

Summerset Care Limited - Summerset St John

Introduction

This report records the results of a Partial Provisional 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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Summerset Care Limited

Premises audited: Summerset St John

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: 16 September 2024 End date: 16 September 2024

Proposed changes to current services (if any): Summerset St John is a new build facility. It provides a range of accommodation and living options. There are 36 serviced apartments (rest home level of care), with 19 apartments on level three and 17 on level four. The apartment/ care suites are purchased under an Occupation Right Agreement. The care centre with a total of 68 bedrooms, includes 19 memory care centre apartments (secure dementia level of care); 30 care suites or premium rooms (rest home / hospital level of care); and 19 care apartments. This partial provisional audit was conducted to assess the facility for

preparedness for occupation. Handover of the site from the building company to Summerset St John is planned for 30 September 2024. The service is planning to open to residents on 21 October 2024.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

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 tātou 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.

General overview of the audit

Summerset St John is a new retirement village complex. This partial provisional audit was conducted to assess the facility for preparedness to provide rest home, hospital (medical and geriatric) and dementia level care in the new facility.

Summerset St John is a new build facility. There are 36 serviced apartments (rest home level of care), with 19 apartments on level three and 17 on level four. The care centre with a total of 68 bedrooms includes 19 memory care centre apartments (secure dementia level of care) on ground floor; 30 care suites or premium rooms (rest home / hospital level of care) on level one; and 19 care apartments (dual purpose beds) on level two. This partial provisional audit was conducted to assess the facility for preparedness for occupation. The service is planning to open to residents on 21 October 2024.

The service has a village manager who has been in the role for four months and has a background in human resources. The care centre manager who was appointed to the role six weeks prior to the audit, has over 10 years' experience in the same role, in another large aged care facility. The management team is supported by a business manager, clinical nurse lead, a memory care lead, a regional quality manager and a national therapeutic recreational lead.

Summerset Group has a well-established organisational structure, which includes a Board, chief executive officer, operations managers, regional quality managers and a clinical improvement manager. Each of the Summerset facilities throughout New Zealand are supported by this structure. Summerset Group has a comprehensive suite of policies and procedures, which will guide staff in the provision of care and services.

The audit identified that the memory care unit, serviced apartments, care apartments, care suites and amenities are appropriate for providing rest home, hospital (medical and geriatric), and dementia level care. Summerset is experienced in opening new facilities and there are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

There are improvements required by the service prior to occupancy around orientation and training for staff, including completion of competencies; the handover of the building to Summerset; the Certificate of Public Use; completion and furnishing of the internal and external environment; operationalising locks in the dementia unit; and storage of personal protective equipment and civil defence equipment.

Ō tātou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

Summerset Group have a quality assurance and risk management programme and an operational business plan. The 2023-2024 business plan is specific to Summerset St John and describes specific and measurable goals that are to be regularly reviewed and updated. There is a transition plan around the opening of the facility.

Summerset Group have in place annual planning and comprehensive policies/procedures to provide rest home, hospital (medical and geriatric) and dementia level care. Senior managers across Summerset provide regular updates and reviews and develop policies and procedures. The newly built facility is appropriate for providing these services and meeting the needs of residents.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities, and authorities. Organisational human resource policies are implemented for recruitment, selection and appointment of staff. The organisation has an induction/orientation programme that is being implemented prior to occupancy across four weeks. Required staff competencies will also be completed at this time.

There is a 2024 training plan developed to be implemented at Summerset St John. Orientation for all staff had started on the day of audit.

There is a policy for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents, and rosters are in place and are adjustable depending on resident numbers. There are sufficient numbers of staff currently employed to cover the roster across each area on opening.

Ngā huarahi ki te oranga | Pathways to wellbeing

Diversional therapists have been employed. They will be supported to implement an activity programme with support from the caregivers, including those working in the memory care unit. Activity staff and hours will increase as resident numbers increase. A weekly activity plan has been developed. The programme is also designed for residents with memory loss.

The medication management system includes medication management policies and associated procedures that follow recognised standards and guidelines for safe medicine management practice in accordance with the current Medicine Care Guides. The service has planned to implement a safe implementation of the medication system, including ensuring registered nurses and care staff have completed medication training and competencies. There are secure medication rooms in the dual-purpose areas and memory care unit. An electronic medication system is to be implemented on opening.

The facility has a large workable kitchen in a service area situated on the ground floor. The menu is designed and reviewed by a registered dietitian. Food is to be transported in hotboxes to each area. The service has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. There is a café on site.

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

The building is almost completed, with a Certificate of Public Use (or like) yet to be obtained. All building and plant have been built to comply with legislation. The ground floor memory care unit (dementia unit) is designed to be secure. All areas in the care centre have access to lounge, dining, toilet and shower, and quiet rooms, with these on each floor. Communal areas in all areas are well designed and spacious and allow for a number of activities. Resident rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and communal bathrooms.

There are handrails in ensuites and communal bathrooms. The provider has purchased all necessary furniture and equipment. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

There are outdoor areas for all residents, including a courtyard in the memory care unit designed for people with dementia.

The emergency and disaster management policies include dealing with emergencies, fire, flood, civil defence, and disasters.

A new call bell system has been installed throughout the facility.

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

There are clear lines of accountability, which are recorded in the infection control policy. The care home manager is the infection control officer across the facility. Monthly collation of infection rates is scheduled to be completed. Infection control is an agenda item of the quality meeting and registered nurse meeting. Summerset Group undertakes monthly benchmarking of infections and there is a company-wide infection control group.

Summerset has housekeeping and laundry policies and procedures in place. There is a large laundry in the service area in the basement with clean and dirty flow. The facility includes designated secure areas for the storage of cleaning and laundry chemicals. Laundry and cleaning processes will be monitored for effectiveness.

Here taratahi | Restraint and seclusion

There is a comprehensive restraint policy. The induction programme prior to opening includes training around restraint minimisation and competency assessments. Competencies are to be completed annually. The restraint coordinator role is to be initially overseen by the care home manager. Restraint meetings are to be held as part of the monthly registered nurse meeting. Managing behaviours that challenge is included as part of the annual training programme and also included in the induction programme prior to opening.

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) |
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| Subsection | 0 | 10 | 0 | 4 | 0 | 0 | 0 |
| Criteria | 0 | 89 | 0 | 5 | 0 | 0 | 0 |

| Attainment Rating | Unattained Negligible Risk (UA Negligible) | Unattained Low Risk (UA Low) | Unattained Moderate Risk (UA Moderate) | Unattained High Risk (UA High) | Unattained Critical Risk (UA Critical) |
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| 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.

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 |
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| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>FA</p> | <p>Summerset St John is a new retirement village complex in Auckland. The care centre and apartments being certified are across five floors.</p> <p>This partial provisional audit was conducted to assess the facility for preparedness to provide rest home, hospital (medical and geriatric) and dementia level care in the new facility.</p> <p>There are 36 serviced apartments (rest home level of care), with 19 apartments on level three and 17 on level four. The apartment/ care suites are purchased under an Occupation Right Agreement. The care centre with a total of 68 bedrooms includes 19 memory care centre apartments (secure dementia level of care); 30 care suites or premium rooms (rest home / hospital level of care); and 19 care apartments. This partial provisional audit was conducted to assess the facility for preparedness for occupation. There are a total of 104 beds (19 dementia beds, 49 dual purpose beds and 36 rest home beds in serviced apartments). The site will be handed over to Summerset St John on the 30 September 2024 and the service is planning to open on 21 October 2024.</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</p> |

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| | <p>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 Chief Executive Officer (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. Terms of reference operate for this committee, and this is documented in the Charter. Orientation and training is not specifically provided for the role on the committee, as all members on the committee hold senior roles in Summerset. All members have the required skills to support effective governance over operational, clinical services, quality of resident care, and fiscal responsibility. If individuals require support to develop their skills, there is financial support to attend courses or training as required and the People and Culture team can provide internal support.</p> <p>The Governance body for Summerset has 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 and tāngata whaikaha.</p> <p>Summerset Group have a quality assurance and risk management programme and an operational business plan. The 2024 business plan is specific to Summerset St John and describes specific and measurable goals that are to be regularly reviewed and updated. Site specific goals relate to setting up a new village and care centre.</p> <p>A current site-specific Māori health plan is in place. Local iwi contacts are available for advice and will come to bless the building and staff prior to occupancy.</p> <p>The overarching strategic plan has clear business goals to support their philosophy of “to create a great place to work where our people can thrive”. The strategic plan reflects a leadership commitment to</p> |
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| | | <p>collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery.</p> <p>The service will provide a bimonthly report to the operations and clinical steering group on opening, which will include a range of information on high level complaints, progress with corrective actions and national systems improvements.</p> <p>The documented quality programme requires regular (weekly and monthly) site specific clinical, quality and compliance and risk' reports that will be completed by the care centre manager and village manager, and are available to the senior team. High risk areas are to be automatically escalated to senior team members at national level. Measures are then reviewed and adapted until a positive outcome is achieved or the goal is achieved.</p> <p>The service has a village manager (non-clinical) who has been with Summerset for four months and has a background in executive human resource management. The care centre manager (RN) has over 10 years' experience in the same type of role at another aged care facility and has been in the role for six weeks. The management team are supported by a clinical nurse lead and a memory care lead (both RNs), regional quality manager and a regional operations manager. The national therapeutic recreational lead (six years in the role), along with the regional quality manager (one year in the role with previous experience as a nurse specialist gerontology for Health New Zealand) and regional food lead who has been with Summerset for six and a half years, were on site to support the village manager and care centre manager on the day of audit.</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</p> | <p>FA</p> | <p>There is an acuity and clinical staffing ratios policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. There are a number of documented rosters available that demonstrates increase staffing as resident numbers increase. The rosters provide sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>There is a clinical nurse lead across the dementia unit five days a week and access to a registered nurse at all other times. There are two</p> |

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| <p>managed to deliver effective person-centred and whānau-centred services.</p> | <p>caregivers on each shift (morning, afternoon and night shifts). There are three caregivers on a full shift and one short shift in the morning; two full and one short shift in the afternoon; and two on the night shift in the care suits (30 residents), with at least one RN on each shift. There are two caregivers on a full shift and one short shift in the morning; two full shift in the afternoon; and two on the night shift in the care apartments (19 residents), with at least one RN on each shift. Staffing will be allocated to the serviced apartments once there are residents who are identified as requiring rest home level care.</p> <p>The managers have employed sufficient staff to commence on opening. The following staff have already been appointed: twenty-four caregivers; six RNs; six housekeepers/ laundry staff; three kaitiaki; two diversional therapists; one property manager; three property assistants; three chefs; one executive chef; four kitchen assistants; one office manager; one business manager; one village manager; and the care centre manager. A memory unit (dementia care) lead (RN) has been appointed. The care lead is a registered nurse with experience working with people with dementia. There is an employed clinical lead who will oversee the dual-purpose unit. All caregivers will be enrolled to complete the dementia standards at induction if they have not completed this; noting that all caregivers appointed have level three or level four certificate approved by the New Zealand Qualifications Authority. There is a Careerforce assessor available to support caregivers through training.</p> <p>There are sufficient interRAI trained nurses. Overall, there are sufficient staff employed for the initial roster and opening of all areas within the care centre.</p> <p>Summerset has organisational documented job descriptions for all positions, which detail each position's responsibilities, accountabilities, and authorities. Additional role descriptions are in place for infection control officer, restraint coordinator, health and safety officer, and fire officer.</p> <p>The service has a contract with a local medical centre and house GP. Initially the GP will visit twice weekly, then three times a week as resident numbers increase. They provide on-call cover as needed. A contract has been obtained with a physiotherapist. Initially this will be as required, then set hours as numbers increase. Other contracts include a local pharmacy, dietitian through Health New Zealand, podiatrist, and a</p> |
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| | | <p>massage therapist.</p> <p>A 2024 education planner (as part of the quality programme annual planner) is available for the service. Orientation started for all staff on the day of the audit. There is a list of topics that must be completed at least two-yearly, and this is reported on. The annual education planner and online learning platform topics include palliative care training; specialised wound care training; dementia strategy; Treaty of Waitangi; and Māori health. There is a national learning and development team that support staff with online training resources. The organisation has mandatory competencies which include safe moving and handling; medication competency; hand hygiene/infection prevention and control; restraint; communication; cultural competence; PPE; fire safety; and emergency management. These are to be completed during induction prior to opening (link 2.4.4).</p> <p>The service will encourage all their staff to attend monthly meetings (eg, staff meetings, quality meetings). Resident/family meetings are to be held quarterly and provide opportunities to discuss issues of concern or share information on the day-to-day happenings within the facility.</p> <p>A health and safety team is to commence monthly meetings. Health and safety is a regular agenda item in staff and quality meetings. Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace. Environmental internal audits are scheduled to be completed. Staff wellness is to be encouraged through participation in health and wellbeing activities. Information supporting the Employee Assistance Programme (EAP) is available to staff when employed.</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>PA Low</p> | <p>There are human resource policies in place, including recruitment, selection, orientation and staff training and development.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Eight staff files were reviewed and all included evidence of a contract, reference checks, a current annual practising certificate where relevant, police checks, and job description relevant to</p> |

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| <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>their role.</p> <p>The service has a policy around professional competencies and requirements for validating competencies. A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). All staff have an appraisal at 12 weeks and 6 months following employment and annually thereafter.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. A four-week orientation programme has been developed for all staff which started on 16 September 2024. This includes completing orientation documentation; competencies; mandatory training; first aid training; training on the resident management system; syringe driver training; and palliative - end of life training. The orientation programme also includes specific training around equipment; manual handling; safe chemical handling; medimap; emergency and fire training; and dementia model of care. The four weeks also includes cultural safety and Te Tiriti training, which supports all staff to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified for staff, and the organisation maintains an employee ethnicity database. There are documented processes around ensuring follow up of any staff incident/accident, debriefing, and support. Wellbeing support is available for staff.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services 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</p> | <p>FA</p> | <p>The service has employed two diversional therapists (DTs). Activities are planned across seven days.</p> <p>Initially on opening the Memory Care unit (dementia unit), the care lead and diversional therapist will be responsible for the assessment and planning of activities for each individual resident. One diversional therapist will be based in the dementia unit, with support in the care centre, depending on numbers of residents in each area. The diversional therapist will be supported to implement an activity programme, with support from the caregivers working in the unit. Advised that activity</p> |

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| <p>satisfying to them.</p> | | <p>hours will increase as numbers increase.</p> <p>A weekly activity plan has been developed and this will be adjusted as the interests of the residents are determined. The programme will be designed for residents with memory loss. The national Summerset DT confirmed that they will support the activity team. A facility mobility van is available for outings for all residents. The lounge areas include a quiet lounge, and specific activity room and area. The lounges include seating placed for individual or group activities. Some of the regular activities to be provided will include music; visiting entertainers; pet therapy; van outings; visits to the library/shopping; exercises; memory lane; and group games. One-on-one sessions include hand and nail pampering and reading with residents. There is a specific interactive room in the unit that includes a Tovertafel which uses interactive light projections.</p> <p>Activity assessments are to be completed for residents on admission and an individualised activities plan is developed from this. The activity plans on the electronic VCare system allow for identifying individual diversional, motivational, and recreational therapy across a 24-hour period. Assessment templates identify former routines and activities that the resident is familiar with and enjoys. The activities plan is to be integrated within the overall care plan on VCare.</p> <p>The diversional and recreational therapists will also attend monthly organisational zoom meetings and can access resources and ideas through memberships with recreational organisations in Australia, America, Canada, and the United Kingdom.</p> <p>There are cultural events included as part of the activity planner, such as Māori language week and Matariki. The Māori health plan includes an admission flowchart that aims to support Māori residents with their health needs and aspirations in the community. The flowchart includes notifying and accessing support/advice from significant others, such as whānau and kaumātua. The service has identified links with local iwi. Te reo Māori is to be encouraged through greetings, in meetings and through documentation.</p> |
| <p>Subsection 3.4: My medication</p> | <p>FA</p> | <p>The nursing manual includes a range of medication policies. The service is planning to use a four-weekly pre-packed sachet medication system,</p> |

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| <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>with a contract in place from a local pharmacy, for the provision of this service. There is a locked medication room in the care centre on each level where medications will be stored, including medications for the rest home residents in the serviced apartments. This includes a secure medication room in the Memory Care unit. The service is intending to roll out medimap on opening.</p> <p>Medication trolleys and medication fridges are available for each medication room. The medication rooms are secure and furnished. A self-medicating resident policy and procedure is available if required. The medication administration policies identify that medication errors are treated as an incident and captured as part of the incident management system, and a medication error analysis is to be completed. Medication training and competencies are to be completed at orientation (link 2.4.4). A competency policy and competency assessment are available.</p> <p>Policies and procedures reflect medication legislation and reference the medicines care guides for residential aged care. Advised that only registered nurses and senior caregivers deemed competent, will be responsible for administration of medications.</p> <p>The care centre manager described ways of working in partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Summerset do not use standing orders and all over the counter medications residents wish to take, will be reviewed by the GP and prescribed on the medimap system.</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</p> | <p>FA</p> | <p>Summerset has comprehensive nutritional management policies and procedures for the provision of food services for residents. There is an executive chef, three chefs and four kitchen hands employed to date. The kitchen staff have started their induction.</p> <p>The facility has a large purpose-built kitchen on the ground floor adjacent to the café and dining area of the village residents. There is a walk-in chiller, freezer, and pantry. There is a 12-week menu approved by a dietitian. Food is to be transported in hot boxes to each level of the care</p> |

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| <p>and wellbeing.</p> | | <p>centre. Meals are to be served to residents from the hot boxes in the satellite kitchen by staff. There is a lift near the service area, which will be used to transport food carriers to each floor and dishes back to the kitchen. Crockery, cutlery, and resident food equipment has been purchased. The kitchen has all equipment in place and is operational. There is a registered Food Control Plan.</p> <p>All residents are required to have a nutritional profile completed on admission, which is provided to the kitchen. There is access to a community dietitian.</p> <p>As part of the food safety programme, regular audits of the kitchen fridge/freezer temperatures and food temperatures will be undertaken and documented. Food safety in-service training will be conducted.</p> <p>There is a fridge in the kitchenette in the Memory Care unit that can hold snacks. Snacks will be available 24/7. There is an induction hob in the kitchenette of the Memory Care unit and dual-purpose units that prevent any resident burning themselves if touched. Boiling water taps in kitchenettes have a safety mechanism. Advised that benchtop cooktops in serviced apartments can be disconnected if a resident is at risk.</p> <p>Policies and procedures including tapu and noa and cultural food safety is included in induction. Kitchen staff will be involved in the activities theme months, particularly during cultural theme months and celebrations. The menu is substituted to accommodate cultural meals in line with the theme, supporting residents to have culturally appropriate food, which can be requested. The kitchen manager is able to alter menus to support cultural beliefs, values, and protocols around food for Māori residents.</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</p> | <p>PA Low</p> | <p>A staged building project has been underway, which includes retirement villas and facilities, and the care centre. The care centre is across three levels. The care centre with a total of 68 bedrooms includes 19 memory care centre apartments (secure dementia level of care) on the ground floor; 30 care suites or premium rooms (rest home / hospital level of care level one); and 19 care apartments (dual purpose on level two). There are 36 serviced apartments (rest home level of care) with 19 apartments on level three and 17 on level four. The laundry is in the basement of</p> |

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| <p>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>building E, which intersects with Building D. Building D which includes the care centre and serviced apartments and building E has not received confirmation of a building warrant of fitness or certificate of public use.</p> <p>All electrical equipment and other machinery are to be checked as part of the annual maintenance and verification checks. The service has an extensive list of medical and nursing equipment purchased. The new furniture and equipment is appropriate for this type of setting and for the needs of the residents. There are adequate areas for storage of equipment across the floors. There are handrails in ensuites and bathrooms. There are adequate seats for resting to be placed in communal areas. All rooms and communal areas allow for safe use of mobility equipment. There is adequate space for storage of mobility equipment in each of the floors. There are communal mobility toilets near lounges. Visitor toilets are also available. There is a nurse's station on each floor. There is a sluice room on each floor.</p> <p>There is a property manager, and assistants employed. The maintenance schedule includes checking of equipment.</p> <p>There has been involvement with elders from the local iwi around the building and the grounds. There are plans for a ceremony to be held to open the building. At an organisational level, the building design team have consulted with Māori.</p> <p>There were builders and contractors on site during the audit with the building not yet handed over to Summerset St John. Landscaping is yet to be completed along with putting seating and shade in place.</p> <p>Dementia unit (Memory Care Unit)</p> <p>There is a separate entrance area. Visitors have speaker access to staff and then the door will be released to enter the unit. All exits in and out require swipe card access by staff. Locks are not yet activated. Decals are to be used around the corridors to distract residents from locked rooms, dead end walls and doors. Contrasting colours in some areas such as ensuites (eg, toilet lids) provide easier visibility and identification of furniture. There are noticeboards in each resident room that can be personally decorated.</p> <p>The ground floor Memory Care unit is built around a large, landscaped courtyard. The courtyard is accessible for the residents in the Memory</p> |
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| | | <p>Care unit from both lounges on each side. There are external paths that lead from the dining area and also from the lounge with large sliding doors and wheelchair accessible. The outdoor courtyard will be well designed/landscaped for wandering when completed.</p> <p>Dual-purpose areas (level one and two – care apartments and care suites)</p> <p>In the dual-purpose areas, there are large spacious corridors. All resident rooms include electric beds and appropriate mattresses for pressure relief. There are lifts between floors; one is large enough for a bed/stretcher if needed. There are stairwell allowing access for staff or residents from other floors. Each level has a large dining room and lounge area with smaller quiet rooms available. Each has a satellite kitchen which can be used for cooking (an induction oven is in place) or serving food. All bedrooms are single with large spaces for equipment and mobility. Rooms have a ceiling hoist in place. There is a linen chute and rubbish chute taking goods to relevant areas.</p> <p>On each level, there is an open-plan nurse’s station overlooking the lounge, a secure medication/treatment room, and care home manager’s office. There is also a family room available. Residents are able to bring their own possessions into the home and are able to adorn their room as desired.</p> <p>Certified serviced apartments (across two floors).</p> <p>Each apartment on the first floor has access to a lift to transfer to the community centre on the ground floor. There is a nurse’s station in the centre of the serviced apartments. There is a specific serviced apartment dining room for residents on each floor. Dependent residents can also have meals in the dining room of the care centre. Each apartment has a lounge and separate bedroom and ensuite.</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>PA Low</p> | <p>The site-specific emergency manual for Summerset St John includes emergency and disaster policies and procedures, including fire and evacuation and dealing with emergencies and disasters. There is an emergency management plan for developing villages, and a current emergency management and civil defence plan.</p> |

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| <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | <p>Emergencies, first aid and CPR are included in the mandatory in-services programme every two years. Orientation includes emergency preparedness. Fire drills are scheduled for staff during the induction weeks prior to opening. All registered nurses who do not have current first aid certificates, will complete current first aid certificates at induction (link 2.4.4).</p> <p>The fire service has all fire exits in place. There are fire curtains in walls around open spaces, such as lounges. The fire evacuation scheme has been approved by the NZFS 14 August 2024.</p> <p>The service has a generator available in the event of a power failure for emergency power supply. There are extra blankets available. There is a civil defence locker on each floor and space in the basement ready to hold all necessary civil defence requirements. Water tanks are available, with 20,000 litres of water available in the event of an emergency. This meets local civil defence guidelines.</p> <p>A new call bell system has been installed throughout the facility. The call system involves a pager system whereby staff are alerted to a resident's call bell via the personal pagers, held by each care staff member. Staff will also have walkie talkies.</p> <p>The "Austco Monitoring programme" is available in each bedroom and ensuite to ensure the resident is effectively monitored with dignity and limited interruption. The system in the Memory Care unit includes sensor bed mats that activate the lights in resident rooms, so when a resident gets up at night, the light in their ensuite automatically turns on. This prompts the resident to go to the toilet and then on leaving the ensuite, the light above the resident's bed illuminates and encourages the resident to go back to bed. This system is controlled by a timer and therefore can be set to meet the individual needs of each resident.</p> <p>There is a separate entrance area into the Memory Care unit. Visitors have speaker access to staff and then the door will be released to enter the entrance foyer. All exits in and out require swipe card access by staff (link 4.1.2).</p> <p>There is a main double-door entrance into the care centre that will be secure at dusk with phone access.</p> |
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| <p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p> | <p>FA</p> | <p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Summerset St John business plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>Summerset has as part of their senior management team, personnel with expertise in IPC and AMS. There is an organisational IPC committee that meets bimonthly. All IPC coordinators across Summerset are part of this committee.</p> <p>There is a documented pathway for reporting IPC and AMS issues to the Operational and Clinical Steering Committee. On opening, monthly collation of data will be collected by the infection control nurse (ICN), trends are to be analysed, and an agenda item at monthly infection control meetings. Internal and external benchmarking occurs.</p> <p>There are policies and procedures in place to manage significant IPC events. Any significant events are managed using a collaborative approach and involve the infection control nurse (ICN), the national clinical team, the GP, and the public health team.</p> <p>External resources and support are available through external specialists, microbiologist, GP, wound nurse and Health New Zealand when required.</p> <p>The care centre manager will initially be the infection control nurse (ICN) and has completed training for the role. There is a documented IPC role description.</p> <p>There are adequate resources to implement the infection control programme at Summerset St John.</p> |
| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> | <p>PA Low</p> | <p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control programme is linked to the quality and business plan and is to be reviewed annually.</p> <p>There are documented policies and procedures in place that reflect</p> |

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| <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. 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>current best practice relating to infection prevention and control and include policies for: hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; health care acquired infection (HAI); and the built environment.</p> <p>Infection prevention and control resources, including personal protective equipment (PPE), will be available should a resident infection or outbreak occur. There is a pandemic response plan in place which is reviewed and tested at regular intervals.</p> <p>The ICN is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Orientation training (four-week plan) started on the day of audit for all staff (link 2.4.4). Annual infection control training is included in the mandatory in-services that will be held for all staff. The 2024 plan was sighted. The ICN has access to an online training system with resources, guidelines, and best practice.</p> <p>At site level, the care centre manager has responsibility for purchasing thermometers, face masks and face shields. All other equipment/resources are purchased at national level.</p> <p>There is infection control input into new buildings or significant changes occurs at national level and involves the regional quality managers. There is a policy in place for decontamination of reusable medical devices and the procedure around single use items. Educational resources in te reo Māori can be accessed online if needed.</p> |
| <p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials</p> | <p>FA</p> | <p>There are approved policies and guidelines for antimicrobial prescribing. Prescribing of antimicrobial use is to be monitored, recorded, and analysed at site level. At an organisational level, further discussion takes place at senior management level and is reported to the Operational and Clinical Steering Committee. The GP will be responsible for prescribing.</p> <p>Trends are identified at national level, and also will be at facility level on opening. Feedback and further input occurs from national senior</p> |

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| <p>prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p> | | <p>management level.</p> |
| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | <p>FA</p> | <p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the IPC policy. The surveillance programme is appropriate to the size and setting of the service. The electronic analysis tool includes the number and types of events in a defined time period, including ethnicity data. This will be implemented at Summerset St John. The organisation benchmarks surveillance data.</p> <p>Monthly infection data template ensures collection for all infections based on standard definitions. Infection control data is to be monitored and evaluated monthly and annually. Infection data, outcomes and actions are to be discussed at the infection control meetings, quality, and staff meetings.</p> <p>There are processes in place to isolate infectious residents when required.</p> <p>Hand sanitisers and gels will be available for staff, residents, and visitors at the entry of the facility and in the hallways, as stated by managers interviewed (link 5.2.4).</p> |
| <p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p> | <p>FA</p> | <p>There are waste and hazardous management policies that conform to legislative and local council requirements. Policies include considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms (in dual purpose care centre service apartments and dementia unit). Training and education in waste management and infection control is completed as part of orientation and the mandatory training programme. There is enough PPE and equipment ordered, such as aprons, gloves, and masks.</p> |

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| | | <p>There are policies for cleaning and infection prevention and linen handling and processing. There are documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are to be conducted as per the quality assurance programme.</p> <p>The laundry is in the basement and has an entrance for dirty laundry and an exit for clean linen. The laundry is large and includes two commercial washing machines and two commercial dryers. Dirty linen can be transported to the ground floor via a laundry chute from level one and two to the laundry. Covered linen trolleys are used to transport linen. Laundry chemicals are within a closed system to the washing machine. There are personal laundries in the serviced apartments on each floor. Residents' clothing is labelled and personally delivered from the laundry to their rooms.</p> <p>The service has a secure area designated for the storage of cleaning and laundry chemicals on each level. The laundry and cleaning areas have hand washing facilities.</p> <p>Cleaning services are to be provided seven days a week. There are staff employed as cleaners. Cleaning duties and procedures are documented to ensure correct cleaning processes occur.</p> <p>There is policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. It details consultation by the infection control team.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | <p>FA</p> | <p>The new service is committed to providing services to residents without use of restraint. The restraint policy and procedure is comprehensive and confirms that restraint use is a last resort and must be done in partnership with resident or their activated EPOA, and the choice of device must be the least restrictive possible.</p> <p>The restraint policy includes a section on quality monitoring and improvement. This covers the restraint internal audit, site meetings, benchmarking, governance reporting and external benchmarking. The policy describes restraint being included as a clinical indicator in the bimonthly report, which will be sent to the Operations and Clinical</p> |

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| | | <p>Steering Committee. 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 care centre manager. There is a job description for the role and terms of reference for the restraint review meeting. Restraint meetings are scheduled to be monthly. Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme.</p> <p>Restraint training and competencies are scheduled in the staff orientation programme (link 2.4.4). Behaviours that challenge is also included as part of the induction training and annual training plan.</p> <p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, 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> |
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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) |
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| <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>All new staff are required to complete an induction and orientation. The organisation has an induction/orientation programme, which includes packages specifically tailored to the position, such as nurse manager, registered nurses, caregivers, activities staff, and housekeeping staff.</p> <p>Staff orientation policy provides guidelines regarding the orientation programme for all new staff and includes general orientation and specific orientation for registered and enrolled nurses. Prior to opening, all new staff will complete orientation across four weeks. Competencies such as medication will also be completed at this time. First aid certificates are also scheduled to be</p> | <p>Orientation for staff is yet to be provided. A four-week orientation programme has been developed for all staff which started on 16 September 2024. This includes completing orientation documentation and competencies. The orientation programme also includes specific training around equipment; manual handling; safe chemical handling; cultural care; Treaty of Waitangi; medimap; emergency and fire training; first aid training, and dementia model of care.</p> | <p>Ensure staff orientation and competencies are completed.</p> <p>Prior to occupancy days</p> |

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| | | <p>completed during orientation for those that do not have a current first aid certificate.</p> <p>All newly employed caregivers are required to complete competencies as part of the Careerforce orientation for caregivers.</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> | PA Low | <p>Building A has a current building of fitness; however, building D which includes the care centre and serviced apartments, and building E which has the laundry in the basement, has not received confirmation of a building warrant of fitness or certificate of public use.</p> | <p>Building D and E have not received confirmation of a building warrant of fitness or certificate of public use.</p> | <p>Ensure that building D and E receives a building warrant of fitness or certificate of public use.</p> <p>Prior to occupancy days</p> |
| <p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p> | PA Low | <p>The site had builders and contractors still working to complete the outdoor and indoor areas prior to handing the site over to Summerset St John on the 30 September 2024. Landscaping, perimeter fencing in the Memory Care unit and shade and seating has yet to be completed. Building, painting and services are to be finished (eg, ceiling panels, installation of basin in some areas, a lockable chemical cupboard to be installed). Locks are in place in the dementia unit but are yet to be activated. Electrical services and water supplies are in place. Stairwells can be used but require covering and railing at the end of the stairwell platforms. Lifts were not fully operational on the day of audit.</p> | <p>(i). Landscaping, perimeter fencing in the Memory Care unit and shade and seating has not been completed.</p> <p>(ii). Builders had other contractors have not completed the interior areas to date.</p> <p>(iii). Locks in the Memory Care unit are yet to be activated.</p> <p>(iv). Exit areas (stairwells and lifts) were not fully operational.</p> | <p>(i). Ensure landscaping, perimeter fencing in the Memory Care unit and shade and seating are in place.</p> <p>(ii). Ensure interior areas are fully decorated with furniture all put in place.</p> <p>(iii). Ensure locks are activated in the Memory Care unit.</p> <p>(iv). Ensure exit areas (stairwells</p> |

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| | | | | and lifts) are fully operational. Prior to occupancy days |
| <p>Criterion 4.2.2</p> <p>Service providers shall ensure there are implemented fire safety and emergency management policies and procedures identifying and minimising related risk.</p> | PA Low | <p>There is a civil defence locker on each floor and space in the basement to hold all necessary civil defence requirements. Civil defence supplies are not yet on site.</p> | <p>Civil defence supplies are not yet on site.</p> | <p>Ensure civil defence supplies are on site.</p> <p>Prior to occupancy days</p> |
| <p>Criterion 5.2.4</p> <p>Service providers shall ensure that there is a pandemic or infectious disease response plan in place, that it is tested at regular intervals, and that there are sufficient IP resources including personal protective equipment (PPE) available or readily accessible to support this plan if it is activated.</p> | PA Low | <p>Infection prevention and control resources, including personal protective equipment (PPE), will be available should a resident infection or outbreak occur. PPE has not yet been put in residential areas.</p> | <p>PPE supplies have not yet been put in residential areas.</p> | <p>Ensure there are adequate supplies of PPE relevant to needs in all residential areas.</p> <p>Prior to occupancy days</p> |

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 audit.

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End of the report.