# Summerset Care Limited - Summerset by the Sea

## 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Summerset Care Limited

**Premises audited:** Summerset by the Sea

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 25 June 2024 End date: 26 June 2024

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 33

# Executive summary of the audit

## Introduction

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

* ō tātou motika **│** our rights
* hunga mahi me te hanganga │ workforce and structure
* ngā huarahi ki te oranga │ pathways to wellbeing
* te aro ki te tangata me te taiao haumaru │ 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 are fully attained with some subsections exceeded |
|  | No short falls | Subsections applicable to this service are 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 are partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some subsections applicable to this service are unattained and of moderate or high risk |

## General overview of the audit

Summerset by the Sea provides hospital (geriatric and medical) and rest home level of care for up to 59 residents. There were 33 residents on the days of audit.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora - Hauora a Toi Bay of Plenty. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management and staff.

The care centre manager is appropriately qualified and experienced and is supported by a clinical nurse leader (RN). There are quality systems and processes being implemented. Feedback from residents and families were very positive about the care and the services provided. A comprehensive staff training programme is in place, ensuring all staff including RNs, the care centre manager, and the clinical lead, have access to external training opportunities for continuous upskilling.

This audit identified an improvement required around interRAI assessments and staff performance appraisals.

## 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 are fully attained. |

Summerset by the Sea fosters an environment that upholds resident rights and ensures safe care practices. Staff demonstrate a clear understanding of residents' rights and responsibilities. The service has developed a documented Māori health plan, fostering collaboration to embrace and support a Māori worldview of health. There are established relationships with local maraes and a Māori health provider.

Culturally safe care delivery is prioritized for Pacific peoples, ensuring residents receive services with dignity, privacy, and independence in mind. Staff provide inclusive services that respect residents' identities and experiences. The service actively listens to and respects residents' opinions, effectively communicating with them about their choices and preferences.

Residents and their families/whānau are kept well-informed, and the service ensures their right to voice complaints is understood, respected, and upheld. Effective complaints processes are implemented, with all complaints and concerns actively managed and documented.

## Hunga mahi me te hanganga │ Workforce and structure

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| --- | --- | --- |
| 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 are partially attained and of low risk. |

Summerset Group has a well-established organisational structure with services that are thoughtfully planned, coordinated, and tailored to meet the residents' needs. The business plan for 2024-25 guides site-specific operational objectives, which undergo regular review. Summerset by the Sea implements a comprehensive quality and risk management system. Quality and risk performance are consistently reported across various meetings and to the organisation's management team, supported by a benchmarking system.

Human resources policies encompass recruitment, selection, orientation, and staff training and development. A robust orientation programme equips new staff with essential information for safe work practices. The service offers an in-service education/training programme covering pertinent aspects of care and support, with additional support for external training. Staff competencies are rigorously maintained.

Health and safety systems facilitate hazard reporting and management of staff wellbeing. The staffing policy complies with contractual requirements and includes appropriate skill mixes. Residents and their families/whānau have reported that staffing levels are sufficient to meet residents' needs. The service ensures that personal and health information of residents and staff is securely collected, stored, and used in a confidential manner.

## Ngā huarahi ki te oranga │ Pathways to wellbeing

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| --- | --- | --- |
| 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 are partially attained and of low risk. |

There is an admission package available prior to or on entry to the service. The care centre manager, clinical nurse lead, enrolled nurse and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals, with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned. Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met. The service has a current food control plan.

The diversional therapist implements an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed meets prescribing requirements and are reviewed at least three-monthly by the general practitioner.

## Te aro ki te tangata me te taiao haumaru │ Person-centred and safe environment

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| --- | --- | --- |
| 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 are fully attained. |

The building holds a current warrant of fitness. There is a preventative maintenance programme documented and implemented. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade.

There is a mix of serviced apartments and care bedrooms. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management, including strategies in the event of an outbreak. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff. Close circuit television is available to support the security of the facility.

## 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 are fully attained. |

Infection prevention systems are established to minimize risks for residents, staff, contactors and visitors. The infection control (IC) programme meets facilities’ needs and provides necessary information and resources. Staff receive infection control education during orientation and ongoing training, with practices supporting tikanga guidelines.

Surveillance is appropriate for the organization's size, using standardized definitions for infection events. Results are promptly addressed, evaluated, and reported, with benchmarking against other Summerset Group facilities. Antimicrobial usage is monitored and reported.

A comprehensive pandemic and outbreak management plan is in place. There were two COVID-19 outbreaks, and they were managed well.

The internal audit system ensures a safe environment. Documented processes for waste and hazardous substance management are in place, with chemicals stored safely. Cleaning and laundry services follow established policies and are effectively monitored.

## Here taratahi │ Restraint and seclusion

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| --- | --- | --- |
| 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 are fully attained. |

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is the care centre manager. The facility has no residents currently using restraints. Use of restraints are considered as a last resort, only after all other options are explored. The leadership team and governance are committed to work towards strategies to eliminate restraint and this is documented in the strategic plan.

## Summary of attainment

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | 25 | 0 | 2 | 0 | 0 | 0 |
| **Criteria** | 0 | 167 | 0 | 2 | 0 | 0 | 0 |

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

# Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futures  Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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. | FA | A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. At the time of the audit there were no residents who identified as Māori. Summerset by the Sea is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and is documented in the resident care plan where required. There are clear processes to include tikanga in everyday practice. Staff received training in cultural competency.  The service had staff members throughout the organisation who identified as Māori. Summerset by the Sea evidenced a commitment to a culturally diverse workforce, as evidenced in the business plan, Māori health plan and equitable recruitment processes. The Summerset organisational strategic plan includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. Summerset by the Sea has links with several marae: Te Rereatukahia marae, Tuapiro Marae and Otawhiwhi marae. There are also established links with Te Rūnanga o Ngāi Tamawhariua. Kaupapa Māori Health Care Services in Katikati.  Residents and family/whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs.  Summerset by the Sea encourages Māori staff to share their cultural beliefs and values with team members and residents. The diversional therapist shared how they celebrate Māori language week annually with residents and staff. During the audit, the facility was celebrating Matariki. Staff interviewed provided examples of how they address cultural care needs for past Māori residents and emphasized the importance of whānau involvement.  A regional advisory group, comprising Māori representatives, provides guidance on cultural matters. Staff and residents benefit from shared regional resources such as mirimiri therapy, kapahaka group, and best practice tikanga information. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa  The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | FA | 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 acknowledging respectful relationships, valuing families and providing high quality healthcare. On admission, all residents state their ethnicity. There were no residents that identified as Pasifika at the time of the audit. The Pacific Peoples’ Health policy and procedure objective states Summerset’s commitment to supporting Pacific residents and their families/whānau. Summerset by the Sea has links with the Ministry of Pacific Peoples to ensure connectivity within the region.  At the time of the audit, there were staff who identified as Pasifika and there is a Pacific staff member who assists with providing cultural support and guidance for staff. Interviews with 12 staff (four caregivers, three RNs, the clinical lead, the diversional therapist, one domestic service staff, one chef manager and one property manager), four managers (the village manager, the regional quality manager, the care centre manager and the regional operations manager), and documentation reviewed identified that the service provides person centred care. |
| Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | Information about the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is provided to new residents and their family/whānau upon admission. The care centre manager explains key aspects of the Code during this process. The Code is displayed prominently throughout the facility in both English and te reo Māori. Quarterly resident and family/whānau meetings include discussions about the Code and two of these meetings were run by an advocate from the local Health and Disability Services advocate. Issues raised at meetings are communicated to the village manager and at the next meeting. Follow-up of any corrective action or suggestion is completed, and residents are informed of the outcomes. Observations during the audit revealed respectful interactions between staff and residents. Information about the Nationwide Advocacy Service is available at the first floor and is included in the entry pack given to residents and their family/whānau.  The service acknowledges Māori mana motuhake, which is reflected in the Māori health care plan. Staff receive training on the Code during orientation and through the annual education programme, which includes the role of advocacy services. Advocacy services are integrated into the complaints process. Interviews with four residents (two from the rest home care, including one from the serviced apartments, and two from the hospital) and five family/whānau members (all hospital level care) indicated that the service upholds residents' rights and they were all aware of consumer rights and how to access advocacy services. The annual privacy audit indicates a 92.4% compliance rate. Corrective actions were discussed with staff to achieve full compliance. |
| Subsection 1.4: I am treated with respect  The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | 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 and choice over activities they participate in. The Summerset by the Sea 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 collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice.  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. Care plan interventions guide staff in respecting individuality and supporting residents' sexuality and intimacy needs. Residents' care plans also include providing support with dignity and respect.  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. The annual satisfaction survey results indicate an overall satisfaction rate of 80%.  Information around individual values and beliefs is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. It was observed that te reo Māori is actively promoted in the workplace. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, equitable healthcare, and cultural competency. Staff have access to tikanga flip charts to refer to and these were available in the staff room. The diversional therapists confirmed that when Māori residents are admitted, the service would actively support Māori by identifying needs and aspirations through a cultural assessment process. There are number of staff throughout their organisational chart that provides advice and support for Māori. This was confirmed on staff and management interviews. |
| Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse. 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. | FA | An abuse, neglect and prevention policy is being implemented. Policies that promote diversity, equity, and inclusion are clearly communicated and enforced. The environment fosters open discussions about issues related to initialised racism and discrimination, ensuring staff and residents feel safe to speak up. Staff interviewed knew how to report any issues and stated that management would respond promptly, although no incidents have been reported.  Care plans are individualized, respecting and honouring each resident's cultural and personal identity. Additionally, the facility actively engages with the wider community, including minority groups, to understand their needs and incorporate their feedback into their practices. Local advocacy services visit the facility and participate in resident meetings. Alzheimer's New Zealand, Tauranga, facilitated resident engagement and provided education on dementia to residents and family members in June 2024.  Staff complete education during orientation and annually as per the training plan on abuse and neglect prevention and support. 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.  Summerset by the Sea provides regular training for staff to raise awareness about institutionalized racism and its impact on both residents and staff. Staff interviewed understand the concept of institutional racism. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the pre- employment process. The service follows a process of managing residents’ finances strictly through invoicing. Residents maintain a comfort account to avoid handling cash. Professional boundaries are defined in job descriptions. Interviews with RNs 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 by the Sea 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. |
| Subsection 1.6: Effective communication occurs  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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices. | FA | Upon admission, residents and their families/whānau receive comprehensive information. Policies and procedures regarding accidents/incidents, complaints, and open disclosure emphasize staff responsibility to promptly notify families/whānau of any occurrences. An audit of 10 electronic accident/incident forms confirmed that family/whānau were informed following events. This was validated by entries indicating whether next of kin were notified, documented in progress notes. Resident files reviewed confirmed families/whānau are regularly updated on any changes, as affirmed during interviews. The facility maintains an interpreter policy and contact information for interpreter services, utilized as needed. During the audit, all residents were proficient in 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.  Prior to admission, residents and their families/whānau are informed about the services offered and any items not covered by the agreement. The service maintains communication with other involved agencies, such as hospices and Health NZ - Hauora a Toi Bay of Plenty specialist services. Care is provided through a multidisciplinary team approach. Residents and families/whānau give consent for services provided. The care centre manager outlined a process ensuring residents have time for discussions about their care, opportunities to consider decisions, and further discussions if needed. Feedback from residents and families/whānau confirms they are kept informed about facility activities through emails, regular newsletters, and meetings with residents, families, and friends. |
| Subsection 1.7: I am informed and able to make choices  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. 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. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control. | FA | There are policies around informed consent. Six resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Residents utilising a shared room give their informed consent, agreeing to having a shared room with other residents. There were no residents sharing rooms at the time of audit. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.  In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available. Certificates of mental incapacity and activation of the EPOA documents were on file for residents where required. |
| Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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. | FA | 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 care centre manager and the village manager maintain a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the HDC. The complaints logged were classified into themes with a risk severity rating and available in the complaint register. In 2024, two complaints were recorded. The first complaint has been resolved to the satisfaction of the complainant. The second complaint is still pending resolution, and management is awaiting acknowledgment from the complainant regarding satisfaction with the proposed resolution.  In 2023, a total of eight complaints were registered. Each complaint underwent thorough review, including acknowledgment, investigation, follow-up, and response to the complainant. The final correspondence also outlined the appeal process available to the HDC and National Advocacy services.  Staff are informed of complaints and any subsequent corrective actions in the quality improvement and staff meetings (meeting minutes sighted). Discussions with residents and family/whānau confirmed they were provided with information on complaints, and complaints forms are available at the facility. Family/whānau meetings are held quarterly where concerns can be raised. Family/whānau confirm during interview that management are available to listen to concerns and act promptly on issues raised.  Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The care centre manager acknowledged their understanding that Māori prefer face-to-face communication and to include whānau participation in the complaints process. |
| Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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. | FA | Summerset by the Sea is certified to provide rest home and hospital (medical and geriatric) levels of care for up to 59 residents including two rooms that can accommodate two residents. On the day of audit total bed occupancy were at 33.  There are 27 dual-purpose, and two dedicated rest home beds in the care centre. There are 20 serviced apartments certified for rest home care, and 10 serviced apartments certified for hospital level care. At the time of the audit, there were 25 residents at the care centre (18 hospital level care and 7 rest home level care), 8 residents at the services apartments (three rest home level care and five hospital level care). There are two double rooms but both are currently occupied as a single room. All residents were on the age-related residential care agreement (ARRC).  The facility is split over two levels. On the ground floor, there are 20 beds serviced apartments, and one resident was receiving rest home level care. This resident was mobile and able to join activities as they wish at level 1.  Summerset Group has a well-established organisational structure. The governance body for Summerset is the National Clinical Review Group that is run monthly and chaired by the General Manager – Clinical Services. Members of the committee include the Head of Clinical Delivery, Regional Quality Managers, Clinical Improvement Manager, Dementia Specialists, Clinical Pharmacist, Programme Lead - Diversional Therapy and the Clinical Learning and Development Manager. The Summerset governing body have access to cultural support through a village manager where required. Each of the Summerset facilities throughout New Zealand is supported by this structure. The Head of Clinical Delivery reports to the General Manager - Clinical Services . The General Manager - 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.  Members of the National Clinical Review Group (governing body) have completed training on Te Tiriti o Waitangi, health equity, and cultural safety. All members have the required skills to support effective governance over operational, clinical services, quality of resident care. If individuals require support to develop their skills, there is financial support to attend courses or training as required. There is a quality and risk management programme and a strategic plan documented based on the service’s vision and mission. The organisation philosophy and strategic plan reflect a resident and family/whānau centred approach to all services.  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 resident meetings. Feedback is collated, reviewed, and used by the Summerset management team to identify barriers to care to improve outcomes for all residents. Cultural safety is embedded within the business and quality plan and staff training. The bi-monthly General Manager of Operations report is discussed at the National Clinical Review Meeting. The report is also submitted to the CEO. The report provides organisational clinical oversight and includes a range of information on summary of operational risks and gains, high level complaints, combined financial performance summary for operations, care and food services, safe staffing benchmarking for caregivers and RNs, clinical indicators, summary of external and internal certification and surveillance audits, and summary of ‘category A’ events (high risk events).  The quality programme includes regular site-specific clinical quality, compliance and risk reports that are completed by the village manager and care centre manager and are available to the senior team. These outcomes and corrective actions are discussed at several meetings. High risk areas are automatically escalated to senior team members at national level. Measures are then reviewed and adapted until a positive outcome, or the goal is achieved. The 2024 business plan for Summerset at Sea describes specific and measurable goals that are reviewed quarterly. Key village priorities were identified which include goals related to residents’ satisfaction, dementia friendly people, staff learning and development, high quality care, health and safety, sustainability and social responsibility. Action plans for individual goals were developed, and progress was reported back to the head office.  The village manager is non-clinical with a background of finance, business management, portfolio management and customer experience. The village manager has been in this role for a year. The care centre manager has eight years of aged care experience. They are supported by a clinical nurse lead who was recently appointed to the role after working as an RN in the care centre. The management team is supported by the regional quality manager and general manager of operations who both were present on the day of the audit. The village manager has completed the required training hours related to the management of a care facility.  Staff engagement surveys are comprehensive and completed three monthly. The survey includes a regular event at Summerset; groups of questions can be general or targeted, such as recent focus on health and safety, and culture. Questions for clinical staff on their views on the standard of care for residents, as an example; this information is used to inform business plans and service developments. |
| Subsection 2.2: Quality and risk  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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers. | FA | Summerset by the Sea is implementing the organisational 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 and RN/clinical 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, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard in staff areas. Corrective actions are discussed at quality improvement meetings to ensure any outstanding matters are addressed with sign-off when completed. 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 are available on the Summerset’s intranet that guides staff in the provision of care and services. A resident and family/whānau satisfaction survey was completed in October 2023 and shows 86% satisfaction with services which is above the Summerset facilities average. Another consumer satisfaction audit relating to the environment was completed in March 2024 and shows 80% satisfaction. Corrective actions were identified; some were addressed immediately, while others are still in progress.  Summerset is certified as a tertiary level employer with ACC under the Accredited Employers Programme (AEP). A health and safety system is well implemented, and health and safety is managed by the Operations Health and Safety Committee which reports to the National Health and Safety Committee for Summerset. Health and safety audits are conducted annually as well as ‘Leadership Tours’ by members of national health and safety committee. Hazard identification forms are completed electronically through Donesafe and the hazard register was up to date. Health and safety policies are implemented and monitored by the health and safety committee. There are monthly meetings with the national health and safety manager. Staff are provided with learning opportunities and reading material related to the theme. 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 and each month has a health and safety focus theme. In the event of a staff accident or incident, a debrief process is documented on the hazard identification form.  Electronic reports are completed for each incident/accident, a severity risk rating is given, and actions are documented with any follow-up action(s) required, evidenced in the 10 accident/incident forms reviewed. Neurological observations following unwitnessed falls have been completed according to the Neurological observation policy and procedure. Results are discussed in the quality 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. Benchmarking occurs on a national level against other Summerset facilities. Regular policy review, and internal and external benchmarking of quality data occurs, and this 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.  Discussions with the village manager and care centre manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two Section 31 notifications completed in 2024 which is related to a care centre manager appointment and one resident’s related incident. In 2023, there were six section 31 notifications which include RN shortage notification (May 2023), a missing resident (September 2023), temporary appointment of care centre manager (October 23), a resident related incident (October 2023), and two pressure injuries (September and October 23).  There have been two Covid-19 outbreaks reported in 2024 (March and April 2024). The outbreaks were reported to Public Health Authorities appropriately. |
| Subsection 2.3: Service management  The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | There is a documented rationale for determining staffing levels and skill mix for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. There are clear guidelines for an increase in staffing, depending on resident acuity. The village manager and care centre manager both work 40 hours per week Monday to Friday. The care centre manager is on-call 24/7 for any clinical issues with support from the clinical nurse lead. The village manager is on call 24/7 for any operational queries. The electronic rostering analysis tool reviewed provides sufficient and appropriate coverage for the effective delivery of care and support. Interviews with staff, residents, and family/whānau confirmed that staffing levels are sufficient to meet the needs of residents.  The roster reviewed evidenced RN 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. A Kaitiaki role provides support for residents for their nutritional needs and social and recreational activities. There are separate staff dedicated to recreation, cleaning, and laundry for seven days a week. Grounds and maintenance staff are rostered over five days. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents interviewed confirmed that their care requirements are attended to in a timely manner. There is a staff member with a first aid certificate on each shift.  There is an annual education and training schedule being implemented. The education and training schedule is implemented. Staff complete electronic cultural awareness training at orientation and annually. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. External training opportunities for care staff include training through Te Whatu Ora - Hauora a Toi Bay of Plenty and local hospice. There is also an RN upskill training programme provided by a medical practice based in Hamilton, delivered through an online platform. In 2024, three training sessions were conducted for RNs, the clinical Lead, and the care centre manager, focusing on heart failure, stroke, and dementia. The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. There are 20 caregivers employed in total. Two caregivers have achieved level two, seven have completed level three and nine have completed level four NZQA qualification and two caregivers have not started their training yet.  There is a national learning and development team that support staff with online training resources. 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 and include subcutaneous fluids, syringe driver and interRAI assessment competency. The service employs five RNs and an enrolled nurse. There are five interRAI trained RNs including the clinical lead and the care centre manager. All RNs are encouraged to attend in-service training and complete additional online training.  The training programme is comprehensive and in 2024 to date 84% of the staff completed all required training. All caregivers are required to complete annual competencies including (but not limited to) restraint, moving and handling, hand hygiene, and PPE donning and doffing. RNs completed medicine and warfarin management competencies.  Staff wellness is encouraged through participation in health and wellbeing activities. Staff opinions were obtained through quarterly surveys.  Staff are supported through an employee assistance programme which include counselling services. Although the staff uptake has been low, they are encouraged to access the services. An interview with the village manager confirmed that the workplace union delegates, staff and management collaborate to ensure a positive workplace culture. |
| Subsection 2.4: Health care and support workers  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. 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. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services. | PA Low | There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Summerset by the Sea is supported by a People and Culture team for recruitment processes.  Eight staff files reviewed, including the clinical nurse lead, two RNs, three caregivers, one DT and one housekeeping staff evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation, but performance appraisals were not always completed annually. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.  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 RNs and caregivers to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. |
| Subsection 2.5: Information  The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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. | FA | 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. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, and legible. Resident’s past paper-based documents are securely stored and uploaded to the system. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. |
| Subsection 3.1: Entry and declining entry  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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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. | FA | There is an acceptance and decline entry to the service policy. Residents’ entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents’ files confirmed that entry to service complied with entry criteria. Six admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The care centre manager and clinical nurse lead are available to answer any questions regarding the admission process and a waiting list is managed.  The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. |
| Subsection 3.2: My pathway to wellbeing  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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing. | PA Low | Six files were reviewed for this audit (three hospital and three rest home residents inclusive of one serviced apartment resident). The care centre manager and clinical nurse lead and the RN/EN are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meeting where the long-term care plans are reviewed. This is documented in the progress notes and resident records. The service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. The service utilises a person-centred model of care.  All residents have admission assessment information collected and an initial care plan completed at time of admission. Registered nurses are responsible to complete the interRAI assessments. However, in the files reviewed, two hospital and three rest home residents did not have an initial interRAI assessments completed in a timely manner to reflect the resident’s needs. Two hospital and two rest home files interRAI reassessments had not always occurred six-monthly as planned in files reviewed.  The long-term care plan includes interventions to guide care delivery related to mobility; hygiene; continence; dietary needs; sleep; communication; medication; skin care and pressure injury prevention; mood and behaviours; social and cultural; intimacy and sexuality; and pain. The care plan aligns with the service’s model of person-centred care. Care plan evaluations were completed as needs changed. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs.  The service contracts a general practitioner (GP) who assesses residents within five working days of admission. The GP reviews each resident at least three-monthly and is involved in the six-monthly resident reviews, after-hours support is available. The care centre manager and clinical nurse lead are available Monday to Friday to provide clinical support. They share an on-call roster with the RN staff. The GP was unavailable to be interviewed on the day of audit. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. There is a physiotherapist who visits for four hours fortnightly. A podiatrist visits every six weeks and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists, and wound care specialist nurse are available as required.  Caregivers and registered nurses interviewed described a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by care assistants and RN/EN. The RN further adds to the progress notes if there are any incidents, GP visits or changes in health status.  Residents interviewed reported their needs and expectations were being met. When a resident’s condition alters, a RN initiates a review with a GP. Family/whānau were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes, and any changes to health status. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. An electronic wound register is maintained. There were fourteen residents with minor wounds currently being treated. There are currently no pressure injuries.  Registered nurses and caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; restraint and toileting regime. Neurological observations are completed for unwitnessed falls and suspected head injuries according to the policy. |
| Subsection 3.3: Individualised activities  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. | FA | There is one experienced DT who works 32 hours a week, Wednesday to Saturday and a recreational therapist assisting, one to two days a week, who is in the process of completing diversional therapy course. Resources are available for the Kaitiaki assistants to cover activities during the days when DT not available. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is a monthly programme placed in large print on noticeboards in all areas.  The service facilitates opportunities to participate in te reo Māori with Māori language posters, introducing te reo Māori language in activities, participation in Māori language week, Waitangi Day celebrations and Matariki. Māori phrases are incorporated into the activities, bilingual signages are used, and there are cultural focussed activities. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as discussions, manicures and relaxation activities are offered.  All activities are carried out in the communal lounges. A resident’s social and cultural profile includes the resident’s past hobbies and present interests, likes and dislikes, career and whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment and outings.  Activities include (but are not limited to) exercises classes; Spanish lessons, baking demonstrations; crafts; games; quizzes; crossword; gardening; board gaming; hand pampering; happy hour; and bingo. Entertainers, “The Summerset Band” from the local Village perform for the residents and students from Katikati College who in turn perform Kapa Haka. The local Health and Disability Advocate visits quarterly to present to residents. There are regular van drives scheduled for outings and visits to exhibitions, a local rest home facility and shops. There are a number of interdenominational church service every week. There are a number of combined events with the village which residents attend. Cultural events are celebrated, and presentations delivered by staff e.g. Philippines, South African, Pacific.  Family/whānau are welcomed to attend residents’ meetings. Residents have an opportunity to provide feedback on activities at resident meetings and six-monthly resident reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging. |
| Subsection 3.4: My medication  The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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. | FA | Policies to guide safe medicine management is documented that meet legislative requirements. All RNs and EN who administer medications are assessed as competent on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training. Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. Pharmacy services currently packages medication for regular use, and ‘as required’ medications are blister packed. Additional ‘as required’ medications are in clearly labelled boxes and bottles. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.  Medications were appropriately stored in the facility medication area and locked trolley. Medication fridge and medication room temperatures are monitored daily. The temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including the bulk supply order, are checked monthly. All eyedrops have been dated on opening.  Twelve electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. Over the counter medications are charted on the electronic medication chart. There were four residents self-medicating and there was safe storage of their medication in their rooms. The residents have the appropriate assessment and review on file. As required medications are administered as prescribed, with effectiveness documented in the progress notes. ENs or RNs sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use.  Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The care centre manager, clinical nurse lead and RN described how they work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. |
| Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring in January 2025. The four-weekly seasonal menu has been reviewed by a dietitian. There is a full-time head chef and two relieving chefs, plus kitchen assistants.  There is a food services manual available in the kitchen. The chef receives resident dietary information from the RNs, ENs or caregivers and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The chef (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. The daily menu is written on noticeboards in each dining room. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. On the day of audit, a Māori menu was served in celebration of Matariki and residents were observed to be enjoying the meal.  The chef completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Meals are served from hot boxes to residents. Staff were observed assisting residents with meals in the dining areas, and modified utensils are available for residents to maintain independence with eating as required. Food services staff have all completed food safety and hygiene courses.  The residents and family/whānau interviewed were complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys. |
| Subsection 3.6: Transition, transfer, and discharge  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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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. | FA | Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident discharge or transfer policy and procedures are documented to ensure discharge, or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all discharges or transfers to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The RN explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. |
| Subsection 4.1: The facility  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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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. | FA | The building holds a current warrant of fitness, which expires 21 April 2025. The building is well maintained. The environment is inclusive of peoples’ cultures and supports cultural practices. There is a full-time property manager and a team of two full time maintenance staff. There are two full time and one part time gardeners. The facility is supported by a number of on call contractors. There is a maintenance request book for repairs and is located in the nurse’s station. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Hot water temperature records reviewed evidenced acceptable temperatures. Medical equipment, including (but not limited to) hoists and scales, was checked and calibrated with test and tag completed on 11th March 2024. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.  The facility is split over two levels. On the ground floor there are serviced apartments with twenty rest home beds available. Each has a shower, toilet and sink facilities in the apartment. The main kitchen and laundry are located on this level. This level also encompasses, reception, nurses’ station, lounge and dining rooms. The second floor consists of the care centre which has twenty-seven rooms which provide rest home and hospital beds, some of these rooms have full ensuite facilities, however there are six rooms that have shared ensuite facilities with privacy locking and identification. Also, on this level there is a nurses station, treatment room, secure medication storage and lounge and dining room. The two floors are serviced by two staircases and two lifts. The corridors are very wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external decks/courtyards and gardens have seating and shade. There is safe access to all communal areas.  Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. There is adequate space for the use of a hoist for resident transfers as required. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit. All bedrooms and communal areas have ample natural light and ventilation. Residents interviewed stated that the environment was warm and comfortable. There are thermostatically controlled ceiling heaters throughout the facility.  The village manager reported that if there is a planned development for the building, there will be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori. |
| Subsection 4.2: Security of people and workforce  The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | Emergency management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand 3 November 2016. Fire evacuation drills are held six-monthly, and the last one was completed in May 2024. Civil defence supplies are stored in an identified cupboard and are checked monthly. In the event of a power outage, there is a generator on-site and gas cooking (BBQ).  There are adequate supplies in the event of a civil defence emergency, including food supplies and water supplies (3000 litres) to provide residents and staff with four litres per day, for a minimum of three days. Emergency management is included in staff orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times. There are call bells in the residents’ rooms, communal toilets and showers and lounge/dining room areas. Indicator lights are displayed above resident doors. Call bells are tested monthly. The residents were observed to have their call bells in close proximity. Residents and/whānau interviewed confirmed that call bells are answered in a timely manner. The building is secure after hours, and staff complete security checks at night. There is also closed-circuit television coverage monitoring entrances and corridors. |
| Subsection 5.1: Governance  The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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. | FA | The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control (IC) is linked into the electronic quality risk and incident reporting system. Included in the infection prevention and control programme is antimicrobial stewardship (AMS). Antimicrobial stewardship is an integral part of the Summerset strategic and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in IC and AMS can be accessed through support office, a microbiologist, Public Health, and Health New Zealand - Hauora a Toi Bay of Plenty. IC and AMS resources are accessible. The infection prevention and control programme is reviewed annually by the Summerset office in consultation with the IC coordinator and proposed changes are consulted with the village manager and care centre manager/clinical nurse lead as appropriate prior to its’ completion.  Infection rates are reported and reviewed during quality, RN, and staff meetings. Additionally, a new infection control (IC) committee has been formed, with monthly meetings scheduled. The data is also benchmarked with the other Summerset facilities. IC and prevention information is displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involve the IC coordinator, senior management team, GP, and the public health team. There is a documented pathway for reporting IC and AMS issues through the regional operation manager to the board. The regional operations manager reported that the board knows and understands their responsibilities for delivering the IC and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities. |
| Subsection 5.2: The infection prevention programme and implementation  The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | Implementation of the IC programme is overseen by an RN who undertakes IC coordinator role. There is a job description in place and IC coordinator spend two hours a week in managing prevention and control of infections. The IC coordinator has been in the role for two months and has completed training around infection prevention and control.  There is a defined and documented infection prevention and control programme, and the programme was developed, approved, and implemented with input from the National Infection Prevention and Control Group. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. Policies are available to staff. The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources including personal protective equipment (PPE) were available on the days of the audit. Resources were readily accessible to support the pandemic response plan if required.  The IC coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received IC education at orientation and through ongoing annual online education sessions. Education with residents takes place on an individual basis and as a group in residents’ meetings, and included reminders about hand hygiene and advice about remaining in their room if they are unwell, as confirmed in interviews with residents. The IC 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 Health New Zealand - Hauoara a Toi Bay of Plenty. The care centre manager stated that the National Infection Prevention and Control group involves in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.  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. A decontamination and disinfection policy is in place to guide staff. Infection control audits were completed, and where required, corrective actions were implemented. Caregivers, domestic services staff and kitchen staff were observed following appropriate IC practices such as use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Flowing soap and sanitiser dispensers were readily available around the facility. Kitchen towels and other linens were washed separately. These were culturally safe practices observed, and this acknowledged the spirit of Te Tiriti o Waitangi. The care centre manager reported that residents who identify as Māori will be consulted on IC requirements as needed. The service has printed educational resources in te reo Māori.  The staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi, and handwashing instructions in te reo were visibly displayed. Māori staff members participate in infection prevention and control for the protection of culturally safe practice in infection prevention, acknowledging the spirit of Te Tiriti. |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation  The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services. | FA | The service has policies and procedures for antimicrobial use, monitoring compliance through the evaluation of medication prescribing charts, prescriptions, and medical notes. Summerset by the Sea has an IC and antimicrobial stewardship programme (AMS) that aligns with the Summerset strategic plan. The antimicrobial policy is suitable for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to staff through meetings and notice board at the staff room. Significant events are reported to the senior team and the Infection Prevention and Control Steering Group. Prophylactic use of antibiotics is deemed inappropriate and is discouraged. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus. | FA | 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. Health care-associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, soft tissue, 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. Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings.  A review of IC reports shows that the service promptly responds to changes in infection rates by implementing additional training, monitoring, and increased auditing. New infections are discussed at shift handovers and weekly management meetings to ensure interventions are implemented as soon as they are able to be. Benchmarking is completed with other Summerset facilities. Residents were advised of any infections identified and family/whānau where required 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 in 2024. Both were reported to the Public Health Authorities and well managed. |
| Subsection 5.5: Environment  The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms. | FA | The IC coordinator oversees the implementation of the cleaning, laundry, and IC audits. Policies regarding chemical safety and hazardous waste and other waste disposal are in place. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. The trolleys are stored in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Sluice rooms were equipped with hand hygiene/washing facilities with flowing soap and paper towels. Eye protection wear and other personal preventative equipment are available. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals.  Housekeeping staff (cover laundry and cleaning) are rostered over seven days. The housekeeping staff have attended training appropriate to their roles. Cleaning guidelines are provided. Cleaning schedules are maintained for daily and periodic cleaning. The management team has oversight of the facility testing and monitoring programme for the built environment. All clothing and linen are laundered on site. The laundry is spacious and well organised and divided into a ‘dirty and clean’ area with separate entry and exit. The laundry is located on the ground floor and clean laundry is transported in covered trolleys by lift to the care centre. The laundry is operational seven days a week. There is enough space for linen storage and the linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. Environment cleanliness audits are undertaken and follow ups are completed as required. Waste management audit shows 91% compliance and corrective actions were discussed with staff to achieve full compliance. |
| Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit the facility had no residents requiring restraint. The care centre manager (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint, as documented in the strategic plan. The use of restraint is reported in the staff/quality meetings and in a monthly restraint summary which is shared with members of the Board.  An annual review is completed by the regional quality manager and clinical governance group. All staff have annual online restraint training and managing behaviours that challenge. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the orientation programme.  A review of restraint documentation revealed that previous restraint use and the purchase of extra-low beds with safety devices resulted in the removal of restraints. Discussions with the regional quality manager confirmed Summerset's commitment to restraint elimination, aiming to achieve this through innovative approaches to care and safety. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 2.4.5  Health care and support workers shall have the opportunity to discuss and review performance at defined intervals. | PA Low | Eight staff files were reviewed. One staff member, employed in November 2023, was not due for review. Among the remaining seven files, four staff members did not have annual performance appraisals; two of them had their last appraisals in 2021, and one had theirs in 2020. Only three files showed that performance appraisals were completed annually. Staff file audits completed by the Summerset by the Sea revealed a compliance rate of 78.5%. The care centre audit has also identified this issue, with corrective actions developed; however, this remains a work in progress and is not being fully addressed as planned. | Not all staff performance appraisals were completed annually. | Ensure that staff performance appraisals were completed annually.  180 days |
| Criterion 3.2.1  Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this. | PA Low | All residents have admission assessment information collected and an initial care plan completed at time of admission. Registered nurses are responsible to complete the interRAI assessments. | In the files reviewed, two hospital and three rest home residents did not have an initial interRAI assessments completed in a timely manner to reflect the resident’s needs. In two hospital and two rest home files interRAI reassessments had not always occurred six-monthly as planned in files reviewed. | Ensure interRAI assessments are completed within 21 days of admission and reassessed six-monthly.  180 days |

# 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.

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End of the report.