

Summerset Care Limited - Summerset Boulcott

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 Boulcott
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 5 June 2024 End date: 5 June 2024

Proposed changes to current services (if any): The organisation has built new apartments and a memory care (dementia) unit which is part of the Summerset Boulcott village. This partial provisional audit was conducted to assess the facility for preparedness to provide rest home level of care in the serviced apartments, and dementia level care in the new memory care unit. On the ground floor, there are 15 rooms in the secure (dementia) memory care unit (with two rooms verified as suitable as double rooms for couples).

There are 35 serviced apartments within the same building (across three levels). The provider requested 15 rooms to be certified as rest home level. All fifteen have been verified as suitable for couples; however, the service will only have up to 5 couples at any given time. In summary, there are a total of 30 beds (15 dementia beds, 15 rest home beds within the serviced apartments). The service is planning to open the service on 1 July 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 Boulcott is a new retirement village complex in Lower Hutt, Wellington. This partial provisional audit was conducted to assess the facility for preparedness to provide rest home and dementia level care in the new facility.

The service is across three levels. On the ground floor, there are 15 rooms in the secure (dementia) memory care unit (the service has the option to have up to two couples if needed). There are 37 serviced apartments in total across three floors. On request of the provider, the 10 beds on the first floor and five beds on the second floor have been verified as suitable for couples; however, the service will only have up to five couples at any given time. There are a total of 30 rooms and the service plans to open on 1 July 2024.

The village manager (non-clinical) has been in the role since August 2023. A newly appointed care centre manager (registered nurse) supports the village manager and has many years' experience in aged care management. The managers are supported by a registered nurse in the memory care and a diversional therapist. The management team at Summerset Boulcott is supported by the

regional quality manager, Summerset group operations manager (across six other Summerset sites) and Summerset dementia specialist.

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 the memory care unit, serviced apartments, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home 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.

The improvements required by the service is around the adjustment of room doors on level 2 and the demarcation for clean/dirty flow in the laundry.

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 business plan is specific to Summerset Boulcott 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 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. All staff have been employed. The organisation has an induction/orientation programme that has commenced. Required staff competencies will also be completed at this time.

There is a 2024 training plan developed to be implemented at Summerset Boulcott.

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

One diversional therapist has been employed. The diversional therapist will be supported to implement an activity programme, with support of the caregivers working in the memory care unit. A weekly activity plan has been developed. The programme is 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 for Residential Aged Care. 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 is a secure medication room in the memory care unit. An electronic medication system is to be implemented on opening.

A qualified chef has been employed. 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 haumarū | Person-centred and safe environment

The building is completed, and a Certificate of Public Use issued. All building and plant have been built to comply with legislation. The ground floor memory care unit (dementia unit) is built and includes a landscaped courtyard. The courtyard is on the ground floor and is accessible for the residents in the memory care unit. External landscaping is completed.

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

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. The rooms in the memory care unit are open plan lounge /bedroom and ensuite. In addition, there are two rooms in the memory care unit that is suitable for couples and have a separate room, lounge and ensuite. The serviced apartments all have a separate lounge, ensuite and bedroom.

Communal areas in all areas are well designed and spacious and allow for a number of activities.

The emergency and disaster management policies include (but not limited to) dealing with emergencies, fire, flood, civil defence, and disasters.

A 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 centre manager has been appointed as 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. Summerset Group undertakes monthly benchmarking of infections and there is a company-wide infection control group.

Summerset Boulcott has housekeeping and laundry policies and procedures in place. There is a large laundry in the service area of the ground floor. The facility includes 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 elimination and competency assessments. Competencies are to be completed annually. The care centre manager is appointed as the restraint coordinator. Restraint meetings are to be held as part of the monthly quality 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)
Subsection	0	12	0	2	0	0	0
Criteria	0	92	0	2	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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 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 Boulcott is a new retirement village complex. The memory care unit and apartments being certified are across three floors.</p> <p>This partial provisional audit was conducted to assess the facility for preparedness to provide rest home in the apartments and dementia level care in the memory care unit.</p> <p>On the ground floor, there are 15 rooms in the secure memory unit (two [room 2013 and 2014] were verified as suitable as double rooms for couples). The total number of residents that can be cared for in the memory care unit is 17.</p> <p>There are 35 serviced apartments in total across three floors. The reconfiguration letter dated 20 March 2024 stated 35 serviced apartments to be certified as rest home level of care; however, the provider stated 15 serviced apartments are required to be certified as rest home level of care. All fifteen apartments are verified as suitable for couples; however, the service will only have up to five couples at any given time. The service is planning to open the service on 1 July 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>

		<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.</p> <p>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>There is a quality and risk management programme and a strategic plan documented based on the service's vision and mission. The organisation philosophy and strategic plan reflect a resident and family/whānau centred approach to all services.</p> <p>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 and tāngata whaikaha.</p> <p>Summerset Group have a quality assurance and risk management programme and an operational business plan. The 2023 business plan is specific to Summerset Boulcott and describes specific and measurable goals that are to be regularly reviewed and updated. Site specific goals relate to setting up dementia care and rest home in the apartments. The 2024 business plan is documented.</p>
--	--	---

		<p>The organisation have established relationships with local iwi and Kokiri Marae. The home was blessed.</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 collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery.</p> <p>The bimonthly General Manager of Operations report is discussed at the National Clinical Review Meeting. The report is also submitted to the CEO.</p> <p>The National Clinical Review Group is the Governing body for clinical. The chair of the group is the Head of Clinical Services who reports to the General Manager of Operations. There are Regional Quality Managers (RQM's) who are part of the National Review Group. The RQM's report to the head of Clinical Services. They provide clinical support and guidance to the care centre managers and clinical teams at each care centre.</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 new service has a village manager (non-clinical) with experience in business management and people management. A care centre manager (registered nurse) supports the village manager and has many years' experience in aged care management. The managers are supported by a registered nurse in the memory care unit and a diversional therapist. The management team at Summerset Boulcott is supported by the regional quality manager, Summerset group operations manager (across six other Summerset sites) and Summerset dementia specialist.</p>
Subsection 2.3: Service management	FA	There is a safe staffing policy that describes rostering and staffing ratios

<p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>in an event of acuity change and outbreak management. There are a number of documented rosters available that demonstrates increase in 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 roster for the opening of the memory care centre and apartments. All the current required staff have been employed and have commenced their orientation.</p> <p>There is sufficient staff employed to date to cover the roster on opening. Staff currently employed include nine caregivers, one RN (interRAI trained) and one diversional therapist. There are three residents on the waiting list for admissions to the memory care unit and one rest home resident in the service apartment. The village manager stated that these residents will be admitted within the first two weeks of opening. Any other potential residents will be admitted in a phased approach, with two residents per week.</p> <p>In the dementia unit (memory care), the roster includes two caregivers on each shift (morning, afternoon, and night), with a full-time RN (Monday to Fridays) and a full-time diversional therapist (Tuesday to Saturday from 9am to 6pm) to support staff and residents. The registered nurse will oversee the dementia unit. However, the care centre manager's office is currently within the memory care unit and they will relieve the RN to attend to rest home residents in the apartments. As numbers increase, Kaitiaki roles are included in the roster to assist with meals and supervision in the lounge and with activities.</p> <p>In the serviced apartments, there is a caregiver rostered on the AM shift, PM shift, night shift and a registered nurse rostered two hours daily. The serviced apartments are also supported by the care centre manager.</p> <p>There are four of nine caregivers that are allocated to the memory care unit that have completed the required dementia standards. All caregivers will be enrolled to complete the dementia standards following completion of the induction programme. There is a Careerforce assessor available to support caregivers through training.</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</p>
--	---

		<p>warden/officer.</p> <p>The service has a contract with a local medical centre to provide a house GP, including two nurse practitioners. Initially the GP will visit once a week. The GP service provides on-call cover across 24/7. A contract has been obtained with a physiotherapist, initially as required and then it will increase to set number of hours a week. Other contracts include a local pharmacy, dietitian, and podiatrist.</p> <p>A 2024 education planner (as part of the quality programme annual planner) is available for the service. 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 (but not limited to) 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.</p> <p>The organisation has mandatory competencies which include (but not limited to): safe moving and handling; medication competency; hand hygiene/infection prevention and control; restraint; communication; cultural competence; personal protective equipment (PPE); fire safety; and emergency management. These are to be completed during induction prior to opening.</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 monthly and will 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 Employees (TELUS) is available to staff when employed.</p>
Subsection 2.4: Health care and support workers	FA	There are human resource policies in place, including recruitment,

<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>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.</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/NPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. 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 and this has already commenced at the time of the audit. This includes (but not limited to): completing orientation documentation; competencies; mandatory training; first aid training; VCare training; syringe driver training; palliative- end of life training; cultural training; advocacy and communication; Consumer rights; reporting and managing workflow; continence; nutrition and hydration; restraint; enabling participation; observation and recording; and `becoming a dementia friend`.</p> <p>The orientation programme also includes specific training around (but not limited to): equipment; manual handling; safe chemical handling; Medimap; emergency and fire training; and dementia model of care.</p> <p>The registered nurse and the care centre manager complete additional training, which includes shared goals of care; care planning; critical thinking and the deteriorating adult; and syringe driver. Both are comprehensive nurses and are interRAI trained.</p> <p>The DT completes additional training in bringing the best life; person centred approach through life stories; complementary therapies; and technology to enhance (Tovertafel).</p> <p>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 satisfying to them.</p>	FA	<p>The service has employed one diversional therapist (DT). Activities are planned across seven days.</p> <p>Initially on opening, in the memory care unit (dementia unit), the registered nurse and DT will be responsible for the assessment and planning of activities for each individual resident. The diversional therapist will be supported to implement an activity programme, with support of the caregivers across the home. The kaitiaki roles help with activities and assisting with meals.</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 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; domestic type chores; memory lane; and group games. One-on-one sessions include hand and nail pampering and reading with residents.</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, activities, and cultural and religious considerations 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 national programme lead diversional therapy specialist is based in Auckland and provides support, training, education support, and guidance.</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>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>	FA	<p>The nursing manual includes a range of medication policies. The service is planning to use a two-weekly pre-packed robotic medication system, with a contract in place from a local pharmacy for the provision of this service, which includes two weekly robotics. There is a spacious locked medication room in the memory care unit on the ground floor, with spacious benchtops, a handbasin and secure safe for controlled medications.</p> <p>For serviced apartments, medications will be stored in a locked cupboard in each resident room in the serviced apartment. The service is intending to roll out Medimap on opening.</p> <p>Two medication trolleys, a specimen fridge, and medication fridges are available for the medication room. The medication room is 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 currently completed at orientation. 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</p>

		<p>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 and considered by the GP/NP, 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 and wellbeing.</p>	FA	<p>Summerset has comprehensive nutritional management policies and procedures for the provision of food services for residents. There is a chef manager and a second chef, four kitchen assistants and two café assistants employed to date.</p> <p>The facility has a large purpose-built kitchen on the ground floor adjacent to the café in the recreation area. There is a walk-in chiller, freezer, and pantry. There is a seven-week menu approved by a dietitian (10 April 2024). Food is to be transported in hot boxes to the satellite kitchen in the main dining room of the memory care unit on the ground floor and to the satellite kitchen/dining area of the rest home residents in serviced apartments. Meals are to be served to residents from the hot boxes in the satellite kitchen by kitchen 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. All equipment is installed and ready for use. The kitchen is ready to be 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 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. Māori and Pacific food service training is also included in the training programme.</p>

		<p>There is a fridge in the kitchenette in the memory care unit that can hold snacks, available 24/7. 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 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>	PA Low	<p>A staged building project has been underway, which includes a memory unit and apartments attached to a main reception and recreation area. This stage has been fully completed. There is a 17-bed memory care unit on the ground floor and licence to occupy apartments on level 1, level 2 and level 3 (with level 3 only for serviced apartments). Furthermore, the care centre and more serviced apartments are still being built on the opposite side of the main reception.</p> <p>The building is fully completed. There is a Certificate of Public Use dated 30 October 2024. All building and plant have been built to comply with legislation. The resident areas are fully furnished and carpeted throughout.</p> <p>All electrical equipment and other machinery are new and will 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 are appropriate for this type of setting and for the needs of the residents.</p> <p>There is a property manager and assistants employed.</p> <p>Dementia Unit. Ground level</p> <p>On the ground floor, there are 15 rooms in the secure memory care unit. Thirteen rooms (dementia suites) have an open plan lounge/ bedroom and ensuite and two rooms (2013 and 2014) are deemed for double</p>

		<p>occupancy for couples and have a separate bedroom. The rooms were verified as suitable as double rooms for couples.</p> <p>The rooms do not have direct access to the outdoors.</p> <p>There is a separate entrance area. Visitors have speaker access to staff and then the door will be released to enter the entrance foyer. The regional quality manager advises that visitors will be issued with swipe cards. All exits in and out require swipe card access by staff. Coloured walls/decals are used around the corridors to distract residents from locked rooms, dead end walls and doors. Contrasting colours in some areas provide easier visibility and identification of furniture. All toilet seats are coloured. There are large, coloured wall boxes outside each resident room that can be personally decorated. There is a disability toilet next to the lounge and visitor's toilet just outside the main entrance to the dementia unit. All toilet and ensuite facilities are completed with handrails, flowing soap, and hand towel dispensers. There are bathroom heaters and underfloor heating in the ensuites.</p> <p>All rooms and communal areas allow for safe use of mobility equipment. There are lights above where the bed will be placed, a sensor light in the room and ensuite. There are hand sanitiser dispensers available throughout. There is adequate space for storage of mobility equipment. There are seats available for resting to be placed around the hallways.</p> <p>There is a big open plan dining room/lounge area with kitchenette. All flooring is appropriate for ease of cleaning. There is a family/whānau room near the nurses' station and a quieter lounge at the end of the corridor.</p> <p>There is a large secure enclosed clinical lead office where the care centre manager is currently located. There is an open planned administration area/nurses' station for ease of supervision, with shelves and desktops. The area can be accessed by residents and there is not yet any deterrence for residents not to enter this area. A secure medication room, secure sluice, cleaners' room, secure linen cupboards, and secure laundry (for personals) are adjacent to the nurses' station.</p> <p>Landscaping is fully completed. The memory care unit has a large, landscaped courtyard with coloured art. The courtyard is accessible for the residents in the memory care unit from both lounges on each side. There are external paths that lead from the dining area and also from the</p>
--	--	--

		<p>lounge, with large sliding doors and wheelchair accessible. The outdoor courtyard is well designed/landscaped for wandering and includes raised planters, seating, and umbrellas for shade. A secure high coloursteel fence enclose the garden area. There is shrubbery to deter residents from the fence. Bollard lights are positioned away from the fence and provide lighting to the pathway.</p> <p>The regional quality manager stated all rooms can be personalised. Rooms were observed to have sufficient light and ventilation. There are centralised heating and ventilation throughout the building, with heat pumps in rooms.</p> <p>35 Serviced apartments (across three floors) with currently only 15 requested to be verified for rest home level care.</p> <p>The reconfiguration letter dated 20 March 2024 stated 35 serviced apartments to be certified as rest home level of care; however, the provider stated only the first floor and five on the second floor to be verified as suitable for rest home level of care.</p> <p>There are ten apartments on the first floor and five apartments identified on the second floor nearest to the lift (2201, 2209, 2210, 2211, 2212). All fifteen apartments are verified as suitable for couples; however, the service will only have up to five couples at any given time.</p> <p>The first floor (level 1)</p> <p>There is lift and stair access to the apartments from the main entrance. Visitors also have speaker access to each apartment.</p> <p>There are ten serviced apartments (43-49 sqm) with a separate bedroom, ensuite and open plan lounge/kitchenette area. Three of the apartments have access through a slider to a balcony overlooking the golf course and three apartments on the opposite side have access to a balcony that overlook the main entrance/village. Balconies are enclosed with balustrades. All rooms and communal areas allow for safe use of mobility equipment. All toilet and ensuite facilities are completed with handrails, flowing soap, and hand towel dispensers. There are bathroom heaters and underfloor heating in the ensuites. There are heat pumps in the lounge.</p> <p>The first-floor apartments have access to an open plan lounge/dining</p>
--	--	--

		<p>room (for rest home residents) with a full kitchenette on the first floor and direct access to the recreation area with dining area on the first floor. All flooring is appropriate for ease of cleaning. There are communal mobility toilets near lounges. Visitor toilets are also available. There are seats available for resting to be placed around the hallways.</p> <p>There is a large nurses' station on floor one. A secure sluice, cleaners' room, secure linen cupboards, and laundry (for personals) are adjacent to the nurses' station. There is no separate medication room for the apartments and the regional quality manager stated there will be a secure medication safe in each rest home residents' room. Rooms were observed to have sufficient light and ventilation. There are centralised heating and ventilation throughout the building, with heat pumps in rooms. A faux fireplace with heat pumps are heating the lounge. There is safe access from the lounge to a spacious balcony with seating and shade. There is a quieter lounge at the end of floor one.</p> <p>There are hand sanitiser dispensers available throughout. There is adequate space for storage of mobility equipment. There are seats available for resting to be placed around the hallways.</p> <p>The service has established relationships with the local iwi, who have also blessed the land and provided a blessing to the building.</p> <p>Second floor: Level 2</p> <p>There are twelve apartments on the second floor and the five apartments nearest to the lift (2201, 2209, 2210, 2211, 2212) are being verified for rest home level of care.</p> <p>The five apartments are (43-49 sqm) with a separate bedroom, ensuite and open plan lounge/kitchenette area. The apartments have either access to a balcony with balustrade or just a slider with balustrade. Residents will have lift and stair access to the dining room/lounge on the first floor or dining room in the recreation areas.</p> <p>All rooms and communal areas allow for safe use of mobility equipment. All toilet and ensuite facilities are completed with handrails, flowing soap, and hand towel dispensers. There are bathroom heaters and underfloor heating in the ensuites.</p> <p>There is a small nurses' desk/hub and quieter family/whānau room. A</p>
--	--	--

		<p>secure sluice, cleaners' room, secure linen cupboards, and laundry (for personals) are adjacent to the nurses' station. There is no separate medication room for the apartments and the regional quality manager stated there will be a secure medication safe in each rest home residents' room. Rooms were observed to have sufficient light and ventilation. There are centralised heating and ventilation throughout the building. There are heat pumps in the lounge.</p> <p>All flooring is appropriate for ease of cleaning. There are communal mobility toilets near lounges.</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>	FA	<p>The site-specific emergency manual for Summerset Boulcott includes emergency and disaster policies and procedures, including (but not limited to) fire and evacuation and dealing with emergencies and disasters. There is an emergency management plan for developing villages 2023, and an emergency management and civil defence plan 2023. This includes a Tsunami management plan.</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. A registered nurse and care centre manager holds first aid certificates. All nine caregivers employed have completed first aid training, use of fire evacuation equipment, fire drill and emergency and fire training on the first day of the audit. There are first aid kits at the nurses' stations and nurse hub.</p> <p>The fire service has all fire exits in place. There is fire separation between evacuation areas, such as open spaces such as lounges. There are manual call points throughout the facility. The fire evacuation scheme has been approved by the NZFS 31 May 2024, with a fire drill completed on 4 June 2024. All apartments have smoke stop doors; the leavers of the doors of the five apartments on level 2 needs adjustment to ease opening (link 4.1.1). There are evacuation chairs located at the stairs and evacuation mattresses on the beds in the memory care unit.</p> <p>The service also has a generator on site in the event of a power failure for emergency power supply. There are also extra blankets available. There is a civil defence cupboard on the first floor which includes all</p>

		<p>necessary civil defence requirements. A number of ceiling water tanks are available that meets the requirements of the 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. Residents will be issued with neck pendant/wrist pendant on request and will interface with the nurse call system. There are nurse call screens and sounders throughout the memory care unit and apartments.</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 and lights under the bed. 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. The regional quality manager stated visitors will be issued and signed with swipe access cards.</p> <p>There is a main double-door entrance into the care centre that will be secure at dusk, with phone access.</p>
<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,</p>	FA	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Summerset Boulcott 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</p>

<p>and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>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/NP, and Health New Zealand when required.</p> <p>The care centre manager will 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 Boulcott.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</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 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), are available should a resident infection or outbreak</p>

		<p>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. The four-week induction programme includes infection control.</p> <p>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. There is a process to manage and rotate stock. 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.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<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/NP 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 occur from national senior management level.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	FA	<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</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>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 Boulcott. 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 are available for staff, residents, and visitors at the entry of the facility and in the hallways.</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>PA Low</p>	<p>There are waste and hazardous management policies that conform to legislative and local council requirements. Policies include (but are not limited to): 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 (on each floor of the apartments and memory care unit). There are spill kits in the sluice rooms. Training and education in waste management and infection control is completed as part of orientation and the mandatory training programme.</p> <p>There is enough PPE and equipment provided, such as aprons, gloves, and masks. There are outbreak kits ready to use in the memory care unit.</p> <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's policies and procedures. Laundry and cleaning audits are to be conducted as per the quality assurance programme.</p>

		<p>The laundry is in the service area on the ground floor and has only one entrance. The clean/dirty flow was not demarcated to ensure staff understand the flow. The laundry is large and includes two commercial washing machines and two dryers. There are stainless steel trolleys to remove clean linen from the machines. 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. Dirty linen can be transported to the ground floor via a laundry chute in the laundries on each level. Residents' clothing is labelled and personally delivered from the laundry to their rooms.</p> <p>The service has a secure area for the storage of cleaning and laundry chemicals and a cleaning room 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, including laundry staff. 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>	FA	<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 the resident or their activated EPOA, and the choice of device must be the least restrictive possible. The following equipment is approved: bed rails, fall out chairs, tabletop chairs and Tbelt/lapbelt.</p> <p>The restraint policy includes a section on quality monitoring and improvement. This covers the restraint internal audit, site meetings, governance reporting and benchmarking.</p> <p>The policy describes restraint being included as a clinical indicator in the bimonthly report, which will be sent to the Operations and Clinical Steering Committee.</p> <p>At all times when restraint is considered, the facility will work in</p>

		<p>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. 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. Summerset does not support emergency restraint and this is documented as such.</p>
--	--	--

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<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>There is a large secure enclosed clinical lead office where the care centre manager is currently located. There is an open planned administration area/nurses' station for ease of supervision with shelves and desktops. The area can be accessed by residents and there is not yet any deterrence for residents not to enter this area.</p> <p>The doors of the five apartments on level 2 are difficult to open when residents have to manoeuvre their mobility equipment.</p>	<p>(i). The administration desk/nurses' area in the memory care unit provides free entry to residents.</p> <p>(ii). The door leavers of the five apartments on level 2 needs adjustment to provide ease of opening.</p>	<p>(i). Ensure the administration area/nurses station is closed off to residents.</p> <p>(ii). Ensure the door leavers are adjusted for ease of opening the doors.</p> <p>Prior to occupancy days</p>
<p>Criterion 5.5.4</p> <p>Service providers shall ensure there are safe and effective</p>	PA Low	<p>There are laundry areas on each floor of the apartments and the dementia unit. All laundries have a handbasin, flowing soap and</p>	<p>The laundry is in the service area on the ground floor and has only one entrance. The</p>	<p>Ensure there is clear demarcation to ensure a clear flow</p>

<p>laundry services appropriate to the size and scope of the health and disability service that include:</p> <p>(a) Methods, frequency, and materials used for laundry processes;</p> <p>(b) Laundry processes being monitored for effectiveness;</p> <p>(c) A clear separation between handling and storage of clean and dirty laundry;</p> <p>(d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be reflected in a written policy.</p>		<p>handtowels. These laundries are allocated for laundering of personal clothes only. There were at least two washing machines and dryers in each laundry. Any chemicals are securely locked away.</p> <p>The laundry is in the service area on the ground floor and has only one entrance. The clean/dirty flow was not demarcated to ensure staff understand the flow. The laundry is spacious. There is stainless bench and steel basin. There is a handbasin with flowing soap, hand sanitizer and handtowels. There is no door directly to the outside; however, there is appropriate ventilation that can be dialled. Chemicals are dispensed by an automatic system and the effectiveness of the chemicals, temperatures of the machines, and servicing of the machines are contracted to a chemical provider and manufacturer.</p>	<p>clean/dirty flow was not demarcated to ensure staff understand the flow.</p>	<p>between dirty and clean.</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, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.