

# Summerset Care Limited - Summerset Pohutukawa Place

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## Introduction

This report records the results of a Certification 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:

<b>Legal entity:</b>	Summerset Care Limited
<b>Premises audited:</b>	Summerset Pohutukawa Place
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 11 July 2024    End date: 12 July 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	35

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō 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.

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

### Key to the indicators

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

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

## General overview of the audit

Summerset Pohutukawa provides rest home, hospital (medical and geriatric), and dementia level care for up to 66 beds in the care centre and up to 60 rest home beds in the serviced apartments. On the day of the audit, there were 35 residents (19 rest home in the care centre, 1 rest home in serviced apartments, 6 hospital and 9 dementia level).

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the service's contract with Health New Zealand Te Whatu Ora - Taranaki. The audit process included a review of policies and procedures; a review of residents and staff records; observations; and interviews with management, residents, family/whānau, staff, nurse practitioner and a general practitioner.

The service is managed by a village manager who is appropriately qualified and is supported by a care centre manager, clinical nurse lead, and regional quality manager. The residents and relatives spoke positively about the care and support provided.

The certification audit identified shortfalls related to implementation of the quality systems, care planning, and documentation related to meaningful activities.

This audit awarded one continuous improvement rating around infection management.

## Ō tātou motika | Our rights

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



Subsections applicable to this service fully attained.

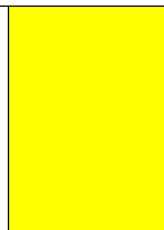
Summerset Pohutukawa provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

This service supports culturally safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences.

There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Some subsections applicable to this service partially attained and of low risk.

Summerset Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The village manager is supported by a care centre manager and clinical nurse lead, who oversee the day-to-day operations of the service.

The business plan informs the site-specific operational objectives which are reviewed on a regular basis. Summerset Pohutukawa has an established quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team.

Summerset Pohutukawa collates clinical indicator data and benchmarking occurs. There are human resources policies including recruitment, selection, orientation, and staff training and development.

The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing.

The staffing policy aligns with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were developed and evaluated in the care plans reviewed.

There are planned activities for residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme.

The organisation uses an electronic medicine management system for e-prescribing, dispensing, and administration of medications. The general practitioner and the nurse practitioner are responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Residents were complimentary of the food services.

Residents are referred or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Clinical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. The facility vehicle has a current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. A fire drill is conducted six-monthly. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents reported a timely staff response to call bells. Security is maintained.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

The implemented infection prevention and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention officer leads the programme. Specialist infection prevention advice is accessed when needed.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There have been two infection outbreaks reported. The outbreaks were managed effectively.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The aim of the service and governing body is to eliminate restraint. The restraint policy includes objectives for eliminating restraint.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. On the day of the on-site audit, there was no residents using a restraint. Restraint is only used as a last resort when all other options have been explored. Restraint documentation processes are robust to include assessments, consent, monitoring, and evaluation processes to minimise associated risks. Quality review of restraint use occurs monthly and is benchmarked.

## 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	24	0	3	0	0	0
Criteria	1	164	0	3	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 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has no residents who identify as Māori. Summerset Pohutukawa is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau. There are clear processes to include tikanga in everyday practice and training for staff.</p> <p>The village manager stated that they support increasing Māori capacity within the workforce and will be employing Māori applicants when they do apply for employment opportunities at Summerset. At the time of the audit there were staff who identified as Māori. Summerset Pohutukawa evidence commitment to a culturally diverse workforce, as demonstrated in the business plan and Māori health plan. The Summerset organisational business plan includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori.</p> <p>There is an established relationship with Hourua Pae Rau at governance level and established relationships with kaumātua from the local iwi, Te Ati Awa, and Poketapu hapu as well as Health New Zealand Te Whatu Ora - Taranaki Māori Health unit.</p>

		Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Summerset Pacific Peoples' Health policy and procedure. The aim is to uphold the principles of Pacific people by acknowledge respectful relationships, valuing families and provide high quality healthcare.</p> <p>On admission all residents state their ethnicity. There are no residents who identify as Pasifika. The Pacific Peoples' Health policy and procedure objective states Summerset's commitment to supporting Pacific residents and their families/whānau.</p> <p>Registered nurses interviewed explain family/whānau will be encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The care centre manager (CCM) stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>Summerset Pohutukawa partners with Pacific organisations and collaborates with their Pacific employees to ensure connectivity within the region. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is accessible in Tongan and Samoan when required.</p> <p>The service continues to actively recruit new staff. There are currently staff that identify as Pasifika. The village manager (VM) described how Summerset Pohutukawa increases the capacity and capability of the Pacific workforce through promoting a diverse workforce.</p> <p>Interviews with nineteen staff (nine caregivers, five registered nurses [RN], one memory care lead, one diversional therapist, one property manager, one chef manager, and one housekeeper), three managers (village manager [VM], care centre manager [CCM], one clinical nurse lead); five residents (three hospital and two rest home); six family/whānau (one dementia, three hospital and two rest home), and documentation reviewed identified that the service provides person centred care.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical nurse lead supported by the care centre manager discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code is displayed in multiple locations in English, te reo Māori and sign language. Discussions relating to the Code are held during the monthly resident and family/whānau meetings. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and links to the resident advocacy are available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. Meetings with an agenda item around advocacy are held every three months. The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. The Summerset Pohutukawa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collaborative in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. The</p>

		<p>first satisfaction survey results for Summerset Pohutukawa (March 2024) and interviews with family/whānau confirmed that residents and family/whānau are treated with respect.</p> <p>A sexuality and intimacy policy is in place, with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together. There were married couples (rest home level care) at the time of the audit who occupied one of the shared rooms. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans.</p> <p>Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place. There are links to spiritual support documented in the policy. Communion services and church services are held weekly.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. The village manager and care centre manager have completed training in te reo Māori as part of their orientation and ongoing as part of the roles. They were observed actively promoting te reo Māori in the workplace. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency. At the time of audit, there were no residents identifying as Māori. The diversional therapist (DT) confirmed that the service would actively support Māori by identifying their needs and aspirations which would also include the physical, spiritual, family/whānau, and psychological health of the resident.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse, neglect and prevention policy is being implemented. Summerset Pohutukawa policies prevent any form of discrimination</p>

<p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>and acknowledge impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. The management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Staff complete education on orientation and as per the annual training plan on code of conduct, code of ethics, workplace bullying, harassment and discrimination, whistle blowing policy, and professional boundaries. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process.</p> <p>The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes and staff survey results evidence a supportive working environment that promotes teamwork. Summerset promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Monthly resident meetings and quarterly advocacy meetings with a resident advocate identifies feedback from residents and subsequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident; communication is also documented in the progress notes. Resident files reviewed identified family/whānau are kept informed of any changes; this was confirmed</p>

		<p>through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there was no residents who did not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand -Taranaki specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The care centre manager and clinical nurse lead described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding the recent Covid-19 outbreak through emails, regular newsletters, and resident meetings.</p> <p>Staff have completed annual education related to communication with residents with speech impediments and cognitive disabilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make</p>	<p>FA</p>	<p>There are policies implemented in relation to informed consent. Informed consent processes were discussed with residents and families/whānau on admission. Six electronic resident files were reviewed which evidenced written general consents sighted for photographs, release of medical information and medical cares were included in the admission agreement. The written general consents were signed appropriately as part of the admission process by the resident or activated enduring power of attorney (EPOA). Specific consent forms were in place for procedures such as influenza and Covid-19 vaccines. Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent for entering</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision.</p> <p>A shared goals of care and resuscitation policy and related forms is in place. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner and nurse practitioner had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau, identified that the service actively involves them in decisions that affect the resident's lives. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and provision of cultural support when a resident had a choice of treatment options available to them.</p> <p>Staff have received training on cultural safety and tikanga best practice. Training has been provided to staff around the Code, informed consent, and enduring power of attorney as part of the mandatory training.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a documented concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically. There have been no internal or external complaints received since the facility was opened. Where indicated, complaints (and any subsequent corrective actions) would be discussed in the quality improvement, and staff meetings.</p> <p>Access to complaints forms is located at the entrance and in visible places throughout the facility or on request from staff. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly where</p>

		<p>concerns can be raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code and complaints process is visible, and available in te reo Māori and English.</p> <p>Although there have been no complaints received, interviews with the village manager and documentation reviewed demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Summerset Pohutukawa is located in New Plymouth and was opened in September 2023. The care centre is split between two levels with the memory care unit (dementia unit) situated on the ground floor, and the rest home and hospital rooms on level one of a two story building. The service has 66 beds across the care centre (22 in the memory care unit and 44 hospital or rest home [dual purpose] beds); and 60 rest home beds in the serviced apartments. There are ten double rooms for couples (two in memory care unit, four in dual purpose rooms, and four in serviced apartments)</p> <p>At the time of the audit there were a total of 35 residents. There were nine residents at dementia level of care; six residents at hospital level of care, including one on palliative care respite; and 20 residents at rest home level of care, including two respite and one resident in the serviced apartments. All other residents were under the aged related residential care contract (ARRC).</p> <p>The village manager has been in the role for four years, is a registered nurse with a current practising certificate and has over 30 years of healthcare experience and aged care management. They are</p>

	<p>supported by a care centre manager who is a registered nurse and who has been in the role since May 2023. The care centre manager has over 20 years of healthcare experience since RN qualification, including five years as a clinical manager in aged care. The care centre manager holds an MSC in Leadership/Management in Healthcare. The village manager and the care centre manager are both supported by a clinical nurse leader (registered nurse) and a stable team of registered nurses, care, housekeeping, kitchen, activities, maintenance, and administration staff. The management team reports a stable turnover of staff since September 2023.</p> <p>The governance body for Summerset is the National Clinical review committee who meet monthly and chaired by Summerset's Head of Clinical Services. All members on the committee hold senior roles in Summerset and there are terms of reference. The Head of Clinical Services (chair of the group) reports to the General Manager of Operations. The Head of Clinical Services works with the General Manager of Operations and Summerset's CEO 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>There is an overarching strategic business plan in place for the company, with national goals. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and regular resident meetings. Feedback is collated, reviewed, and used by the Summerset management team to identify barriers to care to improve outcomes for all residents. The strategic plan has a focus on improving equitable outcomes for Māori and addressing barriers for Māori. There has been a comprehensive feedback system and complaints process that is focused on continual service improvement within the service. Summerset Pohutukawa has a site-specific business plan that includes goals which relate to clinical effectiveness, risk management and financial compliance. The village manager completes three-monthly progress reports toward these goals (sighted).</p>
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		<p>The national clinical review committee (governance body) is responsible for setting strategy, risk, monitoring and reporting, culture and capability, and engagement. The governance body is involved in the quality and risk management system, through reports to the Board around clinical risk and other areas of risk across the Group. They also support each site around emergency planning and service continuity planning. The organisation benchmarks quality data with other New Zealand aged care providers. There are regional quality managers who support the on-site clinical team with education, trend review, clinical risk support, and management.</p> <p>Māori consultation ensures policies and procedures represent Te Tiriti partnership and equality and to improve outcomes and achieve equity for tāngata whaikaha. Management reports on any barriers to head office to ensure these can be addressed. Registered nurses work in consultation with resident and family/whānau, on input into reviewing care plans and assessment content to meet resident cultural values and needs.</p> <p>The village manager and the care centre manager have attended training (including orientation modules) in excess of eight hours over the past year appropriate to their role. They have an extensive background in healthcare, nursing, aged care, and quality and risk management. The village manager is supported by the wider Summerset management team, that includes a group operations manager and regional quality manager.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems</p>	<p>PA Low</p>	<p>Summerset Pohutukawa is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement meetings, registered nurse and staff meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place; however, corrective actions are not always brought forward or signed off when completed. Quality</p>

<p>meet the needs of people using the services and our health care and support workers.</p>		<p>improvement projects are documented for reduction of urinary tract infections (link continuous improvement 5.4.4). Quality data and trends in data are posted on a quality noticeboard in staff areas.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices. The Summerset Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard.</p> <p>The first resident and family/whānau satisfaction surveys has been completed for Summerset Pohutukawa and evidences an overall satisfaction of 86% in all areas of service delivery. The service benchmarks against other Summerset facilities and results indicate that the net promotor score of 71, is above the Summerset average of 43 across the facilities. Opportunities for improvement have been identified and implemented.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from each department that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed June 2024 (sighted). Health and safety policies are implemented and monitored by the health and safety committee. There are regular meetings with the national health and safety manager. Staff incident, hazards and risk information is collated at facility level, reported to national level and a consolidated report and analysis of all facilities are then provided to the governance body. The noticeboards in the staffrooms keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Results are discussed in the health and safety, quality</p>
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		<p>improvement and staff meetings and at handover. A notification and escalation matrix are available to staff. The system escalates all alerts to the village manager and care centre manager and further alerts senior team members depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against other Summerset facilities and other aged care provider groups.</p> <p>Discussions with the village manager and care centre manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one pressure injury related Section 31 notification completed to notify HealthCERT since September 2023.</p> <p>There have been two outbreaks reported: scabies outbreak December 2023 – January 2024 and Covid-19 related outbreak June-July 2024. Both outbreaks were well managed and reported appropriately.</p> <p>Regular policy review, and internal and external benchmarking of quality data occur to provide a critical analysis to practice and improve health equity. Staff completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>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>FA</p>	<p>There is staffing policy and procedure that describes rostering and staffing rationale in an event of acuity change and outbreak management. The village manager interviewed confirmed staff needs and shortages are reported to the national senior team. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>All registered nurses and caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Agency staff have only been utilised during the Covid-19 outbreak in June-July 2024. Any absences and sick leave are covered through extending working hours through mutual agreement with employees, or use of the casual pool of staff. There were no staff shortages reported at the time of the audit and there were no vacancies reported. Staff and residents</p>

	<p>are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirm their care requirements are attended to in a timely manner.</p> <p>The roster reviewed evidenced registered nurse cover 24/7. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts. Serviced apartment call bells ring throughout the main building and the allocated first aiders will respond to bells if required.</p> <p>The managers all work full time Monday to Friday. The on-call roster is shared between the care centre manager and clinical nurse lead. There is a kaitiaki rostered on each day to assist with meals, fluids, one on one activities, van outings and exercises. There are separate staff dedicated to recreation, housekeeping (cleaning and laundry) and kitchen. Grounds and maintenance staff are rostered over five days, with on-call cover by the property manager as required.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete electronic cultural awareness training at orientation and annually. External training opportunities for care staff include training through Health New Zealand - Taranaki and hospice.</p> <p>Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Summerset Pohutukawa supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Of the twenty-eight caregivers employed, seventeen have achieved a level three NZQA qualification or higher. Three caregivers have attained a level two qualification, and four are on level zero. There is a national learning and development team that support staff with online training resources. There are 12 caregivers</p>
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		<p>rostered across the dementia unit. Two have achieved the required standards, ten are enrolled and have been employed in the last 18 months.</p> <p>A professional development policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Registered nurses' complete specific competencies (eg, restraint, medication administration, and wound care). Additional registered nurse specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. Three of eight registered nurses are interRAI trained. All registered nurses are encouraged to attend in-service training and complete additional training, including critical thinking; infection prevention and control, including Covid-19 preparedness; and identifying and assessing the unwell resident.</p> <p>All caregivers are required to complete annual competencies, including (but not limited to) restraint, moving and handling, culture, and handwashing. To date these have been completed as part of orientation. A selection of caregivers completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic human resources system.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted and visible in staff locations. The workplace union delegates, staff and management collaborate to ensure a positive workplace culture.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Nine staff files (four caregivers, one registered nurse, one care centre manager, one chef manager, one housekeeper, one memory care lead) reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>in each position.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy in place. Staff have not been employed for over a year since the opening of the facility and as such, there were no staff due for performance appraisal as per policy at the time of the audit.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment for Māori.</p> <p>The service has no volunteers currently; however, an orientation programme and policy for volunteers is in place. A management of agency staff policy is documented for the organisation.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>There is a staff debrief and psychological first aid policy, which includes follow up of any staff incident/accident, evidence of debriefing, support for employee rehabilitation, and safe return to work documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>There is a resident records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Summerset business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's paper-based documents are securely stored and uploaded to the system.</p>

		<p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring respite, rest home, and hospital levels of care were in place.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required timeframes and are signed on entry, including agreements for residents with an occupational rights agreement (rest home level in serviced apartments as an example). Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The care centre manager (CCM), and clinical nurse lead (CNL) reported that the service records all potential residents who are declined entry. When an entry is declined, relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider. There were no residents who identified as Māori at the time of the audit; however, routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is being implemented.</p> <p>The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau. The management team confirmed that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>A total of six files sampled identified that initial assessments and initial care plans were resident centred, and these were completed in a timely manner. The files reviewed included two hospital level of care (including one respite), two rest home (including one in the serviced apartments), and two from the secure dementia unit.</p> <p>The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, and family/whānau. Long-term care plans were also developed, and six-monthly evaluation processes ensures that assessments reflected the resident's daily care needs. Resident, family/whānau, and GP or nurse practitioner (NP) involvement is encouraged in the plan of care.</p> <p>Long-term care plans are reviewed following interRAI reassessments. Where there is a significant change in the resident's condition before the review date, an interRAI re-assessment is completed. Care plans reviewed included residents with a range of care needs, including palliative care, complex needs, falls intervention, care of a resident with an indwelling catheter, and also behaviours that challenge. Interventions in the long-term care plans are comprehensive, resident focussed and provide detail to guide staff in the management of each resident's care.</p> <p>A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The EPOA and family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>Short-term care plans were developed for some short-term problems, but were not always in place. The short-term care plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the CCM and CNL and this was evidenced in the records</p>

	<p>sampled. Interviews verified residents and EPOA/family/whānau are included and informed of all changes.</p> <p>The general practitioner (GP) or NP completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually. There is a contracted podiatrist who visits the service regularly, and a contracted physiotherapist who completes assessments of residents and manual handling training for staff. Notations were clearly written, informative and relevant. In interview, the GP and NP confirmed they were contacted in a timely manner when required, that they received information in a logical and organised way, and that care was implemented promptly.</p> <p>The CNL and CCM reported that sufficient and appropriate information is shared between the staff at each handover, which was observed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Interventions are resident focussed and provide detail to guide staff in the management of each resident's care.</p> <p>An RN wound champion reviews all wounds and ensures a report to the service clinical review meeting monthly. A report is also documented for Summerset national wounds meeting (two monthly). There were 14 wounds logged on the electronic system at the time of audit. This included bruises to ensure follow up. There were no residents with pressure injuries. Wound assessments and wound evaluations were completed by the nursing team, with input from wound care specialist nurses as required. All wound care assessments and interventions were documented in each resident's electronic record management care plans. Not all wounds had a short-term care plan (or other care plan interventions) to guide caregivers with the resident's care associated with the wound and dressing.</p> <p>There is a suite of monitoring charts available for staff to utilise, including (but not limited to): fluid balance charts; turn charts; neurological observations forms; blood glucose; and restraint monitoring charts. All monitoring charts were maintained according to policy. Any incident involving a resident reflected a clinical assessment</p>
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		<p>and a timely follow up by the registered nurses. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the CNL, in consultation with the RNs, and caregivers. Each resident's care was being evaluated on each shift and reported in the progress notes by the care staff.</p> <p>The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The Māori health care plan reflects the partnership and support of residents, whānau, and the extended whānau as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understand the process to support residents and whānau. There were no residents who identify as Māori at the time of the audit; however, the cultural safety assessment process validates Māori healing methodologies, such as Karakia, rongoā and spiritual assistance when required. Cultural assessments are completed by the nursing team who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>PA Low</p>	<p>Activities are led by the recreational therapist (DT), and a team of katiaki (assistants). The activities are based on assessment which the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. An individual activity plan is documented for each resident; however, these do not reflect an individualised plan and approach to activity support. Each resident in the secure dementia unit has a 24-hour activities care plan. These plans reflect the support care needs, rather than activities based on the resident's (and family/whanau) statements of the residents' interests.</p> <p>One monthly planner is developed for both the secure dementia unit and rest home/ hospital. Residents from the secure dementia unit are encouraged and supported to attend activities outside the secure unit with other residents. Daily activities were noted on noticeboards to remind residents and staff. A newsletter is published every two months.</p>

		<p>The activity programme is formulated by the activities team in consultation with the management team, national recreational and diversional therapist, registered nurses, EPOAs, residents, and care staff. Progress notes are written daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA and family/whānau and friends. There are regular outings and drives, for all residents (as appropriate). Resident meetings (monthly) provide a forum for feedback relating to activities.</p> <p>There were no residents who identified as Māori; however, the activities staff reported that opportunities for Māori and family/whānau to participate in te ao Māori can be facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals and Māori language week. The diversional and recreational therapy policy sighted was comprehensive and included kaupapa Māori recreational programmes. The recreational therapist showed how a variety of activities are aimed at helping to stimulate or strengthen the wairua, hinengaro, tinana, and whānau concepts of wellbeing.</p> <p>Activities for the residents in the serviced apartments were either in groups or one on one.</p> <p>Family/whānau and residents interviewed reported high levels of satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The policy described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP and NP complete three-monthly medication reviews.</p> <p>A total of 12 medicine charts were reviewed. Indications for use were documented for pro re nata (PRN) medications, including over the counter medications and supplements. Allergies were indicated, and all photos uploaded on the electronic medication management system</p>

		<p>were current. Eye drops were dated on opening. Effectiveness of PRN medications was being consistently documented.</p> <p>Routine medication reconciliation is conducted by an RN. Medications are rechecked when a resident is transferred back to the service from the hospital or any external appointments. Medication reconciliation is recorded in the electronic medication management system. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medications are administered by an RN or medication competent caregiver in the serviced apartments.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures were being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted. The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room and cupboards. There were no residents self-administering medications. There was a self-medication policy in place when required. There were no standing orders in use.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. The GP confirmed that appropriate support for Māori treatment and advice would be provided as required. This was reiterated in interviews with the CNL and registered nurses.</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>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking are prepared and cooked on site. The kitchen is managed by the chef manager. Food is prepared in line with recognised nutritional guidelines for older people. There is an up-to-date food control plan. The menu was reviewed by a registered dietitian, and all kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary</p>

		<p>requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, freezers, and dishwasher are maintained, and these are recorded on the electronic record management system. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The chef manager interviewed reported that the service prepares food that is culturally specific to different cultures as needed. This includes menu options which are culturally specific to te ao Māori, also 'boil ups', hāngi, and pork were included on the menu, and these are available for any Māori residents when required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There is a documented process in the management of discharge and transfer from services. Discharges are overseen by the clinical team who manage the process until discharge or transfer. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan is developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and scanned onto the resident's electronic management system. If a resident's information is required by a subsequent GP, a written request is required for the file to be transferred.</p> <p>Evidence of residents who had been referred to other specialist</p>

		<p>services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. Residents and family/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The service has a current building certificate of public use that expires 30 November 2024. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids. There are well appointed lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available. There are three lifts between floors; one is large enough for a bed/stretchers if needed. There are two stairwells at either end of the building and one through the middle (three in total).</p> <p>There is a full-time property manager who, with the property team, carries out the 52-week planned maintenance programme. The village manager and property manager are also on call after hours for urgent matters. The planned maintenance schedule includes electrical testing and tagging, resident's equipment checks, and calibrations of the weighing scales and clinical equipment. The scales are checked annually. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by certified tradespeople where required. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes.</p> <p>All building and plant have been built to comply with legislation. All toilet and ensuite facilities are completed with handrails, flowing soap, and hand towel dispensers. There are hand sanitiser dispensers available throughout.</p> <p>All electrical equipment and other machinery is new. The furniture and equipment are appropriate for this type of setting and for the needs of the residents. There are adequate areas for storage of equipment across all floors.</p>

		<p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired.</p> <p>The ground floor Memory Care Unit is built around a large, landscaped courtyard. The courtyard is accessible for 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 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.</p> <p>Dual-purpose unit (first floor): In the dual-purpose rooms on level one, there are large spacious corridors. All resident rooms include electric beds and appropriate mattresses for pressure relief. There are ceiling tracks for hoists in each bedroom.</p> <p>There has been involvement with elders from the local iwi around the building and the grounds.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation, and response are displayed and known to staff. Civil defence planning guides direct the staff in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (August 2023). The fire drills are conducted every six-months, and these are added to the training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the car park is the designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, continent products, and a gas BBQ, which meet the requirements for all residents, including rostered staff. There is a large generator on site. Emergency lighting is available and is regularly tested. All staff had current first aid certificates. Staff confirmed their awareness of the emergency procedures.</p>

		<p>The service has a call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance personnel. Residents and family/whānau confirmed that staff responds to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at predetermined times. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of an electronic visitors' register.</p>
<p><b>Subsection 5.1: Governance</b></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>The infection prevention control and antimicrobial stewardship (AMS) programmes are led by the infection prevention and control (IPC) coordinator (registered nurse). Infection prevention and control and antimicrobial stewardship policies and procedures have been reviewed and are appropriate for the service. The infection control programme and policies and procedures link to the quality improvement system and are reviewed and reported regularly. Any significant events are managed using a collaborative approach and involve the infection prevention and control coordinator and the senior management team.</p> <p>Expertise and advice is sought from the general practitioner, nurse practitioner, Health New Zealand -Taranaki infection control team and experts from the local public health unit, as and when required. The infection prevention and control (IPC) coordinator attends the registered nurse and quality improvement meetings, where infection control issues are discussed. Infection prevention and control and antimicrobial stewardship are an integral part of the Summerset Pohutukawa 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 an infection control and antimicrobial stewardship programme that aligns with Summerset strategic plan to improve quality and ensure the safety of residents, visitors, staff, and</p>

		<p>contractors. There is a documented pathway for reporting infection control and AMS issues to the governing committee. Infection rates are discussed bimonthly at the National Clinical Review Meeting. The National Clinical review group provides clinical governance over the care and clinical systems for Summerset Operations, including infection prevention control and antimicrobial stewardship (AMS) programmes. The Summerset executive group knows and understand their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities.</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 prevention and control (IPC) coordinator who is a registered nurse, leads, oversees and coordinates the implementation of the infection control programme. Infection control coordinator's role, responsibilities and reporting requirements are defined in the IPC coordinator's job description. The IPC coordinator has completed external education on infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents.</p> <p>There is a defined and documented infection control programme implemented that was developed with input from external infection control services. The programme was approved by the national clinical review group and is linked to the quality improvement programme and is current. Infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources, including personal protective equipment (PPE), were sighted on the days of the audit. Resources were readily accessible to support the pandemic response plan if required. The IPC coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the Scabies and Covid-19</p>

		<p>outbreaks. Education with residents was on an individual basis and included reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The IPC coordinator liaises with the care centre manager and regional quality team on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Health New Zealand - Taranaki. The care centre manager stated that the IPC coordinator will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique, and use of disposable aprons and gloves. Hand washing and sanitiser bottles were available. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body. There were culturally safe practices observed, and thus acknowledge the spirit of Te Tiriti o Waitangi. The care centre manager reported that residents who identify as Māori will be consulted on infection control requirements as needed. In interviews, staff understood these requirements. The service has printed off educational resources in te reo Māori.</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</p>	FA	<p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the national quality team. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The nurse practitioner and general practitioner have overall responsibility for antimicrobial prescribing. Monthly records of infections</p>

<p>to the needs, size, and scope of our services.</p>		<p>and prescribed treatment were maintained.</p> <p>Antimicrobial stewardship is monitored and discussed at the National Infection Prevention and Control Group (which includes IPC Coordinator from each care centre), with a particular focus on infections that do and don't meet the infections surveillance criteria and appropriate taking of specimens and antibiotic usage. The annual infection control and AMS review and the infection control and hand washing audit includes: the antibiotic usage; monitoring the quantity of antimicrobial prescribed; effectiveness; pathogens isolated; and any occurrence of adverse effects.</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>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated infections.</p> <p>Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were identified as indicated; however, there was no evidence of sign off when completed (link 2.2.4). Records of monthly data sighted confirmed minimal numbers of infections; comparison with the previous month; reason for increase or decrease; and action advised. Summerset Pohutukawa has demonstrated continuous improvement related to urinary tract infection reduction. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed with other sister similar facilities.</p> <p>Residents and family/whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There have been two outbreaks reported since the facility was opened in September 2023; Scabies in December 2023 to January 2024 and Covid-19 June to July 2024. Both outbreaks were</p>

		well documented with debrief meetings identifying what went well and areas of improvement in place for each outbreak. They were well managed and reported to Public Health and Health New Zealand - Taranaki.
<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 antimicrobialresistant organisms.</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. QR ('quick response') codes for material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available, which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE. There are sluice rooms in each area with sanitisers. All have separate handwashing facilities and adequate supplies of PPE.</p> <p>There are designated cleaners (housekeepers). Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. Personal laundry and bed linen is washed on site or by family members or residents if requested. The laundry is delivered to the laundry via a shute system from level one and on trollies from the memory care unit. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents daily. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All laundry personnel and care staff have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The laundry personnel, care staff and cleaning staff demonstrated awareness of the infection prevention and control protocols. Resident and family/whānau interviews confirmed satisfaction with cleaning and laundry processes.</p>
Subsection 6.1: A process of restraint	FA	Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of

<p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>the device must be the least restrictive possible. At all times when restraint is considered, the facility would work in partnership with Māori, to promote and ensure services are mana enhancing. The restraint coordinator is the registered nurse, who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. The facility had no restraint in use.</p> <p>An interview with the restraint coordinator and the management team described the organisation's commitment to restraint minimisation and implementation across the organisation, as reviewed in the business plan. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. The restraint coordinator reported that any resident requiring restraint, included an assessment, consent, restraint care plan monitoring, and evaluation. Restraint review meetings occur monthly as part of the quality improvement meeting.</p> <p>The restraint committee is responsible for the approval of the use of restraints and the restraint processes. Restraint is used as a last resort, only when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of eliminating restraint use. Training for all staff occurs at orientation and annually. Training includes cultural considerations and de-escalation techniques to manage challenging behaviour. Staff complete a restraint competency annually.</p> <p>The service is restraint free.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	PA Low	<p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly staff, registered nurse and quality improvement meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; and education. Meetings have been completed as scheduled since last audit. However, where corrective actions were identified, these have not always been carried over to the next meeting or signed off when completed.</p> <p>The service has completed internal audits as scheduled and identified corrective actions were indicated by the outcome of the audit. However, the corrective actions have not always been signed off when completed.</p>	<p>(i). Corrective actions from previous meetings are not always brought forward or signed off when completed in the quality improvement meeting minutes reviewed.</p> <p>(ii). Corrective actions from internal audits have not always been signed off when completed.</p>	<p>(i)-(ii) Ensure there is evidence of follow up and sign off of corrective actions when completed.</p> <p>90 days</p>

<p>Criterion 3.2.2</p> <p>Care or support plans shall be developed within service providers' model of care.</p>	<p>PA Low</p>	<p>Long-term care plans reflect interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA and family/whānau responded by initiating changes to the care plan. Interventions in the long-term care plans are comprehensive, resident focused and provide detail to guide staff in the management of each resident's care. Short-term care plans were developed for some short-term problems, but were not always in place. One resident transferred back from hospital post fracture had interventions and progress documented in progress notes, but no short-term care plan in place. All wounds have a documented wound care plan; however, of the ten wounds reviewed (of 14 in total), three did not have a short-term care plan in place to guide caregivers.</p>	<p>Of the ten wounds reviewed (of 14 in total), three wounds and one other resident transferred back from hospital post fracture, did not have a short-term care plan in place to guide caregivers.</p>	<p>Ensure short-term care plans (or other care plan documentation) are in place for short term conditions and changes to care needs.</p> <p>90 days</p>
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>PA Low</p>	<p>Activities are led by the recreational therapist (DT), and a team of katiaki (assistants). The activities are based on assessment which identifies the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. An individual activity plan is documented for each resident; however, these do not reflect an individualised approach to activity support.</p> <p>Each resident in the secure dementia unit has a 24-hour activities care plan. These plans reflect the support care needs for the individual, rather than activities based on the resident's (and family/whanau) statements of the residents'</p>	<p>Resident activity plans were not individualised to reflect individual resident's strengths, skills, resources, and interests, or responsiveness to their identity.</p> <p>Twenty-four hour activity plans in the secure dementia unit were care based but not activity based.</p>	<p>Ensure that resident activity plans are individualised to reflect individual resident's strengths, skills, resources, and interests, or responsiveness to their identity.</p> <p>Ensure that 24-hour activity plans in the secure dementia unit are activity based.</p> <p>90 days</p>

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

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 5.4.4</p> <p>Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p>	CI	<p>A project for reducing the rate of urinary tract infections (UTI) for residents was commenced in December 2023 following identification of a high incidence of UTIs (rate of 5.95 compared to all Summerset rate of 1.34), prompting the implementation of infection control and prevention measures aimed at minimizing urinary tract infections. The purpose was to promote quality of life for the residents and minimise the incidence of UTIs for those residents prone to the infection or with recurrent UTIs, and especially those residents with catheters. All staff were involved in the process and strategies included (but not limited to) training of registered nurses in correct identification of UTIs; competencies for catheterisations for all registered nurses; use of cranberry juice; perineal care; fluid rounds; and promotion of good hydration. The infection control coordinator attended two-monthly National IPC</p>	<p>The IPC coordinator and the clinical nurse lead, as the project champions, have completed training for all staff around UTIs and infection prevention and control. They have analysed and collated all the UTI data and share graphs and outcomes with staff. This is continuing to be implemented.</p> <p>The Summerset Pohutukawa UTI event rate for January 2024 to date sits below the UTI event rate for all Summerset villages. There was a reduction in the UTI event rate from 5.95 in December 2023, to 0.99 in June 2024 (still below Summerset overall rate of UTIs) and over the six-month period, there were no residents presenting with UTI for the months of February, April and May 2024.</p> <p>There was noticeable improvement in the quality of life for residents who had symptoms related to</p>

		meetings and implemented recommendations in reducing UTIs coming from these meetings.	UTIs. This included lower events related to challenging behaviour. For those residents with catheters, a proactive and infection risk minimisation approach was implemented by the GP, NP and registered nurses during catheter changes. For residents who had a history of recurring UTIs, the rates were significantly reduced. The use of non-pharmacological interventions to prevent the UTIs helped to reduce the usage of antibiotics, which is one of Summerset's IPC goals.
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End of the report.