for all residents. Initial care plans are developed with the resident and the resident's enduring power of attorney (EPOA) consent; however, not all initial assessments and care plans were completed within the required timeframe. As per policy, long-term care plans are developed within three weeks of admission; however, not all long-term care plans have been completed within the expected timeframes for long-term residents. Not all initial interRAI assessments had been completed within the required timeframes for resident files reviewed. InterRAI assessments sampled had not all been reviewed six-monthly.</p> <p>Residents in the memory care (dementia) unit all have behaviour</p>
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	<p>assessment and a behaviour plan with associated risks and supports needed and includes strategies for managing/diversion of behaviours. The care plan evidenced interventions to guide staff in the management of behaviour over 24 hours that reflects close to normal routine for the resident to assist caregivers in management of the resident behaviours.</p> <p>Although there was written progress towards goals in the care evaluations; not all care evaluations were completed within the required six-month timeframe or as residents needs changed. The residents' activity needs are reviewed six-monthly at the same time as the care plan review process, with some not meeting the six-month timeframe.</p> <p>Short-term care plans are developed for the management of acute problems such as infections, wounds, weight management and behaviour. These were also noted on the staff handover sheets, which were comprehensive in nature to maintain continuity of service delivery. On observation of a handover, information was comprehensively communicated verbally and included monitoring requirements and changes in care. Caregivers interviewed were knowledgeable about the cares required for individual residents. Caregivers complete task lists that reflect within the progress notes on every shift. Registered nurses document at least daily for hospital level and at least weekly and as necessary for rest home (including those in serviced apartments) and dementia level care residents. There is regular documented input from the GP and allied health professionals. There was evidence the RN has added to the progress notes when there was an incident and RN review.</p> <p>Although there were no Māori residents, the clinical nurse lead and registered nurses interviewed describe how to support Māori residents and their whānau to identify their own pae ora outcomes in their care and support plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Family/whānau were notified of all changes to health, including infections, accidents/incidents, GP visits, medication changes and any changes to health status; these notifications and discussions</p>
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		<p>were documented in the files reviewed.</p> <p>A wound register is maintained. There were thirteen wounds in total from eight residents. These include skin tears, chronic ulcers, basal cell carcinoma (BCC) lesions, lacerations, grazes and one resident with incontinence associated dermatitis. There are no current pressure injuries being managed. Wound assessments, wound management plans with body map, classifications of wounds, photos and wound measurements were reviewed, and evidenced wound dressings were being changed appropriately in line with the documented management plan. The service can access the local wound nurse specialist if required. Continence products are available, and staff can access continence specialists through Te Whatu Ora-Nelson Marlborough.</p> <p>Care plans reflected the required health monitoring interventions for individual residents. Caregivers, and RNs complete monitoring charts, including (but not limited to): bowel chart; vital signs; weight; behaviour and turning charts. New behaviours are charted on a behaviour chart to identify new triggers and patterns. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. Monitoring charts had been completed as scheduled. Incident reports are completed for incidents such as skin tears, pressure injuries, bruises, behaviours, medication and falls. Incident forms for unwitnessed falls or where head injury was suspected, evidenced neurological observations are not completed consistently. Immediate action was noted, and any follow-up action(s) required were documented and evidenced in progress notes by a registered nurse. Incidents were fully investigated and signed off in a timely manner.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful</p>	<p>FA</p>	<p>Summerset Richmond Ranges employs a full-time recreation coordinator (qualified diversional therapist), who is supported by a part-time diversional therapist, full-time recreation therapist (specifically based in the memory care centre) and two experienced kaitiaki; all of whom lead and facilitate the activity programme Monday to Saturday. The service facilitates opportunities to participate in te reo Māori through Māori phrases incorporated into</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>the activities, bilingual signage, and culturally focused food related activities as applicable. The service ensures that their staff support Māori residents in meeting their health needs, aspirations in the community and facilitates opportunities for Māori to participate in te ao Māori.</p> <p>Community visitors include entertainers, intermediate school children (for intergenerational group), church services and pet therapy visits. The service also works with representatives from the local communities who visit and talk with residents individually. Themed days such as Matariki, Māori language week, Waitangi, and ANZAC Day are celebrated with appropriate resources available. A monthly calendar of activities is available for residents and includes celebratory themes and events.</p> <p>Residents visit their family/whānau in the community and families/whānau can visit the residents in the facility. Family/whānau and residents interviewed reported overall satisfaction with the level and variety of activities provided.</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>PA Moderate</p>	<p>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice. The RNs and caregivers are responsible for the administration of medications. They have completed medication competencies and annual medication education. The RNs have completed syringe driver training through the hospice provider. 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 are no vaccines stored on site. There is a resident specific stock of medications that are checked weekly. Eye drops and creams are dated on opening.</p> <p>There is one resident who is self-medicating, with locked cupboards for safe storage in their rooms. Appropriate processes are in place to ensure this was managed in a safe manner, including three-monthly resident competencies to be completed by the RNs and GP when due. The medication fridge and medication room temperatures were monitored, and daily records were within the acceptable range for the</p>

		<p>first-floor care centre area (for rest home and hospital level care residents). However, medication room and fridge temperature for the memory care unit were not monitored and recorded in line with policy requirements. The shortfall from previous audit continues to demonstrate non-compliance.</p> <p>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 and date of pro re nata (PRN) medications; however, effectiveness of PRN medications administered was not always documented in the resident records or electronic medication management system. All PRN medications had an indication for use. All medication charts had been reviewed by the general practitioner at least three-monthly. All over the counter vitamins or alternative therapies residents choose to use were reviewed and prescribed by the general practitioner.</p> <p>The staff observed during a medication round demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management.</p> <p>Residents and their family/whānau are supported to understand their medications when required. The clinical nurse lead (interviewed) stated that appropriate support and advice will be provided when requested by Māori. There was documented evidence in the clinical files that relatives are updated around medication changes, including the reason for changing medications and side effects. Residents and their family/whānau are supported to understand their medications when required.</p> <p>There is a process for comprehensive analysis of medication errors and corrective actions implemented as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p>	<p>FA</p>	<p>Summerset Richmond Ranges provides their own food services for the facility. The chef manager (interviewed) has been at Summerset Richmond Ranges for two months; however, they are experienced in aged care and have worked in other Summerset facilities. They are supported by two other chefs, two kitchen hand staff and café staff. The current menu has been reviewed by a dietitian at the</p>

<p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>organisation level.</p> <p>There is a food control plan in place expiring May 2024. 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. A copy of the nutritional assessment for each resident is provided to the kitchen.</p> <p>The Māori health plan in place includes cultural values, beliefs, and protocols around food. The chef manager 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. Family/whānau are welcome to bring culturally specific food for their relatives. Residents and family/whānau members interviewed indicated satisfaction with the food services.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services, social support or kaupapa Māori agencies, where indicated or requested.</p>
<p>Subsection 4.1: The facility</p>	<p>FA</p>	<p>The current building warrant of fitness is displayed at reception and</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>expires on 28 September 2023. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>There is a property manager employed Monday to Friday and available on call, after hours and on weekends. They are supported by a property assistant, a gardener and a lawn mowing person. Maintenance requests for repairs are logged onto the online system, where they are actioned and signed off when completed. There are preferred contractors available 24 hours including (but not limited to) plumbers, electricians, and lift maintenance contractors. Monthly planned maintenance duties are set by the head office. These include resident-related and environmental planned maintenance and are signed off when completed. The annual preventative maintenance plan includes the checking and calibration of medical equipment, electrical compliance of equipment, and hot water temperatures. All were completed as scheduled.</p> <p>The village manager and care centre manager interviewed were fully informed around seeking consultation/input with Summerset Māori health advisors and/or community representatives, if needed, to ensure the design and environment of future redesign would reflect the identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on 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>There are emergency and disaster manuals to guide staff in managing emergencies and disasters. There is an approved evacuation plan that has been approved by the New Zealand Fire Service. Fire evacuations are held six-monthly. The last fire drill was completed May 2023. The civil defence cupboard is well-equipped and checked regularly. There is sufficient water, food, and alternative cooking in the event of an emergency.</p> <p>The building is secure after hours, and staff complete security checks at night. Entry and exit into the memory care centre is by use of a pager-controlled keypad. There is a security company which does checks overnight. There are cameras in communal areas, entrances and at the main gate. Staff orientation includes fire and security</p>

		training.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an organisational pandemic and outbreak plan in place, and this is reviewed at regular intervals. There is a full suite of documents that guide staff practice. The facility reviewed their infection prevention programme in December 2022.</p> <p>Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), were sighted. The infection control and prevention resources were readily accessible to support the pandemic plan if required. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has access to infection prevention information in te reo Māori through the company web. The infection prevention control coordinator partners with Māori (when in care) residents and staff to ensure the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff understood tikanga guidelines related to infections prevention.</p> <p>The managers interviewed described infection control and prevention input into environmental upgrades to the facility. The Māori health plan includes the importance of ensuring culturally safe practices in infection prevention. The infection prevention control coordinator has access to a Māori health advisor as needed.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and</p>	FA	<p>All infections are recorded electronically. The data is collated and analysed to identify any significant trends or common possible causative factors monthly and action plans are implemented. There are standardised surveillance definitions used.</p> <p>The infection prevention and control programme links with the quality programme. There is close liaison with the GP that advises and provides feedback/information to the service. Action plans are required for any infection rates of concern. Internal infection control</p>

<p>methods specified in the infection prevention programme, and with an equity focus.</p>		<p>audits are completed, with corrective actions for areas of improvement.</p> <p>There are clear, culturally safe processes for communication to ensure infection information are shared with staff and residents. Residents and family/whānau interviewed expressed satisfaction with the communication provided.</p> <p>There have been two Covid-19 outbreaks (January and April 2023) and one scabies outbreak (July 2023) since the previous audit. Document review showed that the service followed its pandemic plan. Families/whānau were kept informed by telephone or email. Visitors were managed according to guidelines for aged care facilities. The implementation of the pandemic plan was successful.</p> <p>Infection control surveillance is discussed at quality improvement meetings, registered nurses, and caregiver meetings. Infection rates are reported to the Operations and Clinical Steering Committee in their bimonthly report. The rates are provided in graph format with associated commentary. Infection control data is benchmarked against other Summerset facilities. Proposed corrective actions and improvements are included in the commentary in the reports and reviewed and discussed at the meetings. Meeting minutes and graphs are displayed for staff. The service receives email notifications and alerts from Summerset head office and Te Whatu Ora– Nelson Marlborough for any community concerns.</p> <p>Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service includes ethnicity data in the surveillance of healthcare-associated infections.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of</p>	<p>FA</p>	<p>The restraint policy and business plan identify the organisations' commitment to minimising restraint use. Restraint use is benchmarked and link to operational goals of reducing and eliminating restraint. Summerset Richmond Ranges is restraint free, with no residents using restraints. The restraint register is maintained.</p> <p>The restraint approval process described in the restraint policy and procedures meet the requirements of Ngā Paerewa Health and</p>

<p>restraint in the context of aiming for elimination.</p>		<p>Disability Services Standard (NZS 8134:2021) and provide guidance on the safe use of restraints. The restraint coordinator is a register nurse, who provides support and oversight. The restraint coordinator has a job description in relation to restraint responsibilities.</p> <p>The quality reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff.</p> <p>Restraint will only be used as a last resort when all alternatives have been explored. Regular training occurs in management of challenging behaviour and restraint minimisation, as part of the mandatory training plan and orientation programme. Staff have completed restraint training in the last 12 months. Staff completed restraint competencies. Strategies to remain restraint free are discussed in the quality and staff meetings.</p> <p>Although there are no current Māori residents, interview with the restraint coordinator confirmed that they are aware of working in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>Restraint audits are completed (April 2023, sighted), and demonstrate compliance. The outcome of the audit is discussed at monthly RN and staff meetings and any required follow up from the audit is completed as required.</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 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	<p>There is a Summerset employee orientation policy in place that documents the timeframes for the completion of the orientation workbook and the requirement for three weeks post induction interviews. The induction workbooks are role specific and demonstrate that the orientation cover a cultural safe environment.</p> <p>Three newly employed caregivers (more than three months) did not have evidence of the completed induction workbook and three-weekly reviews on file as required by the policy. Two caregivers that started between January and March 2023 interviewed stated they received their induction workbooks; however, felt their orientation programme was not well</p>	<p>(i). Three of five staff files reviewed did not have evidence of a completed orientation workbook, including the three-week post induction interview on file.</p> <p>(ii). Two newly employed staff confirmed the induction process was not always coordinated and comprehensive.</p>	<p>(i)-(ii)Ensure the orientation and induction process demonstrate a coordinated process that reflects the Summerset employee orientation policy requirements.</p> <p>90 days</p>

		<p>coordinated. One caregiver employed after June 2023 was complimentary of the orientation and induction programme.</p> <p>The service identified and documented the non-conformity April 2023 following a staff file audit and reported on the progress; however, the principles required for a robust orientation programme have not been embedded at the time of the audit.</p>		
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	<p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment; however, recent admissions did not evidence the LTCP and initial interRAI assessment were completed within three weeks of the residents' admission to the facility. Review of the interRAI completion report from momentum indicated that ten interRAI assessments were overdue for the six-month assessment, and seven residents did not have initial interRAI assessment completed since admission to the facility. Admission assessments and initial long-term care plans were not completed within the required timeframes. The service was aware of the issue and had commenced a corrective action plan and are working towards meeting the compliance requirements.</p> <p>This should be viewed in the context of</p>	<p>(i). One dementia resident did not have an initial interRAI assessment completed, and two rest home residents and one hospital resident had overdue interRAI assessments.</p> <p>(ii). One dementia, one hospital and one rest home level care files reviewed evidenced that admission assessments were not completed within 24 hours of admission.</p> <p>(iii). Long-term care plans were not developed within three weeks of admission for two rest home, one hospital and one dementia files reviewed.</p>	<p>(i).- (iii). Ensure timeframes for admission assessments, interRAI assessments (initial and six-monthly) and development of initial long-term care plans demonstrate completion within expected timeframes.</p> <p>90 days</p>

		nationwide workforce shortages which is affecting the ability for Summerset Richmond Ranges to get registered nurses for permanent RN appointments. A review of the interRAI records identified 17 interRAI assessments were either not completed (since admission) or overdue for the six-monthly review at the time of the audit.		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and</p>	PA Low	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. Registered nurses are responsible for completing assessments (including interRAI), developing resident centred care interventions, and evaluating the care delivery six-monthly or earlier as residents needs change. The service seeks multidisciplinary input as appropriate to the needs of the resident.</p> <p>The outcome of assessments informs the long-term care plans with appropriate interventions to deliver care. However, interventions in long-term care plans reviewed were not detailed to provide guidance for staff in the delivery of care. For one resident reviewed, the triggered Clinical Assessment Protocols (CAP) from the interRAI assessment did not have any interventions reflected in the long-term care plan.</p> <p>Supplementary documentation</p>	<p>There are no detailed interventions to guide staff in the delivery of care service for:</p> <p>(i) Diabetic residents (one hospital and one rest home) related to diabetes management including (but not limited to) signs and symptoms of hypo and hyperglycaemia and management of same.</p> <p>(ii) One resident self-medicating did not have it reflected and updated in long-term care plan.</p> <p>(iii) One dementia level care resident with under nutrition / weight loss CAP trigger.</p>	<p>(i-iii) Ensure care plans have detailed interventions to provide guidance to staff on care management and are updated to reflect changes to resident needs and management plan.</p> <p>90 days</p>

<p>communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.</p>		<p>reviewed and interviews with resident, family/whānau and care staff identified that the shortfalls noted relates to documentation only and the residents received the required care; therefore, the risk is assessed as a low risk.</p>		
<p>Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Low</p>	<p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including (but not limited to) observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; and blood glucose levels. New behaviours are charted on a behaviour chart to identify new triggers and patterns. The policy states that neurological observations are to be completed for unwitnessed falls or where head injury was suspected as part of post falls management. Incidents reviewed indicate that not all unwitnessed falls incidents reviewed had neurological observations completed according to policy.</p>	<p>Five incident report for unwitnessed falls did not have neurological observations completed as per policy requirements.</p>	<p>Ensure all neurological observations following unwitnessed falls, or for residents with suspected head injuries are carried out as per policy requirements.</p> <p>90 days</p>

<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	<p>PA Low</p>	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. Registered nurses are responsible for completing assessments (including interRAI), developing resident centred care interventions, and evaluating the care delivery six-monthly or earlier as residents needs change. The service seeks multidisciplinary input as appropriate to the needs of the resident. Care plan evaluations identify progress to meeting goals; however, not all resident records reviewed provided evidence of care evaluations having been completed at least six-monthly.</p>	<p>Three of three care evaluations were not completed six-monthly in line with contractual requirements and policy (one dementia, one hospital and one rest home).</p>	<p>Ensure care evaluations are completed six-monthly as per policy and contractual requirements.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>The registered nurses and medication competent caregivers are responsible for the administration of medications. Those responsible for medication administration have all completed medication competencies and education related to medication management. There is a policy and process on safe medicine management, including reconciliation,</p>	<p>(i). Medication room temperature monitoring and recording has not been completed in the memory care centre between January and June 2023.</p> <p>(ii). Medication fridge temperature monitoring and recording has not been</p>	<p>(i)– (ii) Ensure temperature monitoring and recording for the medication room and fridge is occurring as per policy.</p> <p>(iii) Ensure staff assess and document effectiveness of PRN medications when</p>

		<p>storage, and documentation requirements. However, medication room and fridge temperature monitoring and documentation were not consistently demonstrating compliance with policy, standards, and legislative requirements. This was an area of non-compliance in the last audit, hence the moderate partial attainment. Staff were not always documenting the outcome or effectiveness of pro re nata (PRN) medications when they were administered. Staff have received training related to medicine management and audits have been completed in line with Summerset audit schedule.</p>	<p>completed daily in the memory care centre since January 2023 (except for July 2023).</p> <p>(iii). Effectiveness for pro re nata (PRN) medications administered for four of ten records reviewed (three rest home and one hospital level care resident), was not consistently documented in resident records.</p>	<p>administered.</p> <p>60 days</p>
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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.